Family Connects Oregon: Guidance for Coding Medicaid Claims

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This document offers guidance for coding the procedure, location, and diagnosis fields on the Medicaid claims submitted on behalf of Family Connects Oregon clients. Every claim for a Family Connects Oregon client must include a procedure code, modifier, 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, modifier, location, and diagnosis fields, along with guidance on the appropriate usage of the codes that appear in these fields.

Family Connects has been selected as the model for the Universally offered Newborn Nurse Home Visiting program described in OAR 333-006-000 through 333-006-0190. To bill Medicaid for Family Connects Oregon services, the performing entity must be an enrolled as a Newborn Nurse Home Visiting Services Medicaid Provider with the Health Systems Division (HSD) of the Oregon Health Authority, which administers Medicaid for Oregon. See also OAR 410-130-01605 and 410-138-0000 through -0420.

The following billing and coding guidance is provided for Newborn Nurse Home Visiting Providers who provide services according to the State Plan Amendment (SPA) approved by the Centers for Medicare and Medicaid Services (CMS). The SPA describes the eligible population for Newborn Nurse Home Visiting as Medicaid eligible newborns. Mothers and other caregivers are not included in the eligible population. Mothers are enrolled in the Family Connects Oregon program and services are provided to mothers, but the eligible population for claims is limited to newborns.

A maximum of four visits are provided in the Family Connects program. The Integrated Home Visit (IHV) is the core visit of the model. Some families will also receive the Pre-Integrated Home Visit (Pre-IHV) and/or up to two follow-up visits. Unlike other nurse home visiting programs, Family Connects claims are not submitted for each home visit. For example, the IHV and up to two follow-up visits are billed together as a one-time case rate.

At times, not all the required nursing assessments can be completed during the IHV as intended. When less than 75% of assessments are completed, this visit type can be considered an "Incomplete IHV" for billing purposes. Billing procedures for Incomplete IHV are described later in this document.

Procedure Coding

Targeted Case Management (TCM) and Medical Services are provided as part of Family Connects Oregon visits. See Family Connects Medicaid Billing Frequently Asked Questions for TCM and Medical Services definitions (posted on Basecamp). The following procedure codes are used to describe TCM and Medical Services provided during a visit.

T1017 is the procedure code used for the Targeted Case Management services on a Family Connects claim. For Family Connects, TCM is billed one time per delivery, not at every visit.

99502 is the procedure code used for the Medical Services provided on a Family Connects claim. There are two Medical Services rates as part of the Family Connects model: Integrated Home Visit (IHV) case rate and the Pre-IHV rate. They are differentiated using a primary modifier as described below.

Two-character modifier(s)

Modifiers must be added to the procedure code(s).

A primary modifier must be added to the procedure code to indicate that a Family Connects Oregon client was served.

The primary modifier for a Family Connects newborn receiving TCM services as part of the Family Connects program is **32.**

The primary modifier for a Family Connects newborn receiving Medical Services as part of an IHV visit in the Family Connects program is **32.**

The primary modifier for a Family Connects newborn receiving Medical Services as part of a Pre-IHV visit is **TD.**

The primary modifier for additional newborns (twins, triplets, etc.) receiving Medical Services as part of an IHV visit is **TT**.

A primary modifier should follow the procedure code, for example**:**

Family Connects Services	**Procedure Code**	**Primary Modifier**
TCM	T1017	32
IHV & follow-ups	99502	32
Pre-IHV	99502	TD
IHV & follow-ups (multiples, twins, triplets)	99502	TT

Place the primary modifier in the <u>first</u> modifier field on the claim.

Multiple modifiers may be used in combination with the primary modifier. Secondary modifiers should be used if services are provided using telemedicine/telehealth by video technology. Place secondary and tertiary modifiers <u>after</u> a primary modifier. They may not be entered as the primary modifier.

Secondary/tertiary informational modifiers:

- 95 = follows the primary modifier to indicate services provided using telemedicine/telehealth when delivered using a real-time interactive audio and video technology.
- 93 = follows the primary modifier to indicate services provided by telemedicine/telehealth when delivered using a real-time interactive audio only technology.

Note: Services provided via telemedicine/telehealth must be considered equivalent to face-to-face services.

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

02 – Telemedicine/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-Telemedicine/Telehealth Provided in Patient's Home	21 - Inpatient Hospital	99 - Other Place of Service

Diagnosis Coding with ICD-10-CM

Claims for services must include an ICD-10-CM diagnosis code to align with the client's eligibility criteria for the services described in Oregon's State Plan Amendment. The SPA describes the eligible population for Family Connects Oregon as Medicaid eligible newborns. **Z76.2** (Encounter for health supervision and care of other healthy infant and child) is an appropriate diagnosis code for most Family Connects claims.

Family Connects Billing by Visit Type

Family Connects services include Medical Services and TCM. However, Medical Services and TCM are not billed for every visit type or for every newborn (in the case of multiple newborns, for example). See Table A and Table B below for Family Connects billing by Visit Type.

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

Visit Type	Medical Services	TCM	Notes
Pre-IHV	99502 TD* Pre-IHV rate= $242.31	None	One-time Medical Services billing for newborn. Bill following Pre-IHV completion. Bill even if Pre-IHV is the only visit completed.
IHV and up to 2 follow-up visits	99502 32* IHV case rate= $592.81	T1017 32* TCM rate= $460.36	75% or more of nursing assessments completed. TCM Assessment & Plan completed. One-time billing for newborn. IHV case rate and TCM rate include follow-up visits (if any). Bill following completion of the IHV.
"Incomplete IHV"	None	T1017 32* TCM rate= $460.36	Less than 75% of nursing assessments completed. Billed instead of, not in addition to the IHV case rate above. Bill TCM only if TCM Assessment & Plan completed. One-time billing for newborn. Bill after last home visit.

*add secondary and tertiary modifiers as applicable.

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

Visit Type	Client	Medical Services	TCM
Pre-IHV	Newborn #1	99502 TD* Pre-HIV rate=$242.31	None
	Each additional newborn	None	None
IHV and up to 2 follow-up visits	Newborn #1	99502 32* IHV case rate= $592.81	T1017 32* TCM rate= $460.36
	Each additional newborn	99502 TT* Additional newborn rate= $170.65	None. TCM billed for Newborn #1 only.
"Incomplete IHV"	Newborn #1	None	T1017 32* TCM rate= $460.36
	Each additional newborn	None	None. TCM billed for Newborn #1 only.

*add secondary and tertiary modifiers as applicable.
**all notes from Table A apply to Table B.

Coding Examples

Example One
T1017 32 95__ ___ ___
99502 32 95__ ___ ___
This example indicates TCM and Medical Services were provided to a Family Connects newborn via telemedicine/telehealth delivered using a real-time interactive audio and video technology.

- The visit type is an IHV because it is the only visit type which includes both TCM and Medical Services billing.

See Table A: Family Connects Billing by Visit Type for Single Newborn.

Example Two
Claim #1 (Newborn #1):
T1017 32 95__ ___ ___

99502 32 95 ___ ___

Claim #2 (Newborn #2):
99502 TT 95 __ ___

This example indicates TCM and Medical Services were provided to two Family Connects newborns (e.g., twins) via telemedicine/telehealth delivered using a real-time interactive audio and video technology.

- The visit type is an IHV because it is the only visit type which includes both TCM and Medical Services.
- When there are multiple newborns, TCM services are billed to Newborn #1 only.
- Medical Services are billed to Newborn #1 and Newborn #2, however Newborn #2's claim uses the TT modifier which is reimbursed at a different rate.
- See Table B: Family Connects Billing by Visit Type for Multiple Newborns.

Example Three
T1017 32 ___ ___

This example indicates TCM services were provided to a Family Connects newborn via an in-person home visit.

- The visit was intended to be an IHV. However, the nurse was unable to complete 75% of the nursing assessments.
- The nurse did complete a TCM Assessment and Plan, therefore TCM was billed.

Medicaid as Secondary Payer

For Family Connects Oregon clients enrolled in a commercial health benefit plan(s) and Medicaid, bill the commercial health benefit plan(s) first according to Family Connects Oregon Guidance for Commercial Health Benefit Claims. If the commercial health benefit plan rightfully denies the claim (for example, the health benefit plan is not obligated to cover Family Connects Oregon services), submit a new Medicaid claim according to this document's coding guidance and using the online MMIS Medicaid Provider Web Portal.

Complete the following fields to indicate the commercial health benefit plan denial:

- **Third Party Liability (TPL):** Search for the name of the health benefit plan or plan ID. See page 8 of OHA Professional Billing Instructions or contact Provider Services at 800-336-6016 for assistance.
- **Third Party Resource (TPR) Code:** Enter the appropriate code which may include:
  - 01 Deductible amount
  - 02 Coinsurance amount
  - 96 Non-covered charges