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| **Client (last, first, MI):** | **DOB:** | **Month:** | **Year:** |
| **Address:** | **Case Manager Name:**Title: RN-Clark County Public Health Nurse |
| **Agency:** Clark County Health DepartmentMA ID Number: |
| **Description Codes (*to be used in the second column below*)****RF:** Recipient Contact=Face-to-Face **CF:** Collateral Contact=Face-to-Face **S:** StaffingConsultation**RT:** Recipient Contact= Telephone **CT:** Collateral Contact= Telephone **R:** Record | **Place of Service Codes:****03-School****11- Office****12-Home** |
| **DATE** | **CODE** | **PLACE OF SERVICE** | **SERVICE CODE** | **HOURS** | **MINUTES** | **UNITS** | **PROCEDURE CODE** | **COST** **BILLED** **AMOUNT** | DOCUMENTATION OF ACTIVITIES |
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| ***Note:* Prenatal care coordination services are limited to $887.46 per member, per pregnancy.** |

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| **PROCEDURE CODE** | **PROCEDURE CODE DESCRIPTION** | **REQUIRED MODIFIER** | **MAXIMUM ALLOWABLE FEE** |
| **H1000** | Prenatal Care, At-Risk Assessment1st Prenatal Visit Only |  | $40.40 ( 1 Unit Maximum) |
| **H1002** | Prenatal Care, At-Risk Enhanced Service; Care Coordination | **U2**Initial Care Plan Development | $48.79 (1 Unit Maximum) |
| **H1002** | Prenatal Care, At-Risk Enhanced Service; Care Coordination |  | $8.28; Each 15 Minutes (1 Unit=15 Minutes) |
| **H1003** | Prenatal Care, At-Risk Enhanced Service; Education |  | $12.63; Each 15 Minutes(1 Unit=15 Minutes) |
| **H1003** | Prenatal Care, At-Risk Enhanced Service; Education | **TT**Individualized service provided to more than one patient in same setting (Group Setting) | $12.53; Each 15 Minutes(1 Unit=15 Minutes) |
| **H1004** | Prenatal Care, At-Risk Enhanced Service; Home Visit  |  | $10.81; Each 15 Minutes(1 Unit=15 Minutes) |
|  | \*Subsequent Pregnancy | **U1** |  |

* \*Use modifier U1 with all PNCC procedure codes for subsequent pregnancies within 185 days of previous pregnancies. When submitting claims for the second risk assessment, the modifier representing the risk assessment score must also be indicated.
* Submit billing form to program assistant on the last day of each month; make a copy of billing sheet and keep one in the client’s chart.
* When submitting claims for development of an initial care plan (H1002-U2); bill for a quantity of 1 unit.
* When submitting claims for the initial assessment, use code H1000; bill for a quantity of 1 unit.
* One unit of service is = to 15 minutes (You CANNOT bill for travel time)
* Physical assessments and their documentation may be completed, but the time for physical assessments and the documentation are not billable PNCC services (code “743” on billing sheet = Not a billable service)
* When billing for chart prep and charting/documentation, it has to match date of service to client.
* You may bill for phone calls, emails and texts using H1002-care coordination. If the client does not answer your phone call you cannot bill for time spent calling or time spent charting. If a home visit is made and the client is not home, you cannot bill for the visit or charting time. If emailing and texting, you must have confirmation of receipt that the message was received by client, meaning you must print the email or text and keep a copy in the client’s chart.
* Updates to the assessment or care plan may be billed using procedure code H1002. If updates occur in the home, use procedure code H1004.
* When billing for care coordination (H1002) group together units for the date of service. For example in July, 15 minutes or 1 unit gathering client’s chart materials and 30 minutes or 2 units charting = 3 units total under H1002. Describe details either in client’s chart in the progress note documenting activities, or describe on the billing log sheet under “documentation of activities.”
* At a minimum, one postpartum follow up visit is required; additional visits, phone calls, care coordination can be billed up to 60 days after the birth of the infant for services provided.
	+ If clients are illegal citizens, their Badger care coverage ends the last day of the month in which they delivered. Services provided after this date are not reimbursable.

**1st visit**: Use code H1000-At risk assessment | H1002 charting/documentation | H1004 for depression screening (if in home); if not in home use H1002 | H1002 for 1st breath program (use H1004 instead of H1002 if in the home.) You may bill for Health Teaching (H1003) on the first visit ONLY if you have documented that the Prenatal At-risk Health Assessment has been completed, the care plan has been created and that the client verbally agrees to care plan and will sign hard copy at the next visit. (Documentation MUST follow the order of billable events).

**2nd visit**: Use code H1002-U2 for care plan development | H1003 for health teaching based on their care plan | H1004 for depression screening and ongoing monitoring (if in home); if not in home use H1002 | H1002 for charting/documentation, chart prep, and gathering educational materials.

* In-between visits: Use H1002-care coordination if calling client to set up visit, prepping chart, contacting doctor, WIC, etc.

**Subsequent visits**: Use H1003 for health teaching based on their care plan (Health teaching is reimbursed at a higher rate because it must be done by a healthcare professional, i.e. RN or Dietician) | H1004 for depression screening and ongoing monitoring (if in home); if not in home use H1002 | H1002 charting/documentation, chart prep, and gathering educational materials.