

Babies First! and CaCoon 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! and CaCoon clients.

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](#).

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! and CaCoon claims.

Two-letter informational modifier(s)

Primary modifiers must be added to the procedure code on some claims to define the type of client who was served.

Primary modifiers for Babies First! and CaCoon TCM eligibility are as follows:

Type of Client	Procedure Code	Primary Modifier
Pregnant or postpartum person (up to 2 years postpartum) enrolled in Babies First!	T1017	HD
Other parent (or caretaker relative) of a Babies First! 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

Type of Client	Procedure Code	Primary Modifier
CaCoon client – 0 through 17 years	T1017	HA
CaCoon client – 18, 19, or 20 years	T1017	HB
Parent (or caretaker relative) of a CaCoon client	T1017	HR

Primary modifiers should follow the procedure code for TCM, for example: **T1017 HD**

Note: The 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 Babies First! and CaCoon TCM, the term caregiver and caretaker relative have the same meaning.

Secondary informational modifiers may follow an eligible client's primary 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. Babies First! and CaCoon telehealth visits must meet the requirements for a telehealth visit defined in the MCH program telehealth guidance. Babies First! and CaCoon home-based programs, and most TCM services are provided in the context of home visits.

Example: T1017 HD 95 ____

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 below).

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://icd10cmttool.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).

Billing and Coding: Frequently Asked Questions

1. Q: Can I submit a retroactive claim?

A: Yes, see OAR 410-138-0390 and consult the Health Systems Division for additional guidance. The claim should be submitted within 12 months of the date of service. Once the claim has been submitted, you have 18 months from the date of service to continue to rebill the claim.

2. Q: What does “TT” mean? If we were to bill for services to more than one person in a household, would we use that modifier on the billing?

A: “TT” is a secondary informational modifier that would follow the initial identifying modifier. Yes, you would use TT when billing for two clients at the same visit. If you bill for two clients in the same home visit, you must be working on unique TCM Assessments and Plans and providing unique TCM services for those individual clients.

3. Q: What ICD-10 Codes can we use for a CaCoon parent?

A: Just as you would for 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. What are the social, emotional, or medical need(s) of the client that made the home visitor enroll them in the program? Your answers will be as diverse as the clients you serve. As stated in the coding guidance: “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://icd10cmttool.cdc.gov/> (note: some browsers may not work for this tool). 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, and whether a code may be used for a primary diagnosis or a secondary diagnosis, etc.

4. Q: Can I submit a Medicaid claim for interpreter services with a TCM claim?

A: No. The TCM rate was developed through the systematic collection of all costs associated with delivering the service including interpreter services.

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.

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

Infant and Child (birth through age four) Eligibility Criteria (Babies First! and Nurse-Family Partnership)
Seizures or maternal history of seizures
Perinatal asphyxia
Small for gestational age
Very low birth weight (1500 grams or less)
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

Infant and Child Eligibility (birth through age 20) CaCoon	
<i>Diagnosis</i>	
Traumatic brain injury	
Fetal alcohol spectrum disorder	
Autism, autism spectrum disorder	
Behavioral or mental health disorder WITH developmental delay	
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	