

Prenatal Care Coordination Overview

Date: January, 2021



Purpose

The purpose of today's training is to provide basic information regarding the prenatal care coordination (PNCC) benefit.

Agenda

- PNCC Overview
- PNCC Goals
- Initial Assessment
- Pregnancy Questionnaire
- Care Plan
- Psychosocial Services
- Ongoing Care
Coordination and
Monitoring
- Health Education and
Nutrition Counseling
- Postpartum Services
- Other Care Coordinators
- General Billing Information
for PNCC
- Additional Resources

PNCC Overview

- PNCC services help a member and, when appropriate, the member's family, gain access to medical, social, educational, and other services related to the member's pregnancy.
- PNCC services are available to Medicaid-eligible pregnant women with a high risk for adverse pregnancy outcomes during pregnancy through the first 60 days following delivery.

PNCC Overview (Cont.)

- PNCC services include all of the following:
 - Outreach
 - Initial assessment
 - Care plan development
 - Ongoing care coordination and monitoring
 - Health education and nutrition counseling services (for members with an identified need)

PNCC Overview (Cont.)

Note: Providers should refer to the A Comprehensive Overview topic (#941) of the Online Handbook for an overview of the PNCC benefit.

PNCC Goals

- Providers are encouraged to use the Guidelines and Performance Measurements for PNCC to help ensure that quality services are provided and activities are directed toward the program's objectives and goals.
- Wisconsin Medicaid uses these guidelines to monitor the administration of the benefit.

Initial Assessment

- Providers are required to administer an initial comprehensive risk assessment to all members.
- The initial assessment must be completed using the Prenatal Care Coordination Pregnancy Questionnaire, F-01105.
- BadgerCare Plus will reimburse only one comprehensive assessment per member, per pregnancy, per provider.

Note: Providers should refer to the Initial Assessment topic (#953) of the Online Handbook for additional information.



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ForwardHealth Forms

Required fields are indicated with an asterisk (*).

The Forms page contains links to forms for prior authorization, claim processing, and documenting special circumstances.

Most forms are available as fillable PDF documents, which can be viewed and completed using Adobe Reader. Some forms are also available as fillable Microsoft Word documents.

Search Criteria

Enter or select information from one of the following fields and click **Search** to display a list of forms matching the search parameters. Or click **Search** to display all forms.

Form Type

Keyword or Form Number

Form Number	Title	Format	Instructions
	Prenatal Care Coordination Program Pregnancy Questionnaire		
F-01105	English (02/2009)	PDF	F-01105A (02/2017)
F-01105H	Hmong (02/2009)	PDF	
F-01105S	Spanish (02/2009)	PDF	



Pregnancy Questionnaire

The provider is required to administer the pregnancy questionnaire and:

- Score the pregnancy questionnaire in its entirety unless the member objects to a particular question or section or the information is unavailable.
- Review and finalize the pregnancy questionnaire in a face-to-face meeting with the member.

Pregnancy Questionnaire (Cont.)

- Inform members who score four or more risk factors on the pregnancy questionnaire that they are eligible to receive PNCC services.
- Inform members who score less than four risk factors on the pregnancy questionnaire that they are not eligible to receive PNCC services.
- Use a new pregnancy questionnaire for assessments administered after 12 months from the initial assessment.

Care Plan

- All members must have a care plan in their file that predates the delivery of ongoing PNCC services.
- The provider is not required to use a specific care plan format; however, the care plan must be based on the results of the pregnancy questionnaire.

Care Plan (Cont.)

- Some examples of what the care plan includes:
 - Identification and prioritization of all strengths and problems identified during the initial assessment
 - Identification and prioritization of all services to be arranged with the member, including the names of the service providers
 - A description of the member's information support system, including collaterals, and activities planned to strengthen it, if necessary

Care Plan (Cont.)

- At a minimum, the care plan must be reviewed and updated every 60 days, or sooner if the member's needs change.
- All updates to the care plan must be signed or initialed and dated by the provider and the member.
- The care plan must identify the person who will be providing the ongoing care coordination services.

Note: Providers should refer to the Guidelines and Performance Measurements topic (#943) of the Online Handbook.

Psychosocial Services

Psychosocial services are provided to assist the pregnant woman with:

- Resolving relationship problems that may adversely affect their health and the outcome of their pregnancy.
- Identifying and accessing other services that will support their efforts to maintain a healthy pregnancy, continue positive health behaviors, and provide a safe home for themselves and their children.

Psychosocial Services (Cont.)

- Understanding and dealing with the social-emotional aspects of pregnancy and parenting.
- Evaluating behaviors that may interfere with having a healthy pregnancy and infant, such as substance abuse, poor nutrition, and high-risk sexual behavior.

Ongoing Care Coordination and Monitoring

- Ongoing care coordination and monitoring is a covered PNCC service for members who score four or more risk factors on the pregnancy questionnaire, or are under 18 years of age.
- Providers may offer ongoing care coordination services on the same date they completed the pregnancy questionnaire and care plan.

Ongoing Care Coordination and Monitoring (Cont.)

- Ongoing care coordination and monitoring activities include the following:
 - Member contacts
 - Collateral contacts
 - Information and referral
 - Assessment and care plan updates
 - Recordkeeping

Ongoing Care Coordination and Monitoring (Cont.)

Note: Providers should refer to the Ongoing Care Coordination and Monitoring topic (#954) and the Guidelines and Performance Measurements topic (#943) of the Online Handbook for more information.

Health Education and Nutrition Counseling

BadgerCare Plus covers health education and nutrition counseling under the PNCC benefit if all of the following occur:

- The medical need for health and/or nutrition education is identified in the Pregnancy Questionnaire.
- The member's written individual care plan includes strategies and goals aimed at ameliorating the identified risk factors.

Health Education and Nutrition Counseling (Cont.)

- A qualified professional provides health education and nutrition counseling.
- Services are provided face-to-face.

Postpartum Services

- Postpartum services are covered up to 60 days following delivery.
- Postpartum PNCC services are covered only if the member received care coordination services prior to delivery.

Postpartum Services (Cont.)

- During the postpartum period, providers are required to:
 - Make at least one face-to-face visit with the member.
 - Encourage the member to choose a primary health care provider for the baby.
 - Inform the member of the importance of immunizations and regular well-child checkups (HealthChecks) for the baby.

Other Care Coordinators

- When multiple family members have care coordinators (case managers), the care plan must identify the role of each care coordinator.
- Coordinators may not duplicate services.

General Billing Information for PNCC

- Providers are required to indicate each date of service (DOS) on a separate detail when billing ongoing care coordination and monitoring services.
- PNCC and child care coordination services are available to members who are inpatients in the hospital or nursing facility if:
 - The services do not duplicate discharge planning services that the hospital or nursing facility is required to provide.
 - The services are provided during the 30 days prior to discharge.

General Billing Information for PNCC (Cont.)

- ForwardHealth has established quantity limits for the following PNCC services:
 - Health and nutrition education services, whether provided individually (procedure code H1003) or in a group setting (procedure code H1003 and modifier TT), are limited to a quantity of 10 sessions per pregnancy.
 - Follow-up home visits (procedure code H1004) are limited to a quantity of 10 per pregnancy.

General Billing Information for PNCC (Cont.)

- Health and nutrition education services (procedure codes H1003, H1003 and modifier TT, and H1004) are limited to a quantity of one per DOS.

Note: Providers should refer to the Program Requirements (#969) and Quantity Limits for Prenatal Care Coordination Services topics (#14978) of the Online Handbook for additional information.

General Billing Information for PNCC (Cont.)

Diagnosis Codes

Claims submitted for PNCC services must include one of the following diagnosis codes as the primary diagnosis associated with the procedure:

- Z33.1 (Pregnant state, incidental)
- O09.90 (Supervision of high risk pregnancy, unspecified, unspecified trimester)
- O09.91 (Supervision of high risk pregnancy, unspecified, first trimester)

General Billing Information for PNCC (Cont.)

Diagnosis Codes (Cont.)

- O09.92 (Supervision of high risk pregnancy, unspecified, second trimester)
- O09.93 (Supervision of high risk pregnancy, unspecified, third trimester)

Note: Providers should refer to the Quantity Limits for Diagnosis Codes on Claims for Prenatal Care Coordination Services topic (#937) of the Online Handbook for additional information.

General Billing Information for PNCC (Cont.)

Diagnosis Codes (Cont.)

Providers are required to indicate the following diagnosis codes on claims for PNCC services:

- Z33.1 when submitting a claim on behalf of a member who does not meet the enrollment criteria (that is, those who are assessed but determined ineligible to receive services). Diagnosis code Z33.1 may only be used with procedure code H1000.

General Billing Information for PNCC (Cont.)

Diagnosis Codes (Cont.)

- O09.90–O09.93 when submitting a claim on behalf of a member who scores four or more points on the pregnancy questionnaire or is under 18 years of age (that is, those who are determined eligible to receive services).
- O09.90–O09.93 when submitting claims with procedure codes H1000, H1002 and modifier U2, H1003, H1003 and modifier TT, H1004, and T1016 and modifier TH. Providers must indicate O09.90 if the gestational age is unknown.

General Billing Information for PNCC (Cont.)

Procedure Code Definitions

- H1000 (Prenatal care, at-risk assessment)
- H1002 (Prenatal care, at-risk enhanced service; care coordination) and required modifier U2 (Initial care plan development)
- H1003 (Prenatal care, at-risk enhanced service; education)
- H1003 (Prenatal care, at-risk enhanced service; education) with modifier TT (Individualized service provided to more than one patient in same setting)

General Billing Information for PNCC (Cont.)

Procedure Code Definitions (Cont.)

- H1004 (Prenatal care, at-risk enhanced service; follow-up home visit)
- T1016 (Case management, each 15 minutes), required modifier TH (Obstetrical treatment/services, prenatal or postpartum)
- PNCC services are limited to \$896.33 per member, per pregnancy.

Note: Providers should refer to the Procedure Codes topic (#940) of the Online Handbook for additional information.

General Billing Information for PNCC (Cont.)

Modifiers

- For Wisconsin Medicaid providers, modifier U1 is defined as "subsequent pregnancy" in the PNCC service area and must be indicated with all procedure codes when submitting claims for PNCC services within 185 days of a previous pregnancy.
- For Wisconsin Medicaid providers, modifier U2 is defined as "initial care plan development" in the PNCC service area and must be indicated with procedure code H1002 when billing for initial care plan development.

General Billing Information for PNCC (Cont.)

Modifiers (Cont.)

- Modifier TH is nationally defined as "obstetrical treatment/services, prenatal or postpartum" and is valid only with procedure code T1016.
- Modifier TT is nationally defined as an "individualized service provided to more than one patient in same setting" and is valid only with procedure code H1003.

General Billing Information for PNCC (Cont.)

Rounding Guidelines for Ongoing Care Coordination and Monitoring Using Code T1016

Accumulated Time	Unit(s) Billed
1–5 minutes	0.3
6–10 minutes	0.7
11–15 minutes	1.0
16–20 minutes	1.3
21–25 minutes	1.7
26–30 minutes	2.0

General Billing Information for PNCC (Cont.)

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

Note: Providers should refer to the Rounding Guidelines topic (#970) and Unit of Service topic (#14977) of the Online Handbook for additional information.

Additional Resources

- ForwardHealth Portal at www.forwardhealth.wi.gov/:
 - Online Handbook
 - User Guides
 - Trainings
- Provider Services at 800-947-9627
- WiCall at 800-947-3544 (ForwardHealth's Automated Voice Response system)

Additional Resources (Cont.)

- ForwardHealth Portal Helpdesk at 866-908-1363
- Electronic Data Interchange at 866-416-4979
- Provider Relations Representatives

Thank You