

Nurse Family Partnership (NFP) Targeted Case Management (TCM) Services Guidance for Coding Claims

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This document offers guidance for coding Targeted Case Management (TCM) claims that you submit on behalf of your Nurse-Family Partnership (NFP) clients.

To submit NFP TCM claims for service on 4/25/2024 and following, NFP providers need to enroll as an NFP TCM provider type/specialty 64/518. *See also Nurse Family Partnership Targeted Case Management Provider Enrollment Procedure.*

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 NFP 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 NFP TCM claims.

Two-letter informational modifier(s)

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

Two-letter primary modifiers for NFP TCM eligibility are as follows:

Type of Client	Procedure Code	Primary Modifier
NFP pregnant or postpartum person (up to 2 years postpartum)	T1017	TH
Other parent (or caretaker relative) of a NFP child (less than 2 years of age)	T1017	P1
NFP child (less than 2 years of age)	T1017	SC

Two-letter modifiers should follow the procedure code for TCM, for example: **T1017 TH**

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

Place secondary and tertiary modifiers after a 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 = indicates TCM services provided by telemedicine/telehealth when delivered using a real-time interactive audio and video technology.
- 93 = indicates 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. NFP telehealth visits must meet the requirements for a telehealth visit defined by the NFP National Service Office. NFP is a home-based program, and most TCM services are provided in the context of home visits.

Example

T1017 TH 95 ____ ____

This example indicates TCM services were provided to a pregnant or postpartum person in the NFP program 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 tables below).

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).

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

