PROVIDERS

CHW Billing Requirements and FAQ

Effective 1/1/26, Jefferson Health Plans EverWell covers up to three (3) visits for Community Health Worker (CHW) services **per year** that are **recommended** and **billed** for by a licensed practitioner of the healing arts enrolled in the Medical Assistance program, including a physician, physician assistant, certified registered nurse practitioner, certified nurse midwife, licensed professional counselor, licensed marriage and family therapist, licensed clinical social worker, or licensed psychologist.

See below for additional information.

1. Who can provide CHW services that are eligible for reimbursement?

CHW services must be provided by a CHW certified by the Pennsylvania Certification Board, and who is at least 18 years old.

2. What are the requirements for CHWs to get certified by the PA Certification Board?

Information regarding the certification requirements is available at **Certified Community Health Worker (CCHW) | Pennsylvania Certification Board**.

3. Will Pennsylvania Department of Human Services (DHS) be issuing CHWs a Promise ID Number?

Yes, a Promise ID Number is needed for CHWs that are rendering services being billed for by a provider.

Provider Type	Specialty Code	Specialty Code Description
13	139	Certified Community Health Worker

Note: MCOs do not need to credential CHWs according to NCQA standards. Contractual arrangements must be in place between the MCO and the provider entity.

4. Do CHWs need to have an NPI number?

Yes, CHWs will be required to obtain an NPI.

5. Is a referral for CHW services required?

For services for which a provider is submitting a claim, a provider referral by an appropriate licensed practitioner of the healing arts is required. This does not need to be the member's assigned PCP.

Jefferson Health Plans

6. What are examples of billable CHW services?

Examples include:

a. Recommended as part of preventive healthcare for patients with a chronic condition or who are at risk for a chronic condition;

b. Recommended based on the provider's screening and assessment of a patient; and

c. Documented in the patient's plan of care in the medical record and include recommendations for:

i. Health education to promote patient/member health or address barriers to care

ii. Closing care gaps

iii. Health navigation services to support access and connection to community resources

iv. Screening and assessment to help identify need for services

v. Assistance in enrolling with government services

vi. Individual support or advocacy services

In accordance with DHS requirements, patients referred for CHW services must have one or more of the following medical conditions:

d. Asthma;

e. COPD;

f. Diabetes (excluding gestational diabetes);

g. Heart disease;

h. Hypercholesterolemia;

i. Hypertension;

j. Obesity;

k. Prediabetes;

l. Use of multiple medications.

7. What CHW services are not included?

a. Advance care planning;

b. Case management/care management;

c. Childcare services;

d. Chore services;

e. Companion services;

f. Employment services;

g. Exercise services;

h. Housing assistance;

i. Medication, medical equipment, or medical supply delivery;

j. Medical interpretive services;

k. Respite care;

l. Services for non-Medicaid beneficiaries;

m. Services duplicative of other Medicaid services; and

n. Missed appointments, transportation, and travel services.

8. Do CHWs need to document visits with members?

Yes, CHW visits must be documented in the plan of care in the medical record and must include:

a. Date, time, duration, location, and modality of the visit;

b. Summary description of any assistance with appointment scheduling;

c. Description of the patient's diagnosis or risk comprehension and self-management skills;

d. Results of any screenings completed;

e. Summary description of assistance with and navigation of local and accessible relevant healthcare, community resources, and support groups;

f. Summary of educational interventions provided specific to each disease, medical condition, or health-related issue;

g. Documentation of relevant evidence-supported informational and/or educational healthcare materials provided;

h. Summary description of support for medication adherence, if applicable; and

i. Recommendations provided for community and/or county resources, healthcare events, and healthcare-related services.

9. What CPT codes will be reimbursed for CHW services?

CPT codes for CHW services include 98960, 98961 and 98962.

The CPT code **must** be billed with a U2 modifier.

98960	Education and training for patient self-management by a nonphysician qualified healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient
98961	Education and training for patient self-management by a nonphysician qualified healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients
98962	Education and training for patient self-management by a nonphysician qualified healthcare professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients

10. Can CHWs enroll directly with the department rather than with each individual MCO?

Yes, CHWs should enroll directly with the department to appear on claims as rendering providers. MCOs can rely on the departmental list rather than performing their own credentialing.

11. What steps must a CHW complete to enroll?

Please find detailed information on the enrollment training here: **PA CHW Enrollment Training**

12. Can provider groups participating in Jefferson Health Plans' Patient-Centered Medical Home (PCMH) Program bill for CHW services?

Yes, as long as the services are not duplicative of the activities performed by the PCMH's Community-Based Care Management (CBCM) team that is funded through the enhanced monthly payments from MCOs. For example, closing care gaps, enrollment assistance and patient advocacy are unique to the CHW role and would not overlap with the PCMH care coordination payments.

13. Will the HealthChoices Medicaid Program also apply to Federally Qualified Health Centers (FQHCs) that employ CHWs?

Yes. If CHW services are the only billable services on the claim, then it will be paid at a CHW rate rather than a Prospective Payment System (PPS) rate.

14. What is the duration of this CHW policy?

DHS expects this policy to extend past 2026. This is not considered a pilot with a time-bound limitation.