

# Wisconsin Medicaid update and BadgerCare

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Wisconsin Medicaid and BadgerCare Information for Providers

To:  
Prenatal Care  
Coordination  
Providers  
HMOs and Other  
Managed Care  
Programs

## Change in Units When Billing for the Development of an Initial Care Plan for Prenatal Care Coordination

Effective for dates of service on and after January 1, 2005, providers billing for the development of an initial care plan for prenatal care coordination (PNCC) (procedure code H1002 and modifier “U2”) are required to enter a quantity of “1.” The reimbursement rate will be changed to a flat rate of \$48.31.

Wisconsin Medicaid is changing the billing instructions in response to requests from providers to return to a flat rate reimbursement for initial care plan development.

The Attachment of this *Wisconsin Medicaid and BadgerCare Update* contains a complete chart showing the procedure codes, modifiers, and maximum allowable fees for all PNCC services performed on and after January 1, 2005.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT

## Procedure Codes, Modifiers, and Maximum Allowable Fees for Prenatal Care Coordination Services

### For Dates of Service on and After January 1, 2005

The following chart shows the Healthcare Common Procedure Coding System (HCPCS) procedure codes, modifiers, and maximum allowable fees for prenatal care coordination (PNCC) services performed on and after January 1, 2005.

<b>HCPCS Procedure Code</b>	<b>HCPCS Procedure Code Description</b>	<b>Required Modifier and Description</b>	<b>Maximum Allowable Fee<sup>***</sup></b>
<b>H1000</b>	Prenatal care, at-risk assessment	<b>U1<sup>**</sup></b>	\$48.31
<b>H1002<sup>*</sup></b>	Prenatal care, at-risk enhanced service; care coordination	<b>U2</b> Initial care plan development	\$48.31
<b>H1002<sup>*</sup></b>	Prenatal care, at-risk enhanced service; care coordination	<b>U1<sup>**</sup></b>	\$8.00; each 15 minutes
<b>H1003<sup>*</sup></b>	Prenatal care, at-risk enhanced service; education	<b>U1<sup>**</sup></b>	\$12.08; each 15 minutes
<b>H1003<sup>*</sup></b>	Prenatal care, at-risk enhanced service; education	<b>TT</b> Individualized service provided to more than one patient in same setting <b>U1<sup>**</sup></b>	\$1.61; each 15 minutes
<b>H1004<sup>*</sup></b>	Prenatal care, at-risk enhanced service; follow-up home visit	<b>U1<sup>**</sup></b>	\$10.70; each 15 minutes

\* Procedure codes H1002-H1004 are allowable only if diagnosis code V23.9 (unspecified high-risk pregnancy) is indicated.

\*\* When submitting claims for services provided within 185 days of a previous pregnancy, all procedure codes require the modifier "U1," indicating a subsequent pregnancy. For example, when submitting claims for an initial care plan for a subsequent pregnancy, procedure code H1002 requires the modifiers "U1" and "U2" if the date of service is within 185 days of the first initial care plan.

\*\*\* The limit for PNCC services (procedure codes H1000, H1002-H1004) is \$887.46 per recipient per pregnancy.