DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

COMMUNITY HEALTH WORKER G-CODE BILLING DECISION TREE

Does the Medi-Cal member meet the eligibility criteria to receive CHW services (either through a written recommendation from a licensed provider or through use of the DHCS's Standing Recommendation)?

- **No** → Stop here. CHW services are not appropriate for the Medi-Cal member.
- **Yes** → Proceed.

Does the Medi-Cal member have one or more identified unmet Social Determinants of Health (SDOH) (e.g., housing instability, food insecurity, transportation barriers, etc.) needs?

- **No** → Stop here. HCPCS codes G0019 and G0022 require licensed Medi-Cal provider who identifies an unmet SDOH need (or multiple SDOH needs), which is identified by the appropriate ICD-10-CM diagnosis code(s), and that significantly limits their ability to diagnose or treat the member. If one or more SDOH needs are not identified, the following are options:
  - Schedule an initiating visit with a licensed provider to have their unmet SDOH need(s) identified; or
  - The supervising provider must use CPT codes 98960 if an individual Medi-Cal member or CPT codes 98961 (2-4) or 98962 (5-8) if serving a group of Medi-Cal members.
- **Yes** → Proceed.

Did a licensed provider have an initiating visit (identified with CPT codes 99203–99205, 99213–99215, 99342, 99344–99345, 99348–99350, 99381–99387, or 99391–99396) with the Medi-Cal member in the last six (6) months in which the unmet SDOH need(s) were identified using an allowable ICD-10 diagnosis code (i.e., Z55-Z60, Z62-65) with that significantly limit the licensed provider's ability to diagnose or treat the Medi-Cal member and for which CHW services were recommended?

- **No** → Stop here. HCPCS codes G0019 and G0022 require an initiating visit within six (6) months prior to delivery of the CHW services. If an initiating visit did not occur, the following are options:
  - Schedule an initiating visit with a licensed provider to have their unmet SDOH need(s) identified; or
  - The supervising provider must use CPT codes 98960 if an individual Medi-Cal member or CPT codes 98961 (2-4) or 98962 (5-8) if serving a group of Medi-Cal members.
- **Yes** → Proceed.

Did a licensed provider develop (or if a CHW developed, review and approve) a treatment plan that includes the ICD-10 diagnosis code(s) identifying the unmet SDOH need(s), specifies interventions for CHW services, specifics how addressing the unmet SDOH need(s) will help accomplish the plan, and share the treatment plan with the CHW's supervising provider and the licensed provider of the initiating visit (if different)?

- **No** → Stop here. HCPCS codes G0019 and G0022 require a treatment plan with all of these components. If a treatment plan does not exist, the following are options:
  - Develop a treatment plan that meets all Medi-Cal policy requirements; or
  - The supervising provider must use CPT codes 98960 if an individual Medi-Cal member or CPT codes 98961 (2-4) or 98962 (5-8) if serving a group of Medi-Cal members. *Note: A written plan of care for these CPT codes is still strongly encouraged as outlined in Medi-Cal policy.*
- **Yes** → Proceed.

Will the Medi-Cal member receive CHW services individually for their unmet SDOH need(s)?

- **No** → Stop here. HCPCS codes G0019 and G0022 are only applicable to CHW services provided to individual Medi-Cal members. They may not be used for CHW services provided to Medi-Cal members in a group setting. If the Medi-Cal member has an unmet SDOH need, the following are options:

        - Change from a group delivery model (i.e., 2 or more Medi-Cal members receiving CHW services at one time) to an individual delivery model (i.e., one Medi-Cal member receives CHW services at a time).
        - Maintain the group delivery model (i.e., 2 or more Medi-Cal members receiving CHW services at one time), but the supervising provider must use CPT codes 98961 (2-4) or 98962 (5-8).
    - **Yes** → The supervising provider may bill for CHW services using HCPCS code G0019 and G0022. The supervising provider and CHW are required to document the dates and time/duration of CHW services provided to Medi-Cal members. Documentation should also reflect information on the nature of the service provided and support the length of time spent with the Medi-Cal member that day. For example, documentation might state, "Discussed the Medi-Cal member's challenges accessing healthy food and options to improve the situation for 15 minutes. Assisted with SNAP application for 30 minutes. Referred Medi-Cal member to XYZ food pantry." Documentation shall be accessible to the Department upon request and in the event of a state or federal audit.