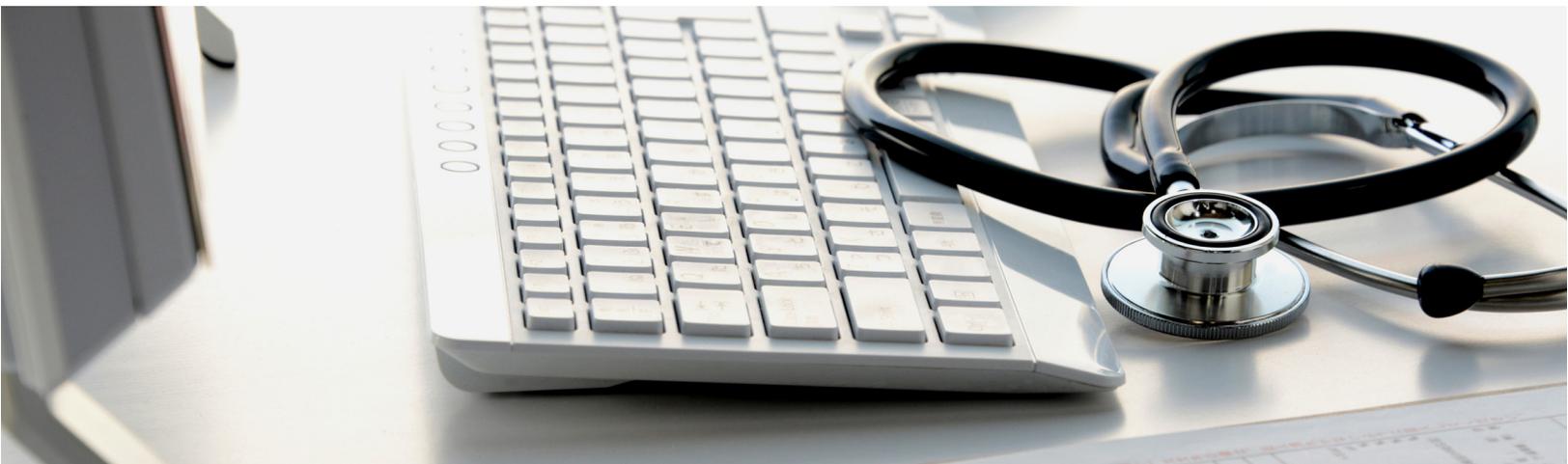


ForwardHealth **UPDATE**

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NEW AND REVISED MODIFIER REQUIREMENTS FOR CHILD CARE COORDINATION AND PRENATAL CARE COORDINATION SERVICES

Effective for dates of service (DOS) on and after March 1, 2022, modifier requirements for care coordination services provided under child care coordination (CCC) and prenatal care coordination (PNCC) benefits are changing as follows:

- New requirement for submission of two modifiers
- Addition of new modifiers
- Revision/consolidation of certain modifiers for use for both CCC and PNCC care coordination services

Providers are reminded that all other coverage requirements for CCC and PNCC care coordination services still apply. Underlying benefit policy for PNCC and CCC has also not changed. Benefit-specific information, such as allowable units, can be found in the following

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid

TO

Child Care Coordination Providers, Prenatal Care Coordination Providers

QUICK LINKS

- [Child Care Coordination service area of the ForwardHealth Online Handbook](#)
- [Prenatal Care Coordination service area of the Online Handbook](#)

The information provided in this ForwardHealth Update is published in accordance with Wis. Admin. Code §§ 105.52 and 107.34 and Wis. Stat. § 49.45(44)(a)-(c).

chapters and topics of the Child Care Coordination and Prenatal Care Coordination service areas of the ForwardHealth Online Handbook:

- The [Covered Services and Requirements chapter](#) and the Quantity Limits for Child Care Coordination Services topic ([#10857](#))
- The [Covered Services and Requirements chapter](#) and the Quantity Limits for Prenatal Care Coordination Services topic ([#14978](#))

ForwardHealth will be offering two training sessions on the billing changes described in this ForwardHealth Update in early March. A recorded session will also be available. More information on these trainings is included near the end of this Update.

Two Modifiers Required

Effective for DOS on and after March 1, 2022, CCC and PNCC providers will be required to submit two modifiers along with procedure code T1016 (Case Management, each 15 minutes) on claims for CCC or PNCC care coordination services. One modifier will identify the service as either a CCC or PNCC service; the other modifier will identify the specific type of care coordination service provided. Claims submitted without the required modifiers will be denied.

Note: Effective for DOS on and after March 1, 2022, modifier TH (Obstetrical treatment/services, prenatal or postpartum) will no longer be required for PNCC care coordination services.

New Modifiers

Effective for DOS on and after March 1, 2022, ForwardHealth will be adding the following modifiers to differentiate between services submitted with procedure code T1016 for CCC and PNCC:

- UA (PNCC service provided)
- UB (CCC service provided in Milwaukee)
- UC (CCC service provided in Racine)

Consolidated Modifiers and Descriptions

Effective for DOS on and after March 1, 2022, ForwardHealth will be adding and revising the following modifiers so that they may be submitted for child care coordination services (submitted with procedure code T1016) as applicable:

- U1 (Assessment)
- U2 (Initial care plan development)
- U3 (Ongoing care coordination and monitoring)

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Claims Submission Requirement for Child Care Coordination

Effective for DOS on and after March 1, 2022, CCC providers are required to submit claims for CCC services under each child's Medicaid ID number. Children may qualify for CCC services in Racine until the child's second birthday and in Milwaukee until the child's seventh birthday.

Provider Trainings Available

CCC and PNCC service providers are invited to attend an upcoming training session regarding these new and revised modifier requirements for care coordination services.

These sessions, available on March 3, 2022, and March 9, 2022, will be conducted as real-time Microsoft Teams sessions. Registration is not required to attend, and the same material will be covered in both sessions.

For those who cannot attend a live session, a recorded version will be available on the Trainings page of the ForwardHealth Portal at a later date.

For more information and the Teams link for the training sessions, go to the [Trainings page](#) of the Portal.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to ForwardHealth upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by the Wisconsin Department of Health Services (DHS) for verification of provider claims for reimbursement. DHS may audit such records to verify actual provision of services and the appropriateness and accuracy of claims. ForwardHealth may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in sanctions including, but not limited to, termination from the Medicaid program.

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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 Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.