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Program Name: BadgerCare Plus and Medicaid

Handbook Area: Prenatal Care Coordination

10/03/2023

Key Prenatal Care Coordination Requirements : Billing and Reimbursement

Topic #22883

Billing Requirements

The following requirements apply when billing ForwardHealth for PNCC (prenatal care coordination) services:

- Providers may only submit one claim per member for each calendar month; providers must bill all the services they provided to the member in the month on the same claim.
- Providers must indicate each DOS (date of service) for services provided throughout the month on a separate claim detail.

Claims should reflect the cumulative services provided to the Medicaid member during the month. Providers may not bill for services until after those services have been rendered (that is, providers may not submit a claim early in the month in anticipation of the services to be rendered that month), in accordance with Wis. Admin. Code § [DHS 106.06\(3\)\(a\)](#).

Topic #937

Diagnosis Codes on Claims for Prenatal Care Coordination Services

All codes indicated on submissions to ForwardHealth are required to be [valid codes](#).

Claims submitted for PNCC (prenatal care coordination) services must include one of the following ICD (International Classification of Diseases) diagnosis codes as the primary diagnosis associated with the procedure:

Diagnosis Code	Diagnosis Code Description	When to Include as Primary Diagnosis
Z33.1	Pregnant state, incidental	The Medicaid member does not meet the eligibility criteria to receive PNCC services. May only be used with procedure code H1000.
O09.90	Supervision of high risk pregnancy, unspecified, unspecified trimester	The Medicaid member is in an unspecified trimester of pregnancy (or the gestational age is unknown) and is eligible to receive PNCC services.
O09.91	Supervision of high risk pregnancy, unspecified, first trimester	The Medicaid member is in the first trimester of pregnancy and is eligible to receive PNCC services.
O09.92	Supervision of high risk pregnancy, unspecified, second trimester	The Medicaid member is in the second trimester of pregnancy and is eligible to receive PNCC services.
O09.93	Supervision of high risk pregnancy, unspecified, third trimester	The Medicaid member is in the third trimester of pregnancy and is eligible to receive PNCC services.

ForwardHealth will deny claims if providers indicate diagnosis codes other than the diagnosis codes listed above as the primary diagnosis when submitting claims for PNCC services. Providers may use additional ICD diagnosis codes in the secondary positions as appropriate.

Topic #940

Procedure Codes and Modifiers

All claims submitted to ForwardHealth must include allowable HCPCS (Healthcare Common Procedure Coding System) procedure codes and the applicable required modifiers for PNCC (prenatal care coordination) services. ForwardHealth will deny claims or adjustment requests without the appropriate HCPCS codes and modifiers. The following are allowable HCPCS procedure codes and modifiers for PNCC services.

Prenatal Care Coordination Service	Procedure Code	Procedure Code Description	Modifier(s)
Initial assessment	H1000	Prenatal care, at-risk assessment	
Care plan development	H1002	Prenatal care, at-risk enhanced service; care coordination	Required: U2 (Initial care plan development)
Health education or nutrition counseling	H1003	Prenatal care, at-risk enhanced service; education	Optional: TT (Individualized service provided to more than one patient in same setting)
Follow-up in allowable place of service other than the provider's service location	H1004	Prenatal care, at-risk enhanced service; follow-up home visit	
Ongoing care coordination and monitoring, assessment updates, and care plan updates	T1016	Case management, each 15 minutes	Required: UA (PNCC service provided) and U3 (Ongoing care coordination and

Prenatal Care Coordination Service	Procedure Code	Procedure Code Description	Modifier(s)
			monitoring)
Note: PNCC services are limited to \$1,938.40 per member, per pregnancy.			

Required Subsequent Pregnancy Modifier

When a member receives a PNCC service within 185 days of receiving the same service for a previous pregnancy, the provider must indicate modifier U1 (Subsequent pregnancy) with the procedure code and any additional required modifier(s).

ForwardHealth will deny claims for PNCC services provided within 185 days of the previous DOS (date of service) if the PNCC procedure code (and the corresponding required modifier, if applicable) is not accompanied by modifier U1 (Subsequent pregnancy).

Required Telehealth Modifier

Certain modifiers are required when providing services via [telehealth](#).

Topic #14977

Unit of Service

A unit of service varies according to PNCC (prenatal care coordination) service.

For ongoing care coordination and monitoring (procedure code T1016 and [modifiers](#) UA and U3), one unit of service equals 15 minutes. Providers are required to add up their time on a daily basis and round time units using the PNCC [rounding](#) guidelines when submitting claims for ongoing care coordination and monitoring.

For all other PNCC procedure services, a quantity of one represents a complete service regardless of the amount of time spent on the service.

Topic #22884

Rounding Guidelines

Providers are required to round time units using the following rounding guidelines when submitting claims for ongoing care coordination and monitoring using HCPCS (Healthcare Common Procedure Coding System) procedure code T1016 with modifier U3.

Accumulated time	Unit(s) billed
1-5 minutes	.3
6-10 minutes	.7
11-15 minutes	1.0
16-20 minutes	1.3
21-25 minutes	1.7
26-30 minutes	2.0

Topic #965

Adjusting a Claim to Include Additional Units of Service

Providers are required to submit an [Adjustment/Reconsideration Request \(F-13046 \(08/2015\)\)](#) form to be reimbursed for additional units of service that were omitted from the original claim.

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