



Medicare Payable Health Equity Services for Community Health Workers (CHW) Webinar
April 8, 2024

Below are questions that came up during the webinar. Dr. Greg Barabell, the speaker, provided answers to the questions.

1. So, would you use z63 related to Adverse Childhood Experiences (ACES)?

Please reference the [AAP Coding Fact Sheet for Treating Trauma](#)

2. How do we ensure that it isn't a "screeener"? What would need to be documented?

The provider should document the reason the Social Determinants of Health (SDOH) tool was provided based on the identified risk for SDOH interfering with the plan of care.

3. Can telephone calls be counted as telehealth if the client does not have any means to do video?

[List of Telehealth Services | CMS](#) – Please reference this spreadsheet for information regarding whether a code allowed by telehealth can be done via audio only. G0136 – Standardized SDOH cannot be billed when done through audio only communication.

4. Would it be a billable service if the initial provider puts in chart of someone who is prediabetic that they meet with the Community Health Worker (CHW) to start the Diabetes Prevention Program or something similar?

Community Health Integration (CHI) and Principal Illness Navigation (PIN) are billable when a provider identifies unmet needs that significantly limit the ability to create or carry out a plan of care, documents what needs are to be addressed, and then after auxiliary personnel perform and document 60 minutes of time or more during a 30-day time period addressing those needs.

5. Does/will the CHW need a National Provider Identifier (NPI)? Or are they operating as the "aux personnel" under the provider's NPI?

For the purposes of billing for health equity services to Medicare, a CHW NPI is not necessary as the services are billed under the ordering provider and their NPI.

6. Do we have any options for waiving the cost-sharing?

Despite financial hardship, network providers may not waive or reduce copayments, co-insurance, or deductibles. If true financial hardship exists, **providers may reduce or waive their charges** (but not

copays/deductibles) provided financial hardship has been clearly established and supporting documentation is maintained in the health care record. If you plan to reduce or waive your charges, **you must have policies specifically addressing this included in your practice's written compliance plan.**

7. Do you see this service payment being available for Medicaid patients in the coming year?

This is a state by state decision for which advocacy through organizations like the Center for Community Health Alignment is essential.

8. Is there a maximum number of CHW visits that can be billed over the course of 12-months?

These services are billed by time and not by visits. There are no frequency limitations for how much time is spent as long as the documentation reflects it is "reasonable and necessary."

9. Is there a guide for Community-based Organizations (CBOs) on how they can collaborate with clinical partners: contract template, CHI CHW scope of practice, program goals, referral tools, software compatibility, examples of workflows, documentation template, billing template, etc.?

The best resource currently identified for this information is [Blending & Braiding - Community Health Integration](#)

10. What states does this impact?

Payment/Cost Sharing for these codes is applicable to all Medicare Fee For Service patients. Medicaid and Commercial payers are not required to pay for these codes. Please inquire with your individual carriers.

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