



## Children and Youth Behavioral Health Work Group – Behavioral Health Integration (BHI) Subgroup

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January 28, 2025

### Glossary of Terms

CHW: Community Health Worker  
CMS: Center for Medicaid and Medicare Services  
EMS: Emergency Medicine Services  
HCPCS: Healthcare Common Procedure Coding System  
HRSN: Health-Related Social Needs  
MPD: Medical Program Director  
SDOH: Social Determinants of Health  
SPA: State Plan Amendment  
UW: University of Washington  
WAC: Washington Administrative Code

### Meeting Topics

Presentation: *Apple Health Community Health Worker (CHW) State Plan benefit*, Nikki Banks, HCA  
Presentation: *Overview of billing code G0136 and increased rates for behavioral health screenings*, Nikki Banks & Beth Tinker, HCA  
Discussion: 2025 legislative session updates  
Next Steps & Look Ahead: WA Thriving P-25 Strategic Plan update

### Discussion Summary

#### **Presentation: Apple Health Community Health Worker (CHW) State Plan benefit**

*Please refer to the slide deck for additional details.*

1. [CHW benefit fact sheet](#)
2. (2024) ESSB 5693, Sec. 211 (103)
  - a. HCA mandated to establish a CHW benefit under the Medicaid assistance program and implement a State Plan Amendment (SPA) to include CHWs services under preventive services benefits.
  - b. The intent and structure of this Medicaid benefit is:
    - i. Increased accessibility
    - ii. Formally incorporate CHWs in Community & clinical settings
    - iii. Preserve service integrity
  - c. The Medicaid benefit is expected to go live by June 30, 2025
3. The State Plan Approach: Preventive services associated with licensed practitioner
  - a. CHWs will serve under a licensed practitioner and will not be required to enroll as a Medicaid provider.



- i. All administrative tasks, such as submitting claims, negotiating Managed Care Organization (MCO) contracts, payments for the scope of services, etc will be handled by the supervisor.
        - ii. Supervisors are not required to have a special credential to supervise a CHW; rather, they just have to be enrolled with Medicaid because they are submitting the claim on behalf of the CHW.
      - b. CHWs as preventive service providers
        - i. The scope of service would be to prevent disease, disability and the progression of any health conditions to prolong life and promote physical and mental health and efficiency.
      - c. This does not require state credentialing at this time. If it were to in the future, that work would be led by the Department of Health.
  4. Implementation status
    - a. SPA approved by the Center for Medicaid and Medicare Services (CMS) on November 27, 2024.
    - b. In progress: Responding to external reviewers on the rules (Washington Administrative Code (WAC)). A public hearing is scheduled for February 4, 2025.  
<https://www.hca.wa.gov/about-hca/upcoming-public-hearings>
    - c. Billing Guide: HCA is in the process of creating a new Prevention Billing Guide inclusive of CHW services, separate from other preventing service billing guides (eg. Birth doulas). This will be followed by work with the P1 prevention team on systems configuration.
    - d. HCA is in the process of updating the language in MCO contracts to include CHW services. HCA will work with Medical Program Directors (MPD) to notify MCOs and incorporate into contracts by July 2025.
  5. CHW services: billing codes & rates
    - a. *\*Rates are subject to change in July 2025. Allocated funding includes comprehensive CHW services (\$1m FY2025; \$2m annually). Note: The language of the CHW budget sections is a carryover from Governor Inslee's budget and does not reflect Governor Ferguson's budget. Currently, the language is non-binding, so we encourage the BHI subgroup to watch for Governor Ferguson's budget.*
    - b. *These codes only apply to CHWs, not other unlicensed professionals (eg. Social work assistant or bachelors-level social worker).*
    - c. G0019: Community Health Integration services for Health-Related Social Needs/Social Determinants of Health (HRSN/SDOH) (companion code G0022)
      - i. Inclusive of facility and non-facility rates.
      - ii. Covers health assessment and screenings, health education and targeted skill building, care coordination services, system navigation services, and social support and tailored resources for HRSN/SDOH.
      - iii. G0022 covers any additional time up to 30 minutes over the 60 minutes allowable under G0019 per calendar month.
    - d. G0023: Principle illness navigation for high-risk and chronic conditions (companion code G0024)
      - i. Inclusive of facility and non-facility rates.



- ii. This code covers all services such as health assessments and screenings, health education and target skill building, care coordination, system navigation, and tailored support for HRSN.
- iii. G0024 covers any additional time up to 30 minutes over the 60 minutes allowable under G0023 per calendar month.
- iv. 'Principal illness' referrals from providers to CHWs can be either an official diagnosis or identification of high-risk.
- e. S9945 (Individual) / S9446 (Group): Health education and training
  - i. Inclusive of facility and non-facility rates for both individual and group encounters.
  - ii. Codes cover 15 minutes per calendar month.
- f. [Physician Fee Schedule](#)
- g. The CHW benefit managed care codes will be implemented concurrently with fee-for-service in July 2025.
- h. Questions regarding rates can be directed to [ProfessionalRates@hca.wa.gov](mailto:ProfessionalRates@hca.wa.gov).
- i. Questions regarding the CHW grant can be submitted to [HCACHWgrant@hca.wa.gov](mailto:HCACHWgrant@hca.wa.gov).
- j. Stay informed by signing up for [Pediatric Health GovDelivery alerts](#).

## **Presentation: Overview of HRSN/SDOH code G0136 and increased rates for behavioral health screenings**

*Please refer to the slide deck for additional details.*

1. CMS created a new Healthcare Common Procedure Coding System (HCPCS) code, G0136, to allow reimbursement to providers for completing SDOH risk assessment; implemented 1/1/25.
2. Billing for G0136 risk assessment
  - a. Eligible provider – physician or other qualified health care provider (Nurse Practitioner, Physician Assistant, DO). Can be delegated, but must be billed under billing provider National Provider Identifier (NPI), and the billing provider is responsible for the appropriate scoring of the tool and the follow up/intervention provided.
  - b. G0136 cannot be billed in combination with CHW codes.
  - c. Not designed for routine screening. Draws from CMS language and relates to low-level Emergency Medicine Services (EMS) codes not being allowed along with G0136. Moderate-to-higher level EMS are allowed.
3. Implementation in pediatrics
  - a. Apple Health (Medicaid) covers all medically necessary SDOH risk assessments according to [American Academy of Pediatrics \(AAP\) recommendations](#).
  - b. AAP recommends screening at every well-child checkup.
  - c. All covered SDOH risk assessments align with National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs) maximum units of service.
  - d. Providers must document the name of the risk assessment, the outcome, and any referrals made in the medical record.
  - e. [AAP Bright Futures Toolkit](#) includes additional evidence-based assessment tools
4. Apple Health pediatric developmental and behavioral health screening
  - a. [EPSDT provider webpage](#)
  - b. [Apple Health Developmental and Behavioral Health Pediatric Screening FAQ](#)



5. Effective 1/1/25 HCA implemented new reimbursement rates for developmental and behavioral health screening. HCA undergoes rate setting annually, so the new rates are effective through 7/1/25; though, not anticipating any changes come July 1.
6. New resources coming soon
  - a. HCA is in the process of exploring needs and new resources to support increased screening in pediatric primary care.
  - b. Further details on technical assistance (TA) for clinics will be provided. The goal is to provide TA within 90 days before the benefit goes live. More information will be shared on the HCA webpage.
  - c. Providers interested in partnering on these efforts can email [christine.cole@hca.wa.gov](mailto:christine.cole@hca.wa.gov).
  - d. Providers interested in receiving messages of new materials can sign up for [Pediatric Health GovDelivery](#).
7. BHI participants would like to explore avenues for children 24+ months at-risk of intellectual, developmental, and learning disabilities to have evaluations under Apple Care when it is not covered by school districts (in independent education evaluations (IEEs)).
  - a. The UW SMART Center is working on a project to enhance collaboration between medical professionals and schools for autism diagnosis. The program contact is Kate Orville [orville@uw.edu](mailto:orville@uw.edu).

## Look-Ahead, Next Steps & Close

1. WA Thriving update:
  - a. The CYBHWG has sponsored an initiative to develop a statewide strategic plan for prenatal-through-age-25 behavioral health.
  - b. This effort is referred to as Washington Thriving ([www.washingtonthriving.org](http://www.washingtonthriving.org)) and is on track to deliver the P-25 Strategic Plan to the Legislature in November 2025.
  - c. You can learn more about work done to date, and the work planned for this year in the Washington Thriving Progress Report that was submitted to the Leg this past November. <https://www.washingtonthriving.org/blog/2024-washington-thriving-progress-report>
1. This year, the CYBHWG co-chairs will be proposing that the Work Group and subgroups focus their energy on developing key recommendations for the Strategic Plan.
2. BHI leads will be consulting with the team supporting Washington Thriving to better understand where input from BHI is needed and will come back to the group for your thoughts in the next meeting.



# Health related social needs (HRSN)

# HRSN verses SDOH

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**Health related social needs (HRSN):** Specific social and economic conditions that individuals face that impact their health and well-being.

**Social determinants of health (SDOH):** Broader societal factors that influence the distribution of health and disease across populations.

HRSN has recently become accepted terminology when discussing individual health needs. SDOH and HRSN may be used interchangeably throughout this presentation.

# SDOH risk assessment – new code G0136

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Centers for Medicare & Medicaid Services created a new Healthcare Common Procedure Coding System (HCPCS) code, G0136, to allow reimbursement to providers for completing SDOH risk assessment.

G0136 defined as “Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5-15 minutes, not more often than every 6 months.” The risk assessment is in relation to the patient’s social risk factors that influence the diagnosis and treatment of medical conditions. This is a service that can be performed in outpatient settings, with the exception of discharge visits.

# Billing for G0136 risk assessment

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Providers should bill G0136 for new and established patients when used by an eligible provider in person or during a telehealth visit.

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Used in conjunction with a **qualifying visit**, including an evaluation and management (E/M) visit, some behavioral health visits, the Annual Wellness Visit, or some labor & delivery services.

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Code G0136 is used for a risk assessment that uses an evidenced based risk tool and one or more known or suspected SDOH needs are identified that may interfere with the practitioners' diagnosis or treatment of the patient. **Not designed for routine screening.**

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Any SDOH needs identified through the risk assessment are recommended to be documented in the patient's medical record and may be documented using a set of International Classification of Diseases-10-Clinical Modification (ICD-10-CM) codes known as Z codes, Z55–Z65. Z codes are used to document SDOH data to facilitate high-quality communication between providers

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SDOH risk assessment is reimbursed once every 6 months per practitioner, per member. This limit does not apply to children under the age of 24 months because screening is recommended to be completed at every well-child exam.

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SDOH risk assessment cannot be performed in conjunction with a level 1 e/m visit or similar low-level visits that could be performed by clinical staff.

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# SDOH evidence-based risk assessment

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[Possible evidence-based tools include the CMS Accountable Health Communities \(AHC\)24 tool](#)

Consists of 26 questions, 10 pages.



[Risks & Experiences \(PRAPARE\)25 tool](#)

Consists of 21 questions, 2 pages.



Or new evidence-based tools as they are developed. The provider should select which risk tool to use that is appropriate for their practice.

# Qualifying visits and reimbursement

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- ▶ Must be billed in combination with an evaluation and management code with high or moderate medical decision making, behavioral health codes (listed below), wellness exams, and some labor & delivery.
  - ▶ CPT® codes (qualifying visits): G0463, 59400, 59410, 59425, 59426, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 90791, 96156, 96158, 96159, 99204, 99205, 99214, 99215, 99244, 99245, 99344, 99345, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, and 99397
- ▶ Reimbursement in a professional setting for G0136: \$11.19 for non-facility services and \$5.22 for facility services

# Implementation in pediatrics

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- ▶ Apple Health (Medicaid) covers all medically necessary SDOH risk assessments according to [American Academy of Pediatrics \(AAP\) recommendations](#).
  - ▶ AAP recommends screening at every well-child checkup.
  - ▶ All covered SDOH risk assessments align with National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs) maximum units of service.
- ▶ Providers must document the name of the risk assessment, the outcome, and any referrals made in the medical record.
  - ▶ [AAP Bright Futures Toolkit](#) includes additional evidence-based assessment tools



# Developmental and behavioral health screening

January 2025

# Apple Health pediatric developmental and behavioral health screening

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- ▶ Per federal Early Periodic Screening, Diagnostic, and Treatment (EPSDT), Apple Health aligns with the Bright Futures [schedule](#) and [recommended screenings](#). Required screenings include:
  - ▶ Developmental screening at 9, 18, and 30 months.
  - ▶ Caregiver depression screening at every visit during the first year.
  - ▶ Autism screening at 18 and 24 months.
  - ▶ Behavioral / social-emotional screening at every visit.
- ▶ Review HCA's recently updated resources for more information:
  - ▶ [EPSDT provider webpage](#)
  - ▶ [Apple Health Developmental and Behavioral Health Pediatric Screening FAQ](#)

# Developmental and behavioral health screening

- ▶ **Effective January 1, 2025**, HCA implemented new reimbursement rates for developmental and behavioral health screening.

Screening type	06/01/2023 – 12/31/2023	01/01/2024 – 06/01/2024	01/01/2025 – 06/30/2025
<b>Developmental (96110)</b>	\$6.45	\$12.90	\$13.80
<b>Behavioral health (96127)</b>	\$2.85	\$5.70	\$11.20
<b>Behavioral health (96160)</b>	\$1.71	\$3.42	\$11.20
<b>Caregiver depression (96161)</b>	\$1.71	\$3.42	\$10.29

# Coming soon: new resources!

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- ▶ HCA is in the process of exploring needs and new resources to support increased screening in pediatric primary care.
  - ▶ Providers interested in partnering on these efforts can email [Christine Cole](#).
  - ▶ Providers interested in receiving messages of new materials can sign up for our [Pediatric Health GovDelivery](#).



# Questions

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# Apple Health Community Health Worker State Plan Benefit

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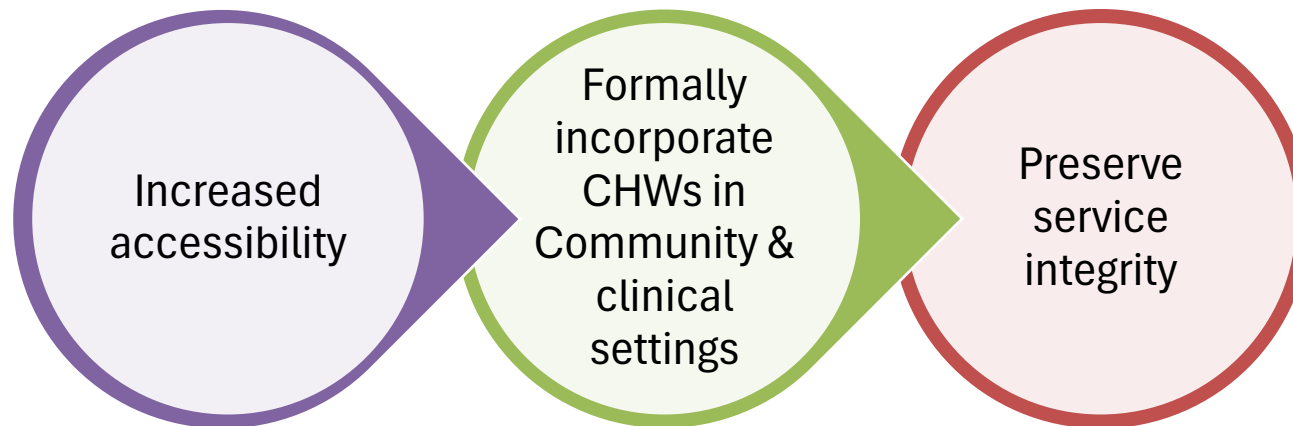
Nikki Banks, MPH

# ESSB 5693, Section 211 (103)

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- Approved during 2024 legislative session
- HCA was mandated to establish a Community Health Worker (CHW) benefit under the Medicaid assistance program.
- HCA will implement a State Plan Amendment (SPA) to include CHWs services under preventive services benefits.

**The intent and structure of this Medicaid benefit is:**



# Who Are Community Health Workers (CHWs)?

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CHWs are trusted members of the community who have a shared living experience that allows them to foster connections and build trust with clients in a way that bridges the gap in services and improves patient health outcomes overall.



Health assessment  
& screenings



Health education &  
targeted skill  
building



Care Coordination  
services



System Navigation  
services



Social Support and  
tailored resources  
for HRSN/SDOH

# HCA's State Plan Approach: Preventive services associated with licensed practitioner (Option 2)

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- ▶ Alignment with feedback received, including:
  - Prevention focused services
  - Reduction of administrative burden on CHWs
  - Encourages collaboration within care teams
  - Timeline for implementation
  - Does not require development of a state credential
- ▶ Additional benefits of this approach:
  - Expanded CHW services for Apple Health enrollees
  - Encourage embedding CHWs in places where enrollees receive care

## Administrative Tasks

- Clinic and/or supervising licensed practitioner would do the following:
  - Support adding CHW as one of their Medicaid service providers
  - Negotiate adding CHW services to their contracts with MCOs
  - Support submitting of claims for CHW services

## Scope of Services

- CHWs would receive referral internally from clinic and/or supervising licensed practitioner. Services must meet the following:
  - Prevent disease, disability, and other health conditions or their progression
  - Prolong life
  - Promote physical and mental health and efficiency

## State Credential

- Not required

## Supervision

- CHW would practice under the supervision of a licensed practitioner

## Payment

- Payments would go to the clinic and/or supervising licensed practitioner who would establish a contract and employment with CHW

# Implementation Status

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## State Plan

- Approved by CMS on November 27, 2024

## Rules (WAC)

- **In progress:** Responding to external reviewers.
- Public hearing scheduled for **02/04/25**.

## Billing

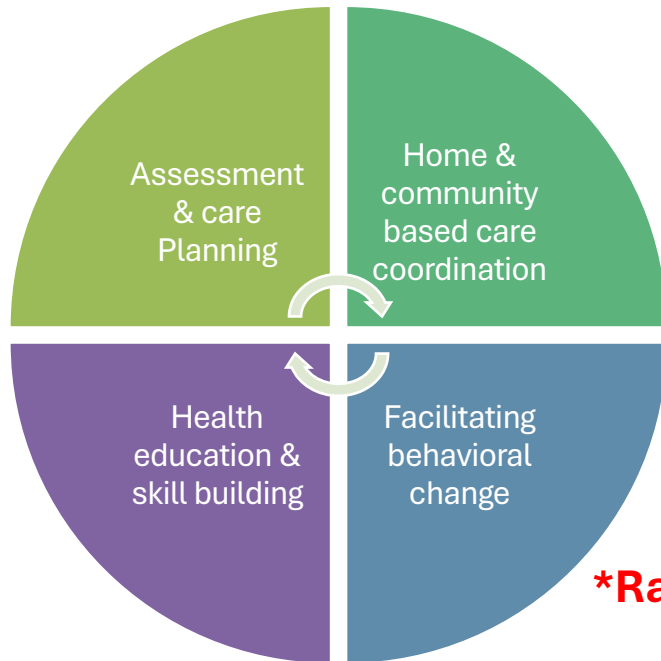
- Will create new Prevention Billing Guide inclusive of CHWs services
- **Future item:** Work with P1 team on systems configuration

## Managed care

- CHW services will be carved in
- Will work with MPD on notifying MCOs & incorporating into contract for July 2025
- **Goal:** MCO language drafted 2025

# CHW Services: Billing Codes & Rates

Allocated funding includes comprehensive CHW services  
**\$1 million (FY2025); \$2 million (Annually)**



**\*Rates are subject to change during the month of July\***

**G0019**

- **Community Health Integration services for HRSN/SDOH**
- Reimbursement rates
  - \$47.83 (NFS); \$ 28.85 (FS)
- Add on G0022
  - \$ 29.80 (NFS); \$20.12 (FS)

**G0023**

- **Principle Illness navigation for high-risk & chronic conditions**
- Reimbursement rates
  - \$47.83 (NFS); \$ 28.85 (FS)
- Add on G0024
  - \$ 29.80 (NFS); \$20.12 (FS)

**S9445  
(Individual)/  
S9446 (Group)**

- **Health education & training**
- Reimbursement rates
  - Individual: \$14.74 (NFS); \$ 14.74 (FS)
  - Group: \$ 5.26 (NFS); \$5.26 (FS)

# G0019: Community Health Integration services for HRSN/SDOH

## Primary Code:

- **G0019**
- \$47.83 (NFS); \$ 28.85 (FS)
- Cover 60 mins per calendar month

## Add on code:

- **G0022**
- \$ 29.80 (NFS); \$20.12 (FS)
- Covers additional 30 mins per month



Health assessment & screenings



Health education & targeted skill building



Care Coordination services



System Navigation services



Social Support and tailored resources for HRSN/SDOH

NFS-maximum fee for non-facility setting  
FS-maximum fee for facility setting

# G0023: Principle Illness navigation for high-risk & chronic conditions



Health assessment & screenings



Care Coordination services



System Navigation services



Social Support and tailored resources for HRSN/SDOH

## Primary Code:

- **G0023**
- \$47.83 (NFS); \$ 28.85 (FS)
- Cover 60 mins per calendar month

## Add on code:

- **G0024**
- \$ 29.80 (NFS); \$20.12 (FS)
- Covers additional 30 mins per month

NFS-maximum fee for non-facility setting  
FS-maximum fee for facility setting



# S9445: Health education & training



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## Primary Code:

- **S9445 (individuals)**
- \$14.74 (NFS); \$ 14.74 (FS)
- Cover 15 mins per calendar month

## Add on code:

- **S9446 (groups)**
- \$ 5.26 (NFS); \$5.26 (FS)
- Covers additional 15 mins per month

Health education & targeted skill building

NFS-maximum fee for non-facility setting  
FS-maximum fee for facility setting



# Thank you!

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Stay informed by signing up for  
[Pediatric Health GovDelivery alerts](#)

Questions regarding the CHW Grant may be  
submitted by emailing  
[HCACHWgrant@hca.wa.gov](mailto:HCACHWgrant@hca.wa.gov)

Questions regarding rates can be submitted by  
emailing  
[ProfessionalRates@hca.wa.gov](mailto:ProfessionalRates@hca.wa.gov)

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