

Medicaid Services Manual
Transmittal Letter

February 29, 2024

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 600 – Physician Services

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 600 – Physician Services Policy is being updated to add prior authorizations for Community Health Workers.

Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: None.

Financial Impact on Local Government: None.

These changes are effective March 1, 2024.

Material Transmitted	Material Superseded
MTL OL	MTL 13/23
MSM Chapter 600- Physician Services	MSM Chapter 600- Physician Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
605.2(C)(1)	Service Limitations	Added language to include the option to submit a prior authorization for continued Community Health Worker services after the initial service limits are exhausted.

	MTL 13/23
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 605
MEDICAID SERVICES MANUAL	Subject: POLICY

605 COMMUNITY HEALTH WORKER SERVICES

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. CHW services must be related to disease prevention and chronic disease management that follow current national guidelines, recommendations, and standards of care, including but not limited to, the United States Preventive Services Task Force (USPSTF) A and B recommended screenings. CHWs may provide services to recipients (individually or in a group) within the home, clinical setting, or other community settings.

605.1 COMMUNITY HEALTH WORKER PROVIDER QUALIFICATIONS

- A. Certification as a CHW must be obtained through the Nevada Certification Board.
- B. Must be supervised by a Nevada Medicaid enrolled Physician, Physician Assistant (PA), Advanced Practice Registered Nurse (APRN), Dentist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Professional Counselor (LCPC), Nurse Midwife, and Nurse Anesthetist.

605.2 COVERAGE AND LIMITATIONS

- A. Covered services:
 1. Guidance in attaining health care services.
 2. Identify recipient needs and provide education from preventive health services to chronic disease self-management.
 3. Information on health and community resources, including making referrals to appropriate health care services.
 4. Connect recipients to preventive health services or community services to improve health outcomes.
 5. Provide education, including but not limited to, medication adherence, tobacco cessation, and nutrition.
 6. Promote health literacy, including oral health.
- B. Non-covered services:
 1. Delegate the CHW to perform or render services that require licensure.

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2. Transport a recipient to an appointment.
3. Make appointments not already included within the CHW visit/service (i.e. receptionist duties or front desk support).
4. Deliver appointment reminders.
5. Employment support, including but not limited to, resume building, interview skills.
6. Coordinate and participate in community outreach events not related to individual or group Medicaid recipients.
7. Case management.
8. Accompanying a recipient to an appointment.
9. Provide child-care while the recipient has an appointment.
10. Application assistance for social service programs.
11. Mental health/alcohol and substance abuse services, including peer support services.

C. Service Limitations:

1. Services provided by a CHW are limited to four units (30 minutes per unit) in a 24-hour period, not to exceed 24 units per calendar month per recipient. **If medically necessary, prior authorization can be requested for additional services.**
2. When providing services in a group setting, the number of participants must be at a minimum of two and a maximum of eight.

D. Prior authorization is not required.

E. For a list of covered procedure codes please refer to the Community Health Worker PT 89 [Billing Guide](#).