

# Provider Bulletin

Molina Healthcare of California

[molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx](https://molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx)

October 18, 2024

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

## Community Health Worker (CHW)

### Covered Benefit Billing Guide

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

#### **What you need to know:**

CHWs can provide and bill for the following services in virtual, in-person, individual, or group settings:

- Health education
- Health navigation
- Individual support or advocacy
- Completing screenings and assessments

CHW Services are preventive and do not require a prior authorization.

#### **When this is happening:**

Timely filing for 2024 has been extended for CHW claims. Claims serviced in 2024 will need to be submitted no later than October 31<sup>st</sup>, 2024. Effective January 1<sup>st</sup>, 2025, timely filing will be returned to 90 days.

#### **Procedure Codes:**

All CHW services use one of the following HCPCS codes.

- 98960: education and training for patient self-management by a qualified, nonphysician health care 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 qualified, nonphysician health care 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 qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient [could include caregiver/family] each 30 minutes; 5-8 patients).
- T1028: (assessment of home, physical and family environment, to determine suitability to meet patient's medical needs) is used for environmental trigger assessment. In-home assessments may be provided by unlicensed asthma preventive service providers and by licensed providers.

## Provider Action

CHW Claims should be submitted using DHCS Provider Manual Specifications. The Medi-Cal Provider Manual for community health workers can be found here:

[mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyYPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyYPyP5ULO).

The Medi-Cal Provider Manual for asthma prevention services can be found here:

[mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/B30BA13C-7A4F-47B9-9403-760091E44ADC/asthprev.pdf?access\\_token=6UyVkRRfByXTZEWIh8j8QaYyYPyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/B30BA13C-7A4F-47B9-9403-760091E44ADC/asthprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyYPyP5ULO)

Additional Telehealth resources can be found here:

[dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx](https://dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx)

If you are not a contracted CHW Supervising Provider and would like to become one, please email

[CA\\_SDOH\\_Connectors@molinahealthcare.com](mailto:CA_SDOH_Connectors@molinahealthcare.com) for more information.



### **Limitations and Maximums:**

- Maximum frequency for HCPCS 98960, 98961, and 98962 is four units (two hours) daily per beneficiary, any provider. Additional units per day may be provided with an approved Treatment Authorization Request (TAR) for medical necessity. TARs may be submitted after the service was provided.
- No more than 8 patients can be seen by one CHW at a time.
- In-home environmental trigger assessment visits for eligible beneficiaries are limited to two visits per year, subject to an override by a TAR demonstrating medical necessity for additional visits and/or when there has been a change of primary residence.
- Place of service requirements for T1028 are: 12 (home), 13 (Assisted Living Facility), 14 (Group home).

### **Required Modifiers:**

All CHWs claims submissions must have one of the following modifiers.

- U2: to denote services rendered by Community Health Workers.
- U3: to denote services rendered by Asthma Preventive Service providers.

### **Optional Telehealth Modifiers:**

All CHWs claims submissions can have one of the following modifiers.

- 93: must be used for Medi-Cal covered benefits or services delivered via synchronous, telephone or other interactive audio-only telecommunications systems. Only the portion(s) of the telehealth service rendered at the distant site are billed with modifier 93. The use of modifier 93 does not alter reimbursement for the CPT or HCPCS code.
- 95: must be used for Medi-Cal covered benefits or services delivered via synchronous, interactive audio/visual, telecommunications systems. Only the portion(s) of the telehealth service rendered at the distant site are billed with modifier 95. The use of modifier 95 does not alter reimbursement for the CPT or HCPCS code.
- GQ: must be used for Medi-Cal covered benefits or services, including, but not limited to, teleophthalmology, teledermatology, teledentistry and teleradiology, delivered via asynchronous store and forward telecommunications systems, including e-consults. Only the service(s) rendered from the distant site must be billed with modifier GQ.

### **Diagnostic Codes:**

CHWs claims submissions can use Z codes under these categories for Social Determinants of Health as diagnostic codes.

- Z 55: Problems related to education and literacy
- Z 56: Problems related to employment and unemployment
- Z 57: Occupational exposure to risk factor
- Z 58: Problems related to physical environment
- Z 59: Problems related to housing and economic circumstances
- Z 60: Problems related to social environment
- Z 62: Problems related to upbringing
- Z 63: Other problems related to primary support group, including family circumstances
- Z 64: Problems related to certain psychosocial circumstances
- Z 65: Problems related to other psychosocial circumstances

### **Additional information:**

CHWs claims submissions have a couple unique rules.

- Providers can bill for care provided to a parent or guardian of a Medi-Cal enrolled Member under 21 years old for the benefit of the Medi-Cal enrolled youth, even if the parent or guardian is not enrolled in Medi-Cal as long as the Medi-Cal enrolled youth is present during the encounter.
- Providers do not have to submit claims to Medicare and receive a rejection before submitting to Medi-Cal for Medicare Medi-Cal dual enrolled Members.

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email [mhcproviderbulletin@molinahealthcare.com](mailto:mhcproviderbulletin@molinahealthcare.com). Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

## What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-517-1014	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a>
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San Diego & Sacramento, California Facilities	Dolores Ramos	562-549-4900	<a href="mailto:Dolores.Ramos@molinahealthcare.com">Dolores.Ramos@molinahealthcare.com</a>
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
Riverside & San Bernardino, California Facilities	Mimi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>

If you are not contracted with Molina and wish to opt out of the MHC Provider Bulletin, email [mhcproviderbulletin@molinahealthcare.com](mailto:mhcproviderbulletin@molinahealthcare.com). Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.