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**Document Title:** Family Connects Oregon Coding Guidance for Commercial Health Benefit Plan Claims 7/1/2023-6/30/2025

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### **Objective**

Family Connects Oregon has been selected as the service delivery model for the Universally offered Newborn Nurse Home Visiting program described in OAR 333-006-0000 through 333-006-0190.

This document offers guidance for coding the procedure, location, and diagnosis fields on the commercial health benefit claims submitted on behalf of Family Connects Oregon clients for the time period of 7/1/2023 through 6/30/25.

### **Member Eligibility**

All newborns residing in Oregon through five months of age, including foster and adoptive newborns, are eligible for the Family Connects Oregon program. The Integrated Home Visit (IHV) must occur before the newborn's 13th week of age. For billing purposes, the eligible service recipient is the newborn. Caregivers are enrolled in the Family Connects Oregon program and services are provided to caregivers, however, claims for the services provided are billed to the newborn member.

### **Family Connects Providers**

To bill commercial health benefit plans for the Family Connects Oregon program, the performing entity must be certified as a Newborn Nurse Home Visiting Provider (NNHVP) with the Maternal Child Health section of the Oregon Health Authority.

### **Service Overview**

A maximum of four visits are provided in the Family Connects model. The Integrated Home Visit (IHV) is the core visit, typically occurring around 3 weeks of age. Some families will also receive support newborn home visits. The Pre-Integrated Home Visit (Pre-IHV) is an optional support newborn home visit which occurs prior to the IHV. Additional optional support newborn home visits are up to two follow-up visits which occur after the IHV.

### **Claims**

The IHV and any support newborn home visits are billed as a single claim and as a one-time case rate. The case rate is paid only when an IHV is completed and includes all services provided through the Family Connects Oregon program from the birth of the newborn through five months of age. A Family Connects Oregon case rate claim is submitted with the date of the IHV as the date of service.

There are two additional claim types for the Family Connects Oregon program. One is for a single support visit rate (Pre-IHV only) and one for services provided to multiples (twins, triplets, etc.).

### Procedure Coding

The Current Procedural Terminology (CPT®) codes offer doctors and health care professionals a uniform language for coding medical services and procedures to streamline reporting, increase accuracy and efficiency.

CPT Code **99502** – “Home visit for newborn care and assessment, is the procedure code used for Family Connects Oregon claims. \*CPT Code 99501 may be used for infants 30 days old or older on the date of the Integrated Home Visit only if stipulated in the contract or other written agreement between a commercial insurance carrier and an NNHVP.

### Two-character modifier(s)

CPT modifiers are used to supplement the information or adjust care descriptions to provide extra details concerning a procedure or a service provided. Modifiers must be added to the procedure code.

A primary modifier must be added to the procedure code to indicate that a family was served through the Family Connects Oregon program. The primary modifier for all claims as part of the Family Connects Oregon program is **32**. Place the primary modifier in the first modifier field on the claim.

Secondary modifiers are used with a Pre-IHV only claim and when the IHV and support visits are provided to multiple newborns (twins, triplets, etc.).

Modifiers should follow the procedure code. Place the primary modifier in the first modifier field on the claim, for example:

Family Connects Services	Procedure Code	Primary Modifier	Secondary Modifier
IHV and optional Pre-IHV, up to two follow-up Visits	99502*	32	None
Pre-IHV only	99502*	32	TD
IHV and optional Pre-IHV, up to two follow-up visits for multiples (twins, triplets, etc.)	99502*	32	TT

Additional modifiers should be used if services are provided using telemedicine/telehealth.

Additional informational modifiers:

- **95** = follows the primary or secondary modifier to indicate services provided using telemedicine/telehealth when delivered using a real-time interactive audio and video technology.
- **93** = follows the primary or secondary modifier to indicate services provided by telemedicine/telehealth when delivered using a real-time interactive audio only technology.
- For a claim submitted for the case rate, telemedicine and location coding indicate the manner in which services were delivered on the date of the IHV.

## Location Coding

The location code describes where a visit occurred and should appear in the POS field of a claim. Below are commonly used location codes. Additional codes are permissible and may be found at: [https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place\\_of\\_Service\\_Code\\_Set](https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set)

02-Telehealth Provided Other than in Patient's Home	11-Office	25-Birthing Center
03-School	12-Home	55-Residential Substance Abuse Treatment Facility
04-Homeless Shelter	14-Group Home	71-Public Health Clinic
10-Telehealth Provided in Patient's Home	21-Inpatient Hospital	99-Other Place of Services

## Diagnosis Coding with ICD-10-CM

The service provider must include an ICD-10-CM diagnosis code. **Z76.2** (Encounter for health supervision and care of other healthy infant and child) is suggested as an appropriate diagnosis code for Family Connects claims.

## Timing of Claim Submission

A claim for the case rate is submitted directly after completion of the IHV with the date of the IHV as the date of service. A claim for a Pre-IHV only (single support visit rate) is submitted when the NNHVP determines that the Pre-IHV will be the only visit and with the date of the Pre-IHV as the date of service. All claims must be completed within timely filing deadlines of the date of service.

**See Family Connects Oregon Billing by Visit Type on the next page.**

### Family Connects Oregon Billing by Visit Type

See Table A and Table B below for Family Connects billing by visit type.

**Table A: Family Connects Oregon Billing by Visit Type for Single Newborn**

Submit a single claim for either the single support visit rate or the case rate, but not both.			
Visit Type 333-006-0180 through 333-006-0190	Family Connects Model Name	Coding	Notes
Comprehensive newborn nurse home visit and optional support newborn home visits	IHV, Pre-IHV, and up to two follow-up visits	99502 32**  Case rate= \$1276.93	Submit a single claim for the IHV when 75% or more of nursing assessments are completed. One-time billing for the newborn.
A single support newborn home visit occurring before the comprehensive newborn nurse home visit	Pre-IHV only	99502 32 TD**  Single support visit rate= \$293.69	Submit a single support visit claim when the Pre-IHV: <ul style="list-style-type: none"> <li>• is completed prior to 3 weeks of age AND</li> <li>• addresses an immediate concern AND</li> <li>• is the only visit completed (for example, the IHV was planned but subsequently not completed)</li> </ul> Do not submit a single support visit claim in addition to a claim for the case rate.

\*\*add additional modifiers as applicable.

**Table B\*: Family Connects Oregon Billing by Visit Type for Multiple Newborns**

Submit a single claim for each newborn. Do not submit a single support visit claim in addition to a claim for the case rate/multiple newborn rate.			
Visit Type 333-006-0180 through 333-006-0190	Family Connects Model Name	Client	Coding
Comprehensive newborn nurse home visit and optional support newborn home visits	IHV, Pre-IHV and up to two follow-up visits	Newborn #1	99502 32** Case rate= \$1276.93
		Each additional newborn	99502 32 TT** Multiple newborn rate= \$204.31
A single support newborn home visit occurring before the comprehensive newborn nurse home visit	Pre-IHV only	Newborn #1	99502 32 TD** Single support visit rate=\$293.69
		Each additional newborn	None

\*\*add additional modifiers as applicable. \*all notes from Table A apply to Table B

## Coordination of Benefits

When a newborn is covered by two or more plans, there are clear rules ([Rule 836-020-0785](#)) set by the Oregon Department of Consumer and Business Services (DCBS) that determine the order of benefit payments.

- If a newborn served by Family Connects Oregon has two or more health insurance plans, home visiting providers will need to be aware of and follow the requirements for coordination of benefits.
- Generally, primary coverage for a dependent child that is covered by more than one plan is the plan of the parent whose birthday comes first in the calendar year. There are special circumstances if there is a court decree stating that one of the parents is responsible for the dependent child's health care expenses.
- If the primary plan for the newborn is required to cover the Universally offered Newborn Nurse Home Visiting program, Family Connects Oregon, submit a claim to the primary plan. The plan should pay the full amount of the service and there should be no need to bill the secondary plan.
- If the primary plan for the newborn is not required to cover the Universally offered Newborn Nurse Home Visiting program, Family Connects Oregon, submit a claim to the primary plan. The claim will deny as a non-covered service. Then, follow the secondary plan process to submit a claim to the secondary plan.