Community Health Workers and Supervising Provider Organizations

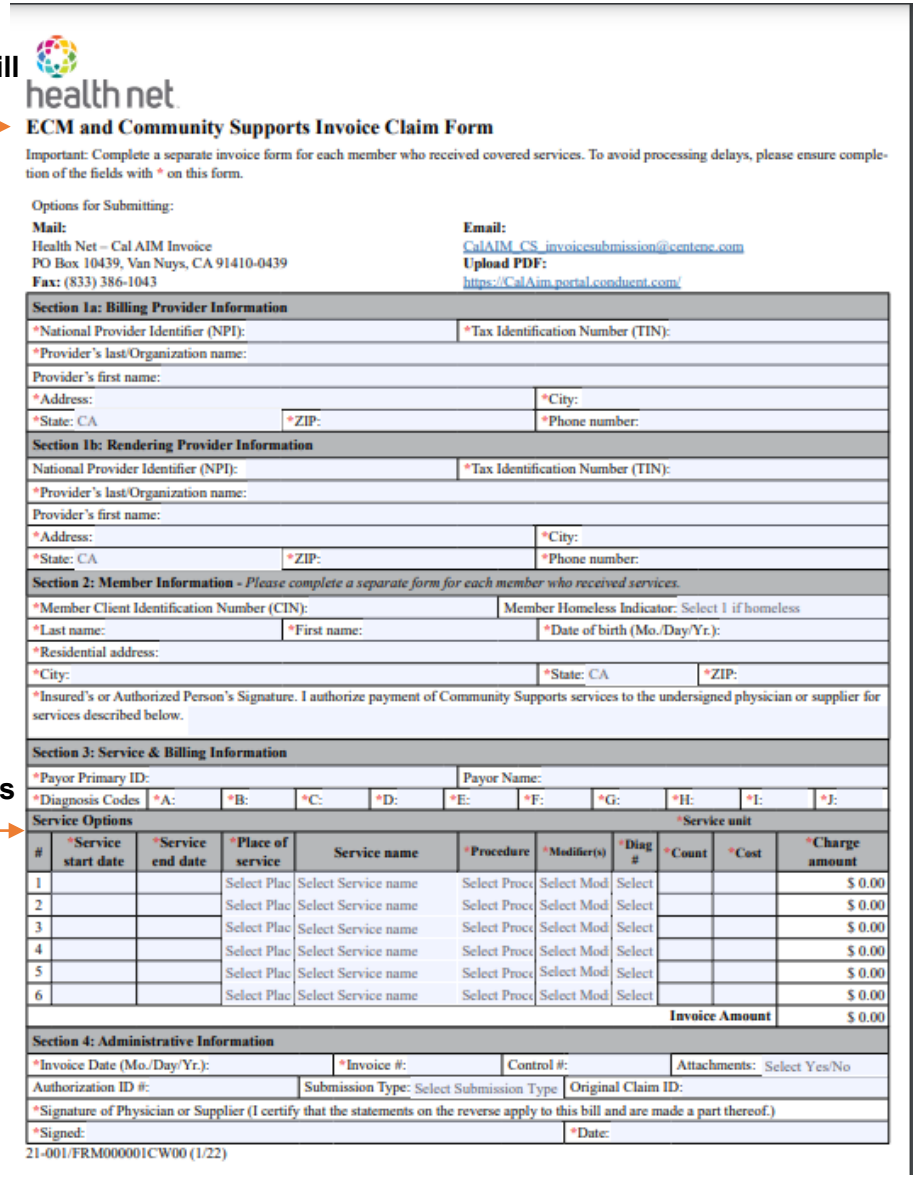
Billing

Claim Form

- https://www.healthnet.com/content/healthnet/en_us/providers/claims/claims-procedures.html

Although this form is titled for ECM and CS, it will be used for CHW claims as well

All CHW codes will be in the drop down for this section



health net

ECM and Community Supports Invoice Claim Form

Important: Complete a separate invoice form for each member who received covered services. To avoid processing delays, please ensure completion of the fields with * on this form.

Options for Submitting:

Mail:
Health Net – Cal AIM Invoice
PO Box 10439, Van Nuys, CA 91410-0439
Fax: (833) 386-1043

Email:
CalAIM_CS_invoicesubmission@centene.com
Upload PDF:
https://CalAim.portal.conduent.com/

Section 1a: Billing Provider Information

*National Provider Identifier (NPI):		*Tax Identification Number (TIN):
*Provider's last/Organization name:		
Provider's first name:		
*Address:		*City:
*State: CA	*ZIP:	*Phone number:

Section 1b: Rendering Provider Information

National Provider Identifier (NPI):		*Tax Identification Number (TIN):
*Provider's last/Organization name:		
Provider's first name:		
*Address:		*City:
*State: CA	*ZIP:	*Phone number:

Section 2: Member Information - *Please complete a separate form for each member who received services.*

*Member Client Identification Number (CIN):		Member Homeless Indicator: Select 1 if homeless
*Last name:	*First name:	*Date of birth (Mo./Day/Yr.):
*Residential address:		
*City:	*State: CA	*ZIP:

*Insured's or Authorized Person's Signature. I authorize payment of Community Supports services to the undersigned physician or supplier for services described below.

Section 3: Service & Billing Information

*Payor Primary ID:								Payor Name:	
*Diagnosis Codes	*A:	*B:	*C:	*D:	*E:	*F:	*G:	*H:	*I:	*J:

Service Options *Service unit

#	*Service start date	*Service end date	*Place of service	Service name	*Procedure	*Modifier(s)	*Diag #	*Count	*Cost	*Charge amount
1			Select Plac	Select Service name	Select Proce	Select Mod	Select			$ 0.00
2			Select Plac	Select Service name	Select Proce	Select Mod	Select			$ 0.00
3			Select Plac	Select Service name	Select Proce	Select Mod	Select			$ 0.00
4			Select Plac	Select Service name	Select Proce	Select Mod	Select			$ 0.00
5			Select Plac	Select Service name	Select Proce	Select Mod	Select			$ 0.00
6			Select Plac	Select Service name	Select Proce	Select Mod	Select			$ 0.00
									Invoice Amount	$ 0.00

Section 4: Administrative Information

*Invoice Date (Mo./Day/Yr.):	*Invoice #:	Control #:	Attachments: Select Yes/No
Authorization ID #:	Submission Type: Select Submission Type	Original Claim ID:	

*Signature of Physician or Supplier (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

*Signed:	*Date:

21-001/FRM000001CW00 (1/22)

Billing Codes

HCPCS Level II Code	HCPCS Description	Modifier
98960	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	U2 To denote services rendered by Community Health Workers
		U3 To denote services rendered by Asthma Preventive Services providers
98961	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; 2-4 patients**	U2 To denote services rendered by Community Health Workers
		U3 To denote services rendered by Asthma Preventive Services providers
98962	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; 5-8 patients**	U2 To denote services rendered by Community Health Workers
		U3 To denote services rendered by Asthma Preventive Services providers
Note: Billing 1 unit = 30 minutes per CPT code descriptions		

Questions?