



**Update**  
**December 2012**  
**No. 2012-65**

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Case Management Providers, Prenatal Care Coordination Providers, HMOs and Other Managed Care Programs

## Procedure Code Changes for Prenatal Care Coordination Services

Effective for dates of service on and after October 1, 2012, ForwardHealth is updating the policy, definition of units, and reimbursement for Healthcare Common Procedure Coding System procedure codes used for prenatal care coordination services in order to reflect National Correct Coding Initiative changes.

### National Correct Coding Initiative

Through the National Correct Coding Initiative (NCCI), the Centers for Medicare and Medicaid Services (CMS) promotes correct coding and controls improper coding leading to inappropriate payment of claims processed by Wisconsin Medicaid. The NCCI uses claims processing edits, such as Medically Unlikely Edits (MUE), to ensure correct coding on claims submitted for Medicaid reimbursement. Medically Unlikely Edits define for each *Current Procedural Terminology* and Healthcare Common Procedure Coding System (HCPCS) code the maximum units of service that a provider would report under most circumstances for a single member on a single date of service (DOS).

The CMS issues quarterly revisions to the table of codes subject to NCCI edits. To reflect these revisions, ForwardHealth is updating the policy, definition of units, and reimbursement for HCPCS procedure codes used for prenatal care coordination (PNCC) services.

### Change to Definition of Units

Due to MUE changes, effective for DOS on and after October 1, 2012, ForwardHealth is changing the definition of units for the following HCPCS procedure codes from 15

minutes per quantity of service to a quantity of one, which indicates a complete service:

- H1003 (Prenatal care, at-risk enhanced service; education).
- H1003 with modifier TT (Individualized service provided to more than one patient in same setting).
- H1004 (Prenatal care, at-risk enhanced service; follow-up home visit).

### Quantity Limits

Providers may no longer accumulate their time for the calendar month and round time units when submitting claims using procedure codes H1003, H1003 with modifier TT, or H1004. Providers billing for more than one DOS on the same claim are required to use a separate detail for each DOS and indicate a quantity of one per DOS. A quantity of one represents a complete service regardless of the amount of time spent on the service.

### Health and Nutrition Education Services

Health and nutrition education services (procedure codes H1003 and H1003 with modifier TT), whether provided individually or in a group setting, are limited to a quantity of 10 sessions per pregnancy. Procedure codes H1003 and H1003 with modifier TT are limited to a quantity of one per DOS. Providers may not bill procedure codes H1003 and H1003 with modifier TT on the same DOS. Providers billing for more than one session on the same claim are required to use a separate detail for each DOS.

Providers are reminded that procedure code H1003 may only be used when services are provided by a qualified professional meeting the criteria for providing health education or nutritional counseling.

### *Follow-up Home Visits*

Follow-up home visits (procedure code H1004) are limited to a quantity of 10 per pregnancy. Procedure code H1004 is limited to a quantity of one per DOS. Providers billing for more than one visit on the same claim are required to use a separate detail for each DOS.

### ***Claim Details Denied for Medically Unlikely Edits***

If a detail on a claim is denied for MUE, providers will receive Explanation of Benefits code 1690, which states “Quantity indicated for this service exceeds the maximum quantity limit established by the National Correct Coding Initiative,” on the Remittance Advice. Refer to the National Correct Coding Initiative topic (topic #11537) in the Responses chapter of the Claims section of the ForwardHealth Online Handbook for information about claim details denied as a result of NCCI edits.

### ***Claim Adjustments***

Adjustments for procedure codes H1003, H1003 with modifier TT, and H1004 must follow the new claim requirements if the DOS is on and after October 1, 2012. Claims that were denied due to MUE are not eligible for adjustments and must be resubmitted following the new claim requirements.

Adjustments for claims with a DOS prior to October 1, 2012, are not affected by the new claim requirements.

### ***Reimbursement***

Providers should refer to the Attachment of this *ForwardHealth Update* and to the interactive maximum allowable fee schedule on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/) for reimbursement information.

*Note:* Reimbursement for procedure codes H1000 (Prenatal care, at-risk assessment) and H1002 (Prenatal care, at-risk enhanced service; care coordination) with modifier U2 (Initial care plan development) is not changing with the new policy.

### **New Allowable Procedure Code**

Effective for DOS on and after October 1, 2012, providers are required to use HCPCS procedure code T1016 (Case management, each 15 minutes) with modifier TH (Obstetrical treatment/services, prenatal or postpartum) when submitting claims for ongoing care coordination. Procedure code T1016 with modifier TH is replacing procedure code H1002. Claims submitted for ongoing care coordination without modifier TH will be denied. All policies and the reimbursement rate for procedure code H1002 apply to procedure code T1016. Refer to the Attachment for reimbursement information.

Providers are required to accumulate their time for the entire calendar month and round time units using the PNCC rounding guidelines when submitting claims using procedure code T1016 with modifier TH. Refer to the Rounding Guidelines topic (topic #970) in the Codes chapter of the Covered and Noncovered Services section of the Prenatal Care Coordination service area of the Online Handbook for more information about rounding guidelines.

*Note:* Providers may still submit claims using procedure code H1002 with modifier U2 when billing for the initial care plan development. The quantity limit of one is not changing.

### ***Claim Adjustments***

Adjustments for claims with a DOS prior to October 1, 2012, may be submitted with procedure code H1002. Claims that were denied due to MUE are not eligible for adjustments and must be resubmitted using procedure code T1016 with modifier TH. Procedure codes H1002 and T1016 with modifier TH must be billed with accumulated time for all DOS in the calendar month.

## Reminders

### ***Allowable Procedure Codes for Prenatal Care Coordination Services***

Claims submitted to ForwardHealth for PNCC services must include allowable HCPCS procedure codes. Claims or adjustment requests received without the appropriate HCPCS procedure codes will be denied.

### ***Subsequent Pregnancy***

In some circumstances, a confirmed subsequent pregnancy may require the provision of PNCC services within 185 days of the provision of services for an earlier pregnancy.

Providers are required to indicate modifier U1 (Subsequent pregnancy) with a PNCC procedure code if the DOS falls within 185 days of the DOS for the same procedure code submitted for an earlier pregnancy. For example, providers are required to use procedure code T1016 with both modifier TH and modifier U1 when submitting a claim for ongoing care coordination for a member's subsequent pregnancy if the DOS falls within 185 days from the date the same service was billed for a previous pregnancy.

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

### ***Prenatal Care Coordination Services Limitation***

The reimbursement limit per pregnancy is not changing. Prenatal care coordination services are limited to **\$896.33** per member, per pregnancy.

### ***Information Regarding Managed Care Organizations***

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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# ATTACHMENT

## Procedure Codes for Prenatal Care Coordination Services

Effective for Dates of Service on and After October 1, 2012

| Procedure Code  | Description   | Required Modifier and Description*   | Maximum Allowable Fee** |
|---|---|--|-------------------------|
| H1000   | Prenatal care, at-risk assessment                             |  | \$40.40                 |
| H1002   | Prenatal care, at-risk enhanced service; care coordination    | U2<br>Initial care plan development  | \$48.79                 |
| H1003   | Prenatal care, at-risk enhanced service; education            |  | \$35.00                 |
| H1003   | Prenatal care, at-risk enhanced service; education            | TT<br>Individualized service provided to more than one patient in same setting | \$10.12                 |
| H1004   | Prenatal care, at-risk enhanced service; follow-up home visit |  | \$32.43 per visit       |
| T1016   | Case management, each 15 minutes                              | TH<br>Obstetrical treatment/ services, prenatal or postpartum                  | \$8.28 each 15 minutes  |
| <i>Note:</i> Prenatal care coordination (PNCC) services are limited to <b>\$896.33</b> per member, per pregnancy. |   |  |                         |

\* Modifier U1 must be indicated with all procedure codes when submitting claims for PNCC services within 185 days of a previous pregnancy.

\*\* Maximum allowable fees are subject to change. For current reimbursement rates, refer to the interactive maximum allowable fee schedule on the ForwardHealth Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).