

**FORWARDHEALTH**  
**PRENATAL CARE COORDINATION MONTHLY TIME LOG**  
**FOR ONGOING CARE COORDINATION AND MONITORING**

**INSTRUCTIONS:** Type or print clearly. Prenatal care coordination (PNCC) providers can use this form to track their time spent with Medicaid members receiving PNCC services.

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**SECTION I – MEMBER INFORMATION**

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1. Name – Member (Last, First, Middle Initial)

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2. Member Medicaid ID Number

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**SECTION II – PROVIDER INFORMATION**

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3. Name and Title – Provider

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4. PNCC Provider

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5. Name – Supervising Provider

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6. Title – Supervising Provider

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**SECTION III – TIME LOG**

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Description Codes (To be Used in the Second Column Below):

MD = Member Contact – Direct, In-Person

MT = Member Contact – Telephone/Audio-Only

MV = Member Contact – Virtual/Audio-Visual

S = Staffing / Consultations

CD = Collateral Contact – Direct, In-Person

CT = Collateral Contact – Telephone/Audio-Only

CV = Collateral Contact – Virtual/Audio-Visual

R = Recordkeeping

Date	Description Code	Place of Service (POS)	Amount of Time Spent With Member	Units	Documentation of Activities
<b>Example:</b> 2/3/23	MD	Member Home	1 hour	4.0	Met with the member and discussed care plan and arrangements for childcare and transportation for prenatal checkup. The member was provided an opportunity to ask questions about area transportation and childcare providers. They received the name and phone number for four licensed childcare providers and the recommended list was added to the member file. They also received information about non-emergency medical transportation (NEMT). A follow-up call was scheduled at the end of the home visit.

Date	Description Code	POS	Amount of Time Spent With Member	Units	Documentation of Activities
<b>Example:</b> 2/5/23	MT	Member Home	10 minutes	0.7	A phone call was placed to follow-up on a home visit that took place two days ago. Confirmed with the member that childcare and transportation for prenatal checkup was secured. The member was provided an opportunity to ask questions about the upcoming prenatal checkup. The member had no questions.

Date	Description Code	POS	Amount of Time Spent With Member	Units	Documentation of Activities
Total Monthly Units: _____			Total Units: _____		

### Rounding Guidelines

Providers are required to round time units using the following guidelines when submitting claims for ongoing care coordination and monitoring using Healthcare Common Procedure Coding System procedure code T1016 with modifier U3. Refer to the Rounding Guidelines topic (#970) of the ForwardHealth Online Handbook at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Display.aspx?ia=1&p=1&sa=54&s=2&c=10&nt=Rounding+Guidelines&adv=Y>.

Accumulated Time	Unit(s) Billed
1–5 minutes	0.3
6–10 minutes	0.7
11–15 minutes	1.0
16–20 minutes	1.3
21–25 minutes	1.7
26–30 minutes	2.0

### SECTION IV – BILLING CODES FOR REFERENCE

PNCC Service	Procedure Code	Procedure Code Description	Modifier(s)
Initial assessment	H1000	Prenatal care, at-risk assessment	
Care plan development	H1002	Prenatal care, at-risk enhanced service; care coordination	Required: U2 (Initial care plan development)
Health education or nutrition counseling	H1003	Prenatal care, at-risk enhanced service; education	Optional: TT (Individualized service provided to more than one patient in same setting)
Follow-up in allowable POS other than the provider's service location	H1004	Prenatal care, at-risk enhanced service; follow-up home visit	
Ongoing care coordination and monitoring, assessment updates, and care plan updates	T1016	Case management, each 15 minutes	Required: UA (PNCC service provided) and U3 (Ongoing care coordination and monitoring)

Note: PNCC services are limited to \$1,938.40 per member, per pregnancy.

### SECTION V – SIGNATURE

**SIGNATURE – Provider**

Name – Provider (Print)

**SIGNATURE – PNCC Provider's Qualified Professional**

Name – PNCC Provider's Qualified Professional (Print)

Date Form Completed