

Babies First!, CaCoon, Nurse-Family Partnership Targeted Case Management (TCM) Services Guidance for Coding Claims

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This document offers guidance for coding the procedure, location, and diagnosis fields on the TCM claims that you submit on behalf of your Babies First!, CaCoon, and Nurse-Family Partnership clients. Every TCM claim must include a procedure code, location code, and diagnosis code. Successful billing relies on using accurate and correct codes in these fields. Below is a description of the purpose of the procedure, location, and diagnosis fields, along with guidance on the appropriate usage of the codes that appear in these fields.

To provide and bill Medicaid for TCM services, the organization must be an enrolled TCM provider (provider type 64, service type 509) with the Health Services Division of the Oregon Health Authority, which administers Medicaid for Oregon. Information about Oregon Health Plan Provider Enrollment can be found [here](#).

The following billing and coding guidance is provided for Babies First!, CaCoon, and Nurse-Family Partnership programs providing TCM services according to the [State Plan Amendment](#) approved by the Centers for Medicare and Medicaid Services (CMS) for services provided effective January 1, 2017.

Note: The revised TCM Oregon Administrative Rules (410-138-0000 through 410-138-0420) use the term parent or caretaker relative. A caretaker relative is defined as: any adult with whom the child is living and who assumes primary responsibility for the child's care. For the purposes of MCH Nurse Home Visiting TCM, the term caregiver and caretaker relative have the same meaning.

Procedure Coding

The procedure code describes the services provided during a visit. **T1017** (Targeted case management) is the procedure code used on all TCM Babies First!, CaCoon, and Nurse-Family Partnership claims. Primary modifiers must be added to the procedure code on some claims to define the type of client who was served. Secondary and tertiary modifiers also must be added to the procedure code when a visit is a telehealth visit or when multiple clients are served at the same visit.

Two-letter informational modifier(s)

The TCM procedure code **T1017** for TCM services may require a two-letter modifier to identify which eligible population was served within the eligibility criteria.

Two-letter modifiers should follow the procedure code for TCM, for example:

T1017 HD

Place primary modifiers in the first modifier field on the claim.

Two-letter modifiers for Babies First!, CaCoon, and Nurse-Family Partnership TCM eligibility are as follows (also see [Table 1](#)):

- Babies First! eligible perinatal person or parent (or caretaker relative) of an eligible child requires a modifier.
 - HD = pregnant or postpartum person (up to two years postpartum).
 - HR = other parent or caretaker relative of Babies First! client who is less than 2 years or parent or caretaker relative of Babies First! client 2 through 4 years of age.
 - If there are multiple children from the same family enrolled in Babies First!, use HD as the modifier for the perinatal person/parent until the youngest child is 2 years of age.
- Babies First! eligible child, 0 through 4 years of age, does not require a modifier.
- Nurse-Family Partnership eligible perinatal person or parent (or caretaker relative) of an eligible child requires a modifier.
 - HD = pregnant or postpartum person (up to two years postpartum).
 - HR=other parent (or caretaker relative) of a Nurse-Family Partnership client.
- Nurse-Family Partnership eligible child, 0 through 1 year of age, does not require a modifier.
- CaCoon eligible child, 0 through 20 years of age, and eligible parent (or caretaker relative) requires a two-letter modifier to delineate age group.
 - HA=child 0 through 17 years of age
 - HB=child 18,19 or 20 years of age
 - HR=parent (or caretaker relative) of an eligible child

Type of Client	Procedure Code	Primary Modifier
Pregnant or postpartum person (up to 2 years postpartum) enrolled in Babies First! or NFP	T1017	HD
Other parent (or caretaker relative) of a Babies First! or NFP client less than 2 years of age	T1017	HR
Parent (or caretaker relative) of a Babies First! client 2 through 4 years of age	T1017	HR
Babies First! child – 0 through 4 years of age	T1017	None required
NFP child-0 through 1 year of age	T1017	None required
CaCoon client – 0 through 17 years	T1017	HA

Type of Client	Procedure Code	Primary Modifier
CaCoon client – 18, 19, or 20 years	T1017	HB
Parent (or caretaker relative) of a CaCoon client	T1017	HR

Multiple modifiers used in combination with the above modifiers for describing an eligible client include a second or third modifier. Place secondary and tertiary modifiers after a primary modifier. They may not be entered as the primary modifier.

Secondary informational modifiers may follow an eligible client’s initial (primary) identifying two-letter modifier:

- TT = indicates different TCM services provided to multiple eligible clients in the same setting. Note: Each eligible client must have had individualized TCM services provided in the same setting. Medicaid does not allow two payments for the same activity.
- 95 = follows an above-listed primary modifier to indicate TCM services provided by telemedicine/telehealth when delivered using a real-time interactive audio and video technology.
- 93 = follows an above-listed primary modifier to indicate TCM services provided by telemedicine/telehealth when delivered using a real-time interactive audio only technology.
- Note: TCM services provided via telehealth must be considered equivalent to face-to-face services. For Nurse-Family Partnership, telehealth visits must meet the requirements for a telehealth visit defined by the NFP National Service Office. Babies First! and CaCoon telehealth visits must meet the requirements for a telehealth visit defined in the MCH program telehealth guidance. Babies First!, CaCoon, and Nurse-Family Partnership are home-based programs, and most TCM services are provided in the context of home visits.

Example

T1017 HD 95 ____ ____

This example This example indicates TCM services were provided to a pregnant or postpartum person by telemedicine/telehealth delivered using real-time interactive audio and video technology.

Location Coding

The location code describes where a visit occurred and should appear in the Place of Service (POS) field of a TCM claim. Below are some commonly used location codes.

02-Telehealth Provided Other than in Patient’s Home	21- Inpatient Hospital
03-School	25- Birthing Center
04- Homeless Shelter	55- Residential Substance Abuse Treatment Facility
10- Telehealth Provided in Patient’s Home	71- Public Health Clinic
12-Home	99- Other Place of Service
14- Group Home	

Diagnosis Coding with ICD-10-CM

Claims for TCM services must include an **ICD-10-CM diagnosis code** to align with identified risks for determining the client meets eligibility criteria for the TCM services described in [Table 1](#) and [Table 2](#) in Oregon's State Plan Amendment. (See pages 4-6 of this document.) For CaCoon or Babies First! parents outside of the perinatal period, consider why they were "referred" to the program. Consider the parent's risk factors and medical diagnosis when determining which ICD-10-CM diagnosis code to use.

Below are some pointers about working with the ICD-10-CM code set:

- An updated version of the ICD-10-CM code set becomes effective on October 1 each year. If denials on claims refer to an invalid diagnosis code or a diagnosis code that is not specific enough, please verify whether the diagnosis code used is still billable by searching the ICD-10-CM code set (see below).
- Only physicians and other providers who are licensed to diagnose medical conditions should assign a medical diagnosis to a client. Be careful to document the source of any medical diagnosis you use on a claim.
- The "O-codes" are one chapter of the ICD-10-CM code set and are related to pregnancy, childbirth, and the puerperium.
- The "Z-codes" are another chapter of the ICD-10-CM code set. They describe other factors that influence health status and reasons for receiving health-related services. The series of Z-codes between Z55 through Z65 describe "persons with potential health hazards related to socioeconomic and psychosocial circumstances" and are appropriate for some TCM claims. Other series in the Z-codes also may be appropriate for some TCM claims.
- This is a free website where you can search the current ICD-10-CM code set: <https://icd10cmtool.cdc.gov/> (note: some browsers may not work for this tool).
- It is useful to look up codes in an ICD-10-CM book in addition to searching on a website. Icons, indexes, and special formatting in these books sometimes make the code set easier to search and understand.
- It is good practice to look up codes and read the details. The code set contains special notes about what is included in a code's definition and what is excluded, how many characters are required in each code before it is reimbursable, whether a code may be used for a primary diagnosis or a secondary diagnosis, etc.
- Always remove the decimal point when you enter a diagnosis code in the MMIS Provider Portal or on a CMS-1500 form. For example, O09.613 would be entered as O09613 (Supervision of young primigravida, third trimester).

Babies First!, CaCoon, Nurse-Family Partnership TCM Eligibility

State Plan Amendment approved by CMS for services provided effective January 1, 2017. See Tables 1 and 2 (pages 5-7 below).

Table 1

Perinatal and Parental Eligibility Criteria
Pregnant woman with chronic health condition that places perinatal-infant outcomes at high risk (e.g., diabetes, hypertension, obesity, cognitive impairment, malignancy, asthma, HIV, seizure disorder, renal disease, systemic lupus erythematosus)
Pregnant woman with complications of pregnancy (e.g., preterm labor, multiple gestation, infections, oligohydramnios, polyhydramnios)
Pregnant woman with inadequate prenatal care
Pregnant woman with history of poor birth outcomes (e.g., preterm delivery, low birth weight infant, birth anomaly, fetal chromosomal abnormality, intrauterine growth restriction (IUGR), other complication to infant)
Perinatal woman with history of child abuse
Perinatal woman with tobacco use (current or recent within one year)
Perinatal woman with substance use/abuse includes any teratogenic substance (e.g., alcohol, opioids, current or recent within one year)
Perinatal woman with mental health condition
Perinatal woman experiencing intimate partner violence (current or recent within one year)
Perinatal woman of race/ethnicity with established health inequities (includes refugees)
Perinatal woman with inadequate resources to meet basic needs (e.g., shelter, food, utilities)
Perinatal woman with exposure to environmental hazards
Perinatal woman age 18 years or less
Perinatal woman who has not completed high school
Perinatal woman experiencing an unsupportive partner, and/or lack of social supports
Perinatal woman with history of incarceration
Pregnant woman who meets Nurse-Family Partnership (NFP) evidence-based eligibility criteria, as defined by the NFP National Service Office
Parent of eligible child

Table 2

Infant and Child (birth through age four) Eligibility Criteria (Babies First! and Nurse-Family Partnership)
Infant born to mother enrolled in Babies First! or Nurse-Family Partnership
Referral from medical provider or social services for nurse home visiting
Teratogen exposed infant exposed infant (e.g., alcohol, opioids)
Infant HIV positive
Maternal PKU or HIV positive
Intracranial hemorrhage grade I or II
Seizures or maternal history of seizures
Perinatal asphyxia
Small for gestational age
Very low birth weight (1500 grams or less)

Infant and Child (birth through age four) Eligibility Criteria (Babies First! and Nurse-Family Partnership)
Mechanical ventilation for 72 hrs or more prior to discharge
Neonatal hyperbilirubinemia
Congenital Infection (TORCHS)
CNS infection
Head trauma or near drowning
Failure to grow
Suspect vision impairment
Family history of childhood onset hearing loss
Prematurity
Lead or other environmental exposure
Suspect hearing loss
Other risks for growth and development delay
<i>Social Determinants of Health</i>
Maternal age 18 years or less
Parents with cognitive impairment
Parental substance use/abuse (e.g., alcohol, opioids current or recent within one year)
Parent did not complete high school
Parent with inadequate resources to meet basic needs for housing, food, shelter, utilities.
Parent with mental health condition
Parent with history of abuse or neglect (child welfare agency involvement)
Parent experiencing intimate partner violence, current or within one year
Parent with history of incarceration

Infant and Child Eligibility (birth through age 20) CaCoon
<i>Diagnosis</i>
Endocrine disorders, e.g., diabetes
Malignancy
Cardiovascular disorders
Chronic orthopedic disorders
Neuromotor disorders including cerebral palsy and brachial palsy
Cleft lip and palate and other congenital defects of the head, face
Genetic disorders, e.g., cystic fibrosis, neurofibromatosis
Multiple minor anomalies
Metabolic disorders (e.g., PKU)
Spina bifida
Hydrocephalus or persistent ventriculomegaly
Microcephaly and other congenital or acquired defects of the CNS
Hemophilia
Organic speech disorders
Hearing loss
Traumatic brain injury
Fetal alcohol spectrum disorder
Autism, autism spectrum disorder
Behavioral or mental health disorder WITH developmental delay

Infant and Child Eligibility (birth through age 20) CaCoon
<i>Diagnosis</i>
Chromosomal disorders
Positive newborn blood screen
HIV, seropositive conversion
Visual Impairment
<i>Very High Medical Risk Factors</i>
Intraventricular hemorrhage (grade III or IV) or periventricular leukomalacia (PVL) or chronic subdurals
Perinatal asphyxia accompanied by seizures
Seizure disorder
Oral-motor dysfunction requiring specialized feeding program (including gastrostomy)
Chronic lung disorder
Suspect neuromuscular disorder
<i>Developmental Risk Factor</i>
Developmental Delay
<i>Other</i>
Other chronic conditions not listed

