

# Maternity Case Management (MCM) Billing Guide

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July 2009 Revision

# 1. Updates to MCM billing procedures - How they benefit you

This guide is a quick reference source for the most common aspects of MCM billing.

Much of the material in this guide is probably familiar to you already, but now it's collected in a single place for your convenience.

You'll notice that these guidelines go into greater detail in the use of billing and diagnostic codes than you may have been used to previously. You gain **the following** from this change:

- First, these changes will help you **avoid one of the most common reasons that Division of Medical Assistance ( DMAP) has denied claims** for service in the past: Incorrect or contradictory billing codes and diagnostic codes.

Billing codes identify the type of service billed. V-codes (diagnostic codes, also called Dx codes) identify the reason for the service. Part 4 of this guide explains the available codes and shows how they should be used together so that your billing won't run afoul of DMAP reimbursement procedures.

- Second, the expanded use of billing and diagnostic codes will allow you to take advantage of the **increased efficiency of electronic billing** through ORCHIDS-MDE. (Oregon Child Health Information Data System-Maternal Child Health Data Entry) You will also still be able to bill manually, as before, through the billing system your county has established.

## NOTES:

- MCM services are not reimbursable if the initial assessment was not done prenatally.....You **cannot** bill for services that did not begin prenatally.
- **Nutritional Counseling** is a referral for service offered to MCM clients needing services for conditions which require a higher level of dietary professional qualifications as defined in (Oregon Administrative Rules) OAR 410-130-0595 (7). The description of Nutritional Counseling referral and services in MCM is at OAR 410-130-0595 (14). The provider of these services directly bills DMAP for reimbursement. Billing code S9470 is not directly billed through ORCHIDS-MDE).

## RESOURCES:

For further information about Maternity Case Management program requirements, definitions and services that can be billed refer to these sections of the Oregon Administrative Rules:

- Oregon Maternity Case Management Administrative Rules:  
<http://www.oregon.gov/DHS/ph/pnh/oar.shtml>
- Perinatal Health, forms and documents: <http://www.oregon.gov/DHS/ph/pnh/forms.shtml>
- FQHC/RHC Program Rulebook at <http://www.dhs.state.or.us/policy/healthplan/guides/fqhc-rhc/147rb0109.pdf>

**Benefit RN Hotline (at DMAP) 1-800-393-9855 or 503-945-5939**

- Determination if a condition is covered by OHP (Oregon Health Plan)

**DMAP Provider Services 1-800-336-6016 Mon-Friday 8:00-4:30pm**

- Provide answers to billing questions, process provider appeals, claim status (denied and reasons)

## **2. Reimbursement Guide for Non-FQHC (Federally Qualified Health Center) MCM Providers**

MCM billing codes identify DMAP-reimbursable services. These include: Initial Assessment, Home Assessment, Case Management Visits, Telephone Case Management Visits, Case Management (Full/Partial) and High Risk Case Management (Full/Partial).

- These tables summarize the four combinations in which MCM services may be billed by service providers.
- For a complete explanation of all codes refer to the Oregon Maternity Case Management Administrative Rules (OAR 410-130-0595).

### **A. Normal Pregnancy + Partial Case Management Service (3 months or less)**

<b>Applicable MCM codes</b>	<b>Billing Frequency/Timing</b>
<b>G9001 Initial Assessment</b> Reimbursement: \$24.59	Develop Client Service Plan (CSP), Communicate with Provider <ul style="list-style-type: none"><li>• Bill <b>once</b> during pregnancy.</li><li>• Other Case Management services cannot be billed until after Initial Assessment.</li><li>• G9001, G9006, and first G9012 can be billed together.</li></ul>
<b>G9006 Home Assessment</b> Reimbursement: \$42.89	Need to do entire Home Assessment and document. (This is a MCM program option but not a requirement.) <ul style="list-style-type: none"><li>• Bill <b>once</b> per pregnancy, <b>except</b>:</li><li>• If situation requires repeat Home Assessment, submit documentation with claim stating the reason for repeat assessment.</li><li>• If it is a repeat Home Assessment without an address change, include copy of the repeat assessment.</li><li>• If client moves, simply write 'moved' and note new address.</li></ul>
<b>G9012 Case Management Visit</b> Reimbursement: \$42.89	Evaluation and/or revision of objectives and activities addressed in CSP, training, information, education on at least 2 topics. <ul style="list-style-type: none"><li>• Four (4) Case Management Visits may be billed prenatally.</li><li>• G9011 Telephone visits are included in this total.</li></ul>
<b>G9011 Telephone Visit</b> Reimbursement: \$10.72	Documentation requirements same as G9012 Case Management Visit. <ul style="list-style-type: none"><li>• Counts the same as one G9012 Case Management Visit.</li><li>• Document reason for telephone visit instead of face-to-face visit.</li></ul>
<b>G9009 Case Management/ Partial</b> Reimbursement: \$37.53	3 months or less of client service. <ul style="list-style-type: none"><li>• Bill <b>once</b> per pregnancy, after Client Service Plan (CSP) is developed, when services were initiated prenatally and partially completed.</li></ul>

## B. Normal Pregnancy + Full Case Management Service (more than 3 months)

### Applicable MCM codes

### Billing Frequency/Timing

<p><b>G9001 Initial Assessment</b> Reimbursement: \$24.59</p>	<p>Develop Client Service Plan (CSP), Communicate with Provider</p> <ul style="list-style-type: none"> <li>• Bill <b>once</b> during pregnancy.</li> <li>• G9001, G9006, and first G9012 can be billed together.</li> <li>• Other Case Management services cannot be billed until after Initial Assessment.</li> </ul>
<p><b>G9006 Home Assessment</b> Reimbursement: \$42.89</p>	<p>Need to do entire Home Assessment and document. (This is a MCM program option but not a requirement.)</p> <ul style="list-style-type: none"> <li>• Bill <b>once</b> per pregnancy <b>except</b>:</li> <li>• If situation requires repeat Home Assessment, submit documentation with claim stating the reason for repeat assessment.</li> <li>• If it is a repeat Home Assessment without an address change, include copy of the repeat assessment.</li> <li>• If client moves, simply write 'moved' and note new address.</li> </ul>
<p><b>G9012 Case Management Visit</b> Reimbursement: \$42.89</p>	<p>Evaluation and/or revision of objectives and activities addressed in CSP, training, information, education on at least 2 topics.</p> <ul style="list-style-type: none"> <li>• Four (4) Case Management Visits may be billed prenatally.</li> <li>• G9011 Telephone visits are included in this total.</li> </ul>
<p><b>G9011 Telephone Visit</b> Reimbursement: \$10.72</p>	<p>Documentation requirements same as G9012 Case Management Visit.</p> <ul style="list-style-type: none"> <li>• Counts the same as one G9012 Case Management Visit.</li> <li>• Document reason for telephone visit instead of face-to-face visit.</li> </ul>
<p><b>G9002 Case Management/Full</b> Reimbursement: \$75.06</p>	<p>More than 3 months of client service.</p> <ul style="list-style-type: none"> <li>• Bill <b>once</b> per pregnancy, after delivery, after Client Service Plan (CSP) is developed, and when more than 3 months of services were provided and services were initiated prenatally.</li> </ul>

### C. High- Risk Pregnancy + Partial Case Management Service (3 months or less)

High-Risk Pregnancy + Partial service includes the same MCM codes and Billing Frequency/Timing information as in Normal Pregnancy + Partial Service:

Applicable MCM codes	Billing Frequency/Timing
<b>G9001 Initial Assessment</b> Reimbursement: \$24.59	Develop Client Service Plan (CSP), Communicate with Provider <ul style="list-style-type: none"> <li>• Bill <b>once</b> during pregnancy.</li> <li>• Other Case Management services cannot be billed until after Initial Assessment.</li> <li>• G9001, G9006, and first G9012 can be billed together.</li> </ul>
<b>G9006 Home Assessment</b> Reimbursement: \$42.89	Need to do entire Home Assessment and document. (This is a MCM program option but not a requirement.) <ul style="list-style-type: none"> <li>• Bill <b>once</b> per pregnancy <b>except</b>:</li> <li>• If situation requires repeat Home Assessment, submit documentation with claim stating the reason for repeat assessment.</li> <li>• If it is a repeat Home Assessment without an address change, include copy of the repeat assessment.</li> <li>• If client moves, simply write 'moved' and note new address.</li> </ul>
<b>G9012 Case Management Visit</b> Reimbursement: \$42.89	Evaluation and/or revision of objectives and activities addressed in CSP, training, information, education on at least 2 topics. <ul style="list-style-type: none"> <li>• Four (4) Case Management Visits may be billed prenatally. (G9011 Telephone visits are included in this total.)</li> <li>• Bill additional visits done for High Risk with claim for High Risk Case Management (Full or Partial) when services completed.</li> </ul>
<b>G9011 Telephone Visit</b> Reimbursement: \$10.72	Documentation requirements same as G9012 Case Management Visit. <ul style="list-style-type: none"> <li>• Counts the same as one G9012 Case Management Visit.</li> <li>• Document reason for telephone visit instead of face-to-face visit.</li> </ul>
<b>G9009 Case Management/ Partial</b> Reimbursement: \$37.53	3 months or less of client service. <ul style="list-style-type: none"> <li>• Bill <b>once</b> per pregnancy, after Client Service Plan (CSP) is developed, when services were initiated prenatally and partially completed.</li> </ul>

High-risk Pregnancy + Partial Service **also includes the following** billing code:

Applicable MCM codes	Billing Frequency/Timing
<b>G9010 High Risk Case Management/ Partial</b> Reimbursement: \$64.34	Bill <b>once</b> per pregnancy, after delivery, when: <ul style="list-style-type: none"> <li>• 3 months or less of High Risk Case Management services were provided after the client was identified as high risk, and the services were not carried through to the date of delivery,</li> <li>• <b>or</b> less than 4 <b>High Risk</b> Case Management Visits were provided.</li> </ul> Can be billed in addition to G9009.

### D. High Risk Pregnancy + Full Case Management Service (more than 3 months)

**Note:** Use the same MCM codes and Billing Frequency/Timing information as in Normal Pregnancy + Full service (above), plus the following:

Applicable MCM codes	Billing Frequency/Timing
<b>G9001 Initial Assessment</b> Reimbursement: \$24.59	Develop Client Service Plan (CSP), Communicate with Provider <ul style="list-style-type: none"> <li>• Bill <b>once</b> during pregnancy.</li> <li>• Other Case Management services cannot be billed until after Initial Assessment.</li> <li>• G9001, G9006, and first G9012 can be billed together.</li> </ul>
<b>G9006 Home Assessment</b> Reimbursement: \$42.89	Need to do entire Home Assessment and document. (This is a MCM program option but not a requirement.) <ul style="list-style-type: none"> <li>• Bill <b>once</b> per pregnancy <b>except:</b></li> <li>• If situation requires repeat Home Assessment, submit documentation with claim stating the reason for repeat assessment.</li> <li>• If it is a repeat Home Assessment without an address change, include copy of the repeat assessment.</li> <li>• If client moves, simply write 'moved' and note new address.</li> </ul>
<b>G9012 Case Management Visit</b> Reimbursement: \$42.89)	Evaluation and/or revision of objectives and activities addressed in CSP, training, information, education on at least 2 topics. <ul style="list-style-type: none"> <li>• Four (4) Case Management Visits may be billed prenatally. (G9011 Telephone visits are included in this total.)</li> <li>• Bill additional visits done for High Risk with claim for High Risk Case Management (Full or Partial) when services completed.</li> </ul>
<b>G9011 Telephone Visit</b> Reimbursement: \$10.72	Documentation requirements same as G9012 Case Management Visit. <ul style="list-style-type: none"> <li>• Counts the same as one G9012 Case Management Visit.</li> <li>• Document reason for telephone visit instead of face-to-face visit.</li> </ul>
<b>G9002 Case Management/Full</b> Reimbursement: \$75.06	More than 3 months of client service. <ul style="list-style-type: none"> <li>• Bill <b>once</b> per pregnancy, after delivery, after Client Service Plan (CSP) is developed, and when more than 3 months of services were provided and services were initiated prenatally.</li> </ul>

High-Risk Pregnancy + Full Case Management Service **also includes the following** billing code:

Applicable MCM codes	Billing Frequency/Timing
<b>G9005 High Risk Case Management/ Full</b> Reimbursement: \$128.67	Bill <b>once</b> per pregnancy, after delivery, when: <ul style="list-style-type: none"> <li>• more than 3 months of High Risk Case Management services were provided after the client was identified as high risk</li> <li>• <b>and</b> at least 4-6 High Risk Case Management Visits have been completed.</li> </ul> Can be billed in addition to G9002.

**Maximum Number MCM Billable Services provided by Non-FQHCs:**

**Prenatally**

- 1 Initial Assessment (required before any other services can be billed)
- 4 Case Management Visits (total includes Telephone Visits, if completed)
- 1 Home/Environment Assessment \*

**At Case Closure**

- 6 High Risk Case Management Visits (for high risk pregnancy only)
- 1 Case Management - Partial or Full Service
- 1 High Risk Case Management – Partial or Full Service

\*Additional Home/Environment Assessments may be completed (before or after delivery) if appropriate

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**14** Services + Applicable repeat Home/Environment Assessments = **Maximum Billable Services**

**3. Federally Qualified Health Center (FQHC) Billing guidelines for MCM**

Refer to the **Federally Qualified Health Centers and Rural Health Clinics Rulebook**  
Section 410-147-0200 Maternity Case Management Services:  
<http://www.dhs.state.or.us/policy/healthplan/guides/fqhc-rhc/147rb0109.pdf>

**Note:**

For MCM services not covered by a Prepaid Health Plan (PHP), the FQHC bills DMAP directly.

**MCM Services provided by FQHCs:**

Payable G codes: **G9001, G9002, G9005, G9006, G9009, G9010, G9011, G9012**  
An FQHC can submit 10 claims using G codes. The agency determines which ones.

An FQHC has the option of billing **S9470** Nutritional Counseling if the individual provider meets the qualifications outlined in OAR 410-130-0595 (7).

**Maximum Number MCM Billable Services provided by FQHCs:**

- 1 Initial Assessment (required before any other services can be billed)
- 10 G-Codes (the agency determines which ones)
- 1 Nutritional Counseling (If the provider meets the qualification outlined in program rule **And** the client meets criteria outlined in program rule.)

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**12** Services = Maximum Billable Services

**NOTE: FQHCs HAVE A UNIQUE PROVIDER SPECIFIC REIMBURSEMENT RATE**

**FQHC MCM Services limitations:**

- (1) Providers may bill DMAP for Case Management Visits (G9011, G9012) four times per pregnancy. In addition, if a client is identified as high risk; the provider may bill six additional High-Risk Case Management Visits;
- (2) DMAP reimburses Nutritional Counseling (S9470) one time per pregnancy; and
- (3) DMAP reimburses a Home/Environmental Assessment (G9006) one time per pregnancy, and the Home Assessment is included in the total number of Case Management Visits in (1).
- (4) Providers may bill DMAP for Partial or Full Case Management Services (G9009, G9002)
- (5) and Providers may bill DMAP for Partial or Full High Risk Case Management Services (G9010, G9005).

<b>MCM service</b>	<b>Billing Frequency/Timing</b>
<b>G9001 Initial Assessment</b>	Develop Client Service Plan (CSP), Communicate with Provider <ul style="list-style-type: none"> <li>• Bill <b>once</b> during pregnancy</li> <li>• Other Case Management services cannot be billed until after Initial Assessment has been completed.</li> </ul>
<b>G9006 Home Assessment</b>	Need to do entire Home Assessment and document. (This is a MCM program option but not a requirement.) <ul style="list-style-type: none"> <li>• Bill <b>once</b> per pregnancy</li> <li>• Home Assessment counts toward the limit on billable Case Management Visits.</li> </ul>
<b>G9012 Case Management Visit</b>	Evaluation and/or revision of objectives and activities addressed in CSP, training, information, education on at least 2 topics. <ul style="list-style-type: none"> <li>• Four (4) Case Management Visits may be billed prenatally. (Telephone Visits and Home Assessment count toward this total.)</li> <li>• Telephone Visits must include the same components as when the service is provided face-to-face.</li> </ul>
<b>G9002 Case Management/Full</b>	More than 3 months of client service. Bill <b>once</b> per pregnancy, after Client Service Plan (CSP) is developed, when more than 3 months of services were provided and services were initiated prenatally.
<b>G9009 Case Management/Partial</b>	3 months or less of client service. Bill <b>once</b> per pregnancy, after Client Service Plan (CSP) is developed, when services were initiated prenatally and partially completed.
<b>G9005 High Risk Case Management/Full</b>	Bill <b>once</b> per pregnancy, after delivery. <ul style="list-style-type: none"> <li>• Six (6) High Risk Case Management visits may be billed per pregnancy.</li> <li>• More than 3 months of High Risk Case Management services were provided after the client was identified as high risk.</li> </ul>
<b>G9010 High Risk Case Management/Partial</b>	Bill <b>once</b> per pregnancy, after delivery, when: <ul style="list-style-type: none"> <li>• 3 months or less of High Risk Case Management services were provided after the client was identified as high risk,</li> <li>• the services were not carried through to the date of delivery, <b>or</b></li> <li>• less than 4 High Risk Case Management Visits were provided.</li> </ul> Can be billed in addition to G9009.



CODE (cont.)	DESCRIPTION (cont.)
V 233	V23.3 - Grand Multiparity
V2341	V23.41 - Pregnancy with History of Preterm Labor
V 2349	V23.49 - Pregnancy with Other Poor Obstetric History
V2381	V23.81 - Elderly Primagravida
V2382	V23.82 - Elderly Multigravida
V2383	V23.83 - Young Primagravida
V2384	V23.84 - Young Multigravida
V239	V23.9 - Unspecified High-Risk Pregnancy
V241	V24.1 - Lactating Mother
V242	V24.2 - Routine Postpartum Follow-up
V2509	V25.09 – Other – Family Planning Advice

## 5. Location Codes for Non-FQHC Billing MCM via ORCHIDS

Location Codes identify the general location where services were rendered.

**Notes:**

- The DMAP Billing Guide refers to these as Place of Service (POS) codes.
- When billing through ORCHIDS, the system automatically provides the Location Code numbers when the Place of Service is selected.

Code	Place of Service	Description
12	Home	<p>The MCM service was performed in the home.</p> <p><b>Non-FQHC:</b> This code can be used only with G9001 Initial Assessment, G9006 Home Assessment, or G9012 Case Management Visit billing codes.</p>
71	LHD (Non-FQHC)	<p>The MCM service was performed at a local health department facility that is not an FQHC.</p> <p><b>Non-FQHC:</b> This code can be used only with G9001 Initial Assessment or G9012 Case Management Visit billing codes.</p>
99	Other	<p>The MCM service was performed at a location other than listed above.</p> <p><b>Non-FQHC:</b> This code can be used only with G9001 Initial Assessment, G9011 Telephone Visit, or G9012 Case Management Visit.</p>

## 6. Optional MCM Billing Worksheet for Non-FQHCs (Non-Federally Qualified Health Centers)

**Note:** This optional worksheet can help you keep track of billing claims for a particular client.

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

Date

**G9001** Initial Assessment \_\_\_\_\_

**G9002** Maternity Case Management--Full Service \_\_\_\_\_

**G9009** Maternity Case Management--Partial Service \_\_\_\_\_

**G9005** High Risk Case Management--Full Service \_\_\_\_\_

**G9010** High Risk Case Management--Partial Service \_\_\_\_\_

**G9006** Home Assessment \_\_\_\_\_

**G9011** Telephone Visit \_\_\_\_\_

\_\_\_\_\_

**G9012** Case Management Visit \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reasons  
High  
Risk:**

\_\_\_\_\_

## 7. SAMPLE MCM billing patterns

### NORMAL Pregnancy + PARTIAL Service

**You can bill:**

- G9001 Initial Assessment
- G9012 Case Management Visit



Initial billable visit

**You can bill:**

- G9012 Case Management Visit (or)
- G9011 Telephone Visit
- G9006 Home Assessment (If actual home visit occurred.)



2nd billable visit

**You can bill:**

- G9012 Case Management Visit (or)
- G9011 Telephone Visit



3rd billable visit

**You can bill:**

- G9012 Case Management Visit (or)
- G9011 Telephone Visit
- G9009 Case Management (Partial)\*



4th billable visit (3 months or less)

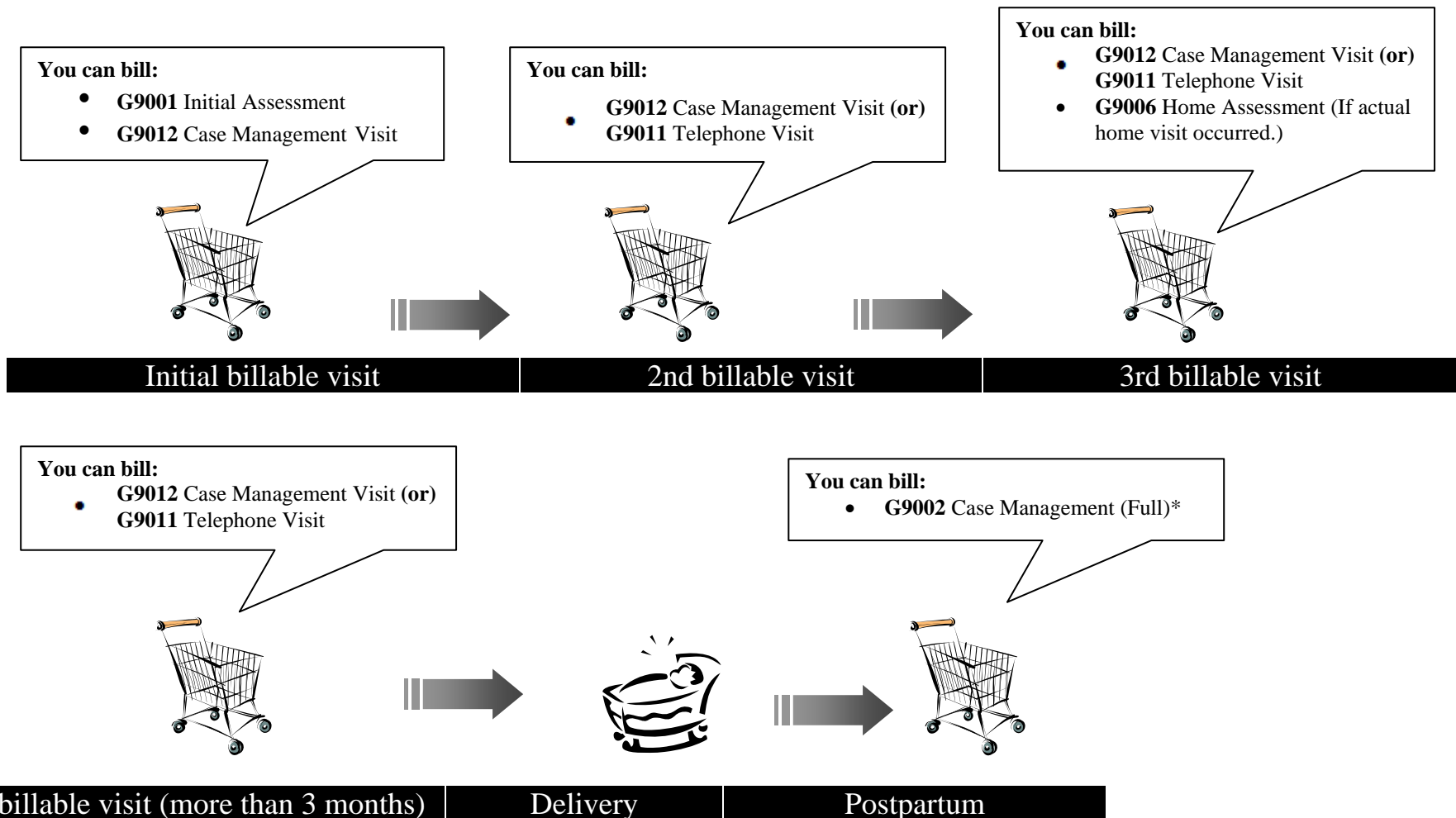


Delivery

**\*Note:** G9009 Case Management (Partial) may be billed after CSP has been developed and when CM services were initiated prenatally and partially completed.

## 8. SAMPLE MCM billing patterns

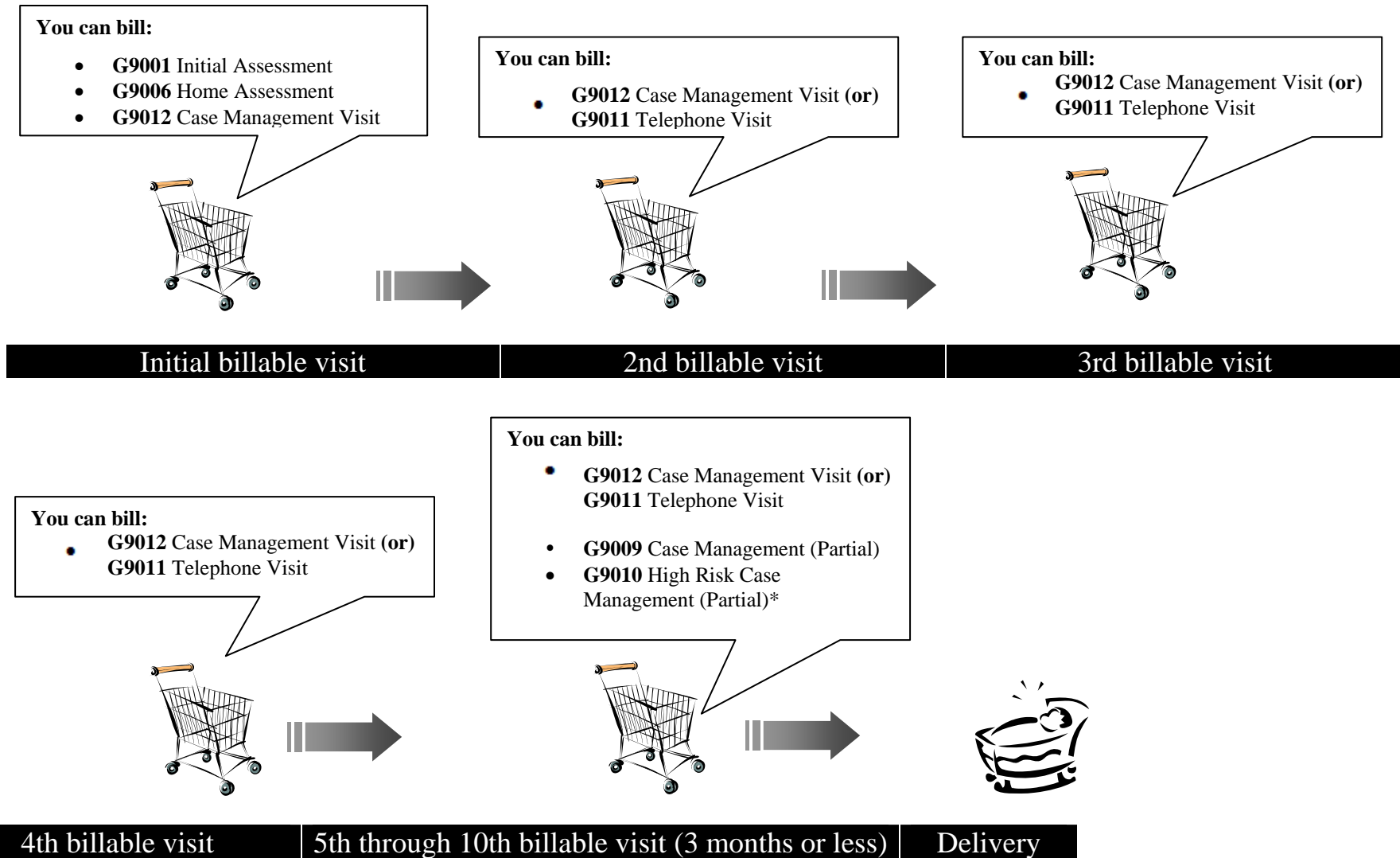
### NORMAL Pregnancy + FULL Service



\*Note: G9002 Case Management (Full) must be billed after delivery when more than 3 months of service were provided and services were initiated prenatally.

## SAMPLE MCM billing patterns

### HIGH RISK Pregnancy + PARTIAL Service



\*Note: Bill for G9010 High Risk Case Management (Partial) when 3 months or less of service were provided after the client was identified as high risk or fewer than 8 case management visits were provided.

## SAMPLE MCM billing patterns

### HIGH RISK Pregnancy + FULL Service

You can bill:

- G9001 Initial Assessment
- G9006 Home Assessment
- G9012 Case Management Visit



Initial billable visit

You can bill:

- G9012 Case Management Visit (or)  
G9011 Telephone Visit



2nd billable visit

You can bill:

- G9012 Case Management Visit (or)  
G9011 Telephone Visit



3rd billable visit

You can bill:

- G9012 Case Management Visit (or)  
G9011 Telephone Visit



4th billable visit

You can bill:

- G9012 Case Management Visit (or)  
G9011 Telephone Visit



5th through 9th billable visit (more than 3 months)

You can bill:

- G9012 Case Management Visit (or)  
G9011 Telephone Visit  
and
- G9005 High Risk Case Management (Full)
- G9002 Case Management (Full)\*



Delivery



Postpartum (10th visit)

\*Note: Bill for G9005 High Risk Pregnancy (Full) when at least 3 months of High Risk Case Management service were provided after the client was identified as high risk AND at least 8 Case Management visits (maximum 10 visits) were provided.

## Maternity Case Management (MCM) DMAP Reimbursement Rates

<p><b>G9001 – Initial Assessment - \$24.59*</b>                  Develop Client Service Plan (CSP)                  Communicate with Provider                  Bill once during pregnancy</p>	<p><b>G9009 – Case Management (Partial Service) - \$37.53*</b>                  3 months or less of client service. Bill <u>once per pregnancy</u>. Bill when CSP has been developed and CM services were initiated prenatally and partially completed.</p>
<p><b>G9006 – Home Assessment (HA) - \$42.89*</b>                  Need to do entire Home Assessment and document. Not required for MCM. Bill <u>once per pregnancy EXCEPT</u>: if client moves or situation requires repeat HA to resolve, submit documentation with claim stating the reason for repeat HA <b>Note:</b> If client moves simply write ‘moved’ and denote new address. (If it is a repeat HA without an address change, include copy of the repeat HA.)</p>	<p><b>G9002 – Case Management (Full Service) - \$75.06*</b>                  Client must have been served for more than 3 months. Bill once per pregnancy after delivery when more than 3 months of service have been provided which were initiated prenatally.</p>
<p><b>G9012 – Case Management (CM) Visit - \$42.89*</b>                  Evaluation and/or revision of objectives and activities addressed in CSP, training, information, education on at least 2 topics. <u>Four (4) CM visits may be billed prenatally</u>. (Telephone contacts included in this total). Bill additional visits done for High Risk with claim for High Risk CM (Full or Partial) when services completed.</p>	<p><b>G9010 – High Risk Case Management (Partial) \$64.34*</b>                  Client becomes High Risk during pregnancy but is not served through the delivery date. Can be billed in addition to G9009. Bill <u>once per pregnancy when</u> 3 months or less of services were provided or less than eight case management visits were provided.</p>
<p><b>G9011 – Telephone Visit – \$10.72*</b>                  Counts the same as one MCM visit. Documentation requirements same as MCM home visit. <u>State reason for telephone visit instead of face-to-face visit</u></p>	<p><b>G9005 – High Risk (HR) Case Management (CM) (Full) - \$128.67*</b>                  Must meet HR criteria. Bill in addition to G9002. Bill <u>once per pregnancy</u> when more than 3 months of HRCM service and at least 8 CM visits have been completed (this totals the 4 basic CM visits plus at least 4 additional visits). <b>Note:</b> 4-6 additional HR visits are billable for up to 10 visits. (Example: 4 basic visits plus up to 6 high-risk visits. Minimum of 8 visits, maximum of 10 visits)</p>
<p><b>S9470 – Nutritional Counseling - \$47.29**</b>                  Service provider must meet qualifications outlined at OAR 410-130-0595 (7). Not required for MCM. Bill <u>once per pregnancy</u>.</p>	

\*Non-FQHC Reimbursement Rate **Note:** FQHCs have a unique Provider Specific Reimbursement Rate

\*\*Billed by independent provider of Nutritional Counseling services