

**Community Health Workers****Overview**

Community Health Workers (CHW) are trained public health educators improving health care delivery requiring integrated and coordinated services across the continuum of health. CHWs provide recipients culturally and linguistically appropriate health education to better understand their condition, responsibilities and health care options.

Policy

CHW services must be related to disease prevention and chronic disease management. CHW services rendered must be under the supervision of a physician, advanced practice registered nurse (APRN) or physician assistant (PA).

Nevada Medicaid's policies can be found on the Division of Health Care Financing and Policy (DHCFP) website, <http://dhcfp.nv.gov>, under Medicaid Services Manual (MSM) Chapter 600 – Physician Services.

Covered Services

The following Current Procedural Terminology (CPT) codes may be billed by PT 89 – CHWs:

Procedure Code	Procedure Code Description
98960	Education & training for patient self-management, 30 minutes, individual patient
98961	Education & training for patient self-management, 30 minutes, 2-4 patients
98962	Education & training for patient self-management, 30 minutes, 5-8 patients
Q3014	Telehealth originating site fee

An individual recipient may receive CHW services for no more than 2 hours (4 units) per day and no more than 12 hours (24 units) per calendar month.

For services rendered via telehealth, refer to MSM Chapter 3400 – Telehealth Services. Please refer to the [Telehealth Billing Instructions](#) for additional information.

Non-covered Services

For a list of non-covered services, refer to MSM Chapter 600 – Physician Services.

Claims that reimburse in error are subject to recoupment.

Prior Authorization (PA)

PAs are not required for CHW services that do not exceed the service limits listed above.

PA is required for procedure codes 98960, 98961, and 98962 to exceed the service limits listed above.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.



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Billing Requirements or Instructions

Submit all professional claims electronically using Direct Data Entry (DDE) through the [Electronic Verification System \(EVS\)](#) secure Provider Web Portal or use an approved Trading Partner. Refer to the [EVS User Manual](#) for billing instructions.