

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

INSTRUCTIONS

Providers can use this optional form to track their time spent with Medicaid members receiving prenatal care coordination (PNCC) services.

SECTION I – MEMBER INFORMATION

Complete the fields as directed on the form.

SECTION II – PROVIDER INFORMATION

Complete the fields as directed on the form.

SECTION III – TIME LOG

Include the following information for each contact with the member:

- Date of service
- Description code that describes the type of contact with the member
- Place of service
- Exact amount of time spent with the member
- Corresponding number of units billed
- Overview of activities done with the member. Overview documentation of activities should be concise, but descriptive and relevant. Documentation should contain a clear description of the reason for and nature of the contact with the member. Documentation for each entry should reflect the length of time that has been documented for the activity.

As a reminder, telephone/audio-only and virtual/audio-visual contacts should be considered telehealth contacts for claims. Providers should refer to the rounding guidelines included when calculating their total units for billing. For more information on telehealth, providers may refer to the Telehealth chapter 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=676>.

SECTION IV – BILLING CODES FOR REFERENCE

This section is included for reference. Refer to the Key Prenatal Care Coordination Requirements section of the Prenatal Care Coordination service area of the Online Handbook for more information on billing and PNCC.

SECTION V – SIGNATURE

The provider must sign this form after they have completed their monthly ongoing care coordination and monitoring activities. Then the qualified professional who is supervising the ongoing care coordination and monitoring services must review the form, approve the monthly total hours and total units for billing, and sign and date the form.