



## Traditional Health Worker Payment Grid

Last Updated: January 2024

Worker Type	Acronym	Payment Mechanism Name	Documentation, Reporting, Accountability
<b>Community Health Worker</b>	CHW	<ul style="list-style-type: none"> <li>○ Advanced Payment &amp; Care Model (APCM): Per Member Per Month (PMPM)</li> <li>○ Itemized Fee for Service**</li> <li>○ Direct Employment</li> <li>○ Direct Capacity Building Payment</li> <li>○ UHA CHIP Grant</li> </ul>	<ul style="list-style-type: none"> <li>○ Electronic Health Record (EHR) and encountered claims utilizing approved CPTs and modifiers</li> <li>○ Grant reporting requirements as outlined in MOUs</li> </ul>
<b>Doula</b>	D	<ul style="list-style-type: none"> <li>○ Itemized Fee for Service**</li> <li>○ Bundled Fee for Service**</li> <li>○ UHA CHIP Grant</li> </ul>	<ul style="list-style-type: none"> <li>○ EHR and encountered claims utilizing approved CPTs and modifiers</li> <li>○ Grant reporting requirements as outlined in MOUs</li> </ul>
<b>Peer Support Specialist</b>	PSS	<ul style="list-style-type: none"> <li>○ Advanced Payment &amp; Care Model (APCM): Per Member Per Month (PMPM)</li> <li>○ Itemized Fee for Service**</li> <li>○ Direct Capacity Building Payment</li> </ul>	<ul style="list-style-type: none"> <li>○ EHR and encountered claims utilizing approved CPTs and modifiers</li> </ul>
<b>Peer Wellness Specialist</b>	PWS	<ul style="list-style-type: none"> <li>○ Advanced Payment &amp; Care Model (APCM): Per Member Per Month (PMPM)</li> <li>○ Itemized Fee for Service**</li> <li>○ Direct Capacity Building Payment</li> </ul>	<ul style="list-style-type: none"> <li>○ EHR and encountered claims utilizing approved CPTs and modifiers</li> </ul>
<b>Personal Health Navigator</b>	PHN	<ul style="list-style-type: none"> <li>○ Advanced Payment &amp; Care Model (APCM): Per Member Per Month (PMPM)</li> <li>○ Itemized Fee for Service*</li> <li>○ Direct Capacity Building Payment</li> </ul>	<ul style="list-style-type: none"> <li>○ EHR and encountered claims utilizing approved CPTs and modifiers</li> </ul>



## Billable Fee for Service Codes

Last Updated: 01/2024

Code	Worker Type	Description	Required Modifier	Allowed Modifier
97535	CHW	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes.		
98960	CHW	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	CHW	(see 98960); for 2-4 patients.		
98962	CHW	(see 98960); for 5-8 patients.		
99211	CHW	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.		
99401	CHW	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.		
99402	CHW	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.		
99403	CHW	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes.		
99404	CHW	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes.		
99406	CHW	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.		
99407	CHW	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.		
99408	CHW	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes.		



<b>99409</b>	CHW	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes.		
<b>99600</b>	CHW	Unlisted home visit service or procedure.		
<b>G0176</b>	CHW	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more).		
<b>G0177</b>	CHW	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more).		
<b>H0032</b>	CHW	Mental health service plan development by nonphysician.		
<b>H0033</b>	CHW	Oral medication administration, direct observation.		
<b>H0048</b>	CHW	Alcohol and/or other drug testing: collection and handling only, specimens other than blood.		
<b>H2014</b>	CHW	Skills training and development, per 15 minutes.		
<b>H2016</b>	CHW	Comprehensive community support services, per diem.		
<b>H2032</b>	CHW	Activity therapy, per 15 minutes.		
<b>D99f92</b>	CHW	Dental case management – care coordination.		
<b>59400</b>	D	Standard doula benefit with support at vaginal delivery.	U9	
<b>59510</b>	D	Standard doula benefit with support at cesarean delivery.	U9	
<b>59610</b>	D	Standard doula benefit with support at VBAC delivery.	U9	
<b>59618</b>	D	Standard doula benefit with support at attempted VBAC/cesarean delivery.	U9	
<b>59899</b>	D	Support visit (up to 2 prenatal and 2 postpartum visits).	U9	
<b>59409</b>	D	Doula services day of delivery only – Vaginal delivery.	U9	
<b>59514</b>	D	Doula services day of delivery only – Cesarean delivery.	U9	
<b>59612</b>	D	Doula services day of delivery only – VBAC delivery.	U9	
<b>59620</b>	D	Doula services day of delivery only – Attempted VBAC/ cesarean delivery.	U9	
<b>G0177</b>	PSS, PWS	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more).		GT
<b>G0177</b>	PSS, PWS	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more).	HK	GT
<b>H0023</b>	PSS, PWS	Intensive In-Home Behavioral Health Treatment Services (IIBHT).		



<b>H0023</b>	PSS, PWS	Alcohol and/or drug outreach, Behavioral health outreach service (planned approach to reach a targeted population).	HF, HG	
<b>H0038</b>	PSS, PWS	Self-help/peer services, per 15 min.		GT
<b>H0038</b>	PSS, PWS	Self-help/peer services, per 15 min.	HK	GT
<b>H0039</b>	PSS, PWS	Assertive community treatment, face-to-face, per 15 minutes.		GT
<b>H0039</b>	PSS, PWS	Assertive community treatment, face-to-face, per 15 minutes.	HK	GT
<b>H0046</b>	PSS, PWS	Home Based and Behavioral Habilitation 60 minutes. Modifier HW is used, along with HK, only when an individual has been approved for the HCBS 1915 (i) plan.	HK, HW	
<b>H2011</b>	PSS, PWS	Crisis Intervention Services, per 15 min.		CG, GT
<b>H2011</b>	PSS, PWS	Mobile Crisis Intervention Services (MCIS), per 15 min.	HE	GT, HT
<b>H2014</b>	PSS, PWS	Skills training and development, per 15 min.		
<b>H2014</b>	PSS, PWS	Skills training and development, per 15 min.	HK	
<b>H2023</b>	PSS, PWS	Supported Employment, per 15 min.		GT
<b>H2023</b>	PSS, PWS	Supported Employment, per 15 min.	HK	GT
<b>H2023</b>	PSS, PWS	Supported Education, per 15 min.	HE	GT
<b>H2023</b>	PSS, PWS	Supported Education, per 15 min.	HE, HK	GT
<b>T1013</b>	PSS, PWS	Sign language or oral interpreter services.		GT
<b>T1016</b>	PSS, PWS	Case management, per 15 min.		GT
<b>T1016</b>	PSS, PWS	Case management, per 15 min.	HK	GT

\*As stated in **PSE A-4 (THW) (page 3)**, PHN fee for service codes will be added to this guide when made available by the Oregon Health Authority.

\*\*Contracted providers billing Traditional Health Worker services fee for service are reimbursed at rates outlined in **PSE A-4 (THW) (page 2)** and **PSE A-4 (Doula) (page 2)**.