



South Carolina WISEWOMAN Health Coaching Form

Date of Service _____

Last Name	First Name	Middle Initial	Med-IT ID
Email	Telephone	DOB	

Health Coaching Session: Session #: _____ Length: _____ mins

- Face to face Telephone Virtual/Video call

Session Type: Individual Group

Check if HC complete (at least 3 sessions)

Community Resources Needed:

- | | | |
|--|--|--|
| <input type="checkbox"/> Utility Bills | <input type="checkbox"/> Housing | <input type="checkbox"/> Medication Assistance |
| <input type="checkbox"/> Food | <input type="checkbox"/> Clothing | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Chemical Dependency |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other: _____ | |

Health Tracking:

BP: ____/____ Date Taken: ____/____/____

- From Provider Self-Report

Weight: _____ lbs. Date Taken: ____/____/____

- From Provider Self-Report

SMART Goal/Notes:

ATTEMPT TO CONTACT CLIENT

Attempt number: _____

Time of Attempt _____

- No Answer Left Message Unable to Talk Number Disconnected Wrong Number

Health Coach (print name) _____ Date _____

Certification: The person signing accepts the following: I certify under penalty of perjury that the information I have provided as an authorized, contracted provider for WISEWOMAN (WW) medical services has been obtained and verified. I understand the information I provide will be used to determine the patient's eligibility for WISEWOMAN (WW) medical services. I understand that as a contracted provider of these services, SC Department of Health and Environmental Control (SC DHEC) can audit or request any eligibility or supporting documents, to verify that the patient meets the eligibility requirements.



Billing for Health Coaching:

Date of Service: _____

PA Code: _____

Please check the code(s) for the health coaching session provided in the left-hand column

South Carolina WISEWOMAN (WW)		Effective March 1, 2021	
2021 Allowable Procedures, Relevant CPT® Codes, and Medicare Reimbursement Rates			
	Preventive Medicine Tobacco Use Cessation: Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	99406	\$ 14.85
	Preventive Medicine Tobacco Use Cessation: Smoking and tobacco use cessation counseling visit; greater than 10 minutes	99407	\$ 27.55
	Online submission of Health Coaching data into Med-IT	9942L	\$ 5.00
Nutrition Services		CPT Code	Rate
	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	97802	\$ 35.68
	Reassessment and intervention, individual, face-to-face with the patient, each 15 minutes	97803	\$ 30.68
	Group (two or more individuals), each 30 minutes	97804	\$ 16.21
Health Coaching; Face to Face		CPT Code	Rate
	Individual — Education and training for patient self-management each 30 minutes; individual patient	98960	\$ 50.00
	Group - Education and training for patient self-management each 30 minutes; 2–4 patients	98961	\$ 50.00
	Group - Education and training for patient self-management each 30 minutes; 5-8 patients	98962	\$ 50.00
Health Coaching: Telehealth with Visual Component		CPT Code	Rate
	Individual — Education and training for patient self-management each 30 minutes; individual patient	98960T	\$ 50.00
	Group - Education and training for patient self-management each 30 minutes; 2–4 patients	98961T	\$ 50.00
	Group - Education and training for patient self-management each 30 minutes; 5-8 patients	98962T	\$ 50.00
Telephone Services & Other Non-Face-to-Face Services		CPT Code	Rate
	Telephone assessment and management service to an established patient: 5–10 minutes of medical discussion	98966	\$ 13.30
	Telephone assessment and management service to an established patient: 11-20 minutes of medical discussion-	98967	\$ 25.66
	Telephone assessment and management service to an established patient: 21-30 minutes of medical discussion	98968	\$ 37.78
	Online assessment and management service using the internet or similar electronic communications network	98969	\$ 15.00



Purpose:

To capture Health Coaching sessions, to record progress, challenges, or successes the participant is having in the WW program.

Instructions for completion:

1. Complete patients first, last, and middle initial and DOB with their Med-IT ID. Update and/or verify email and phone number with each session.
2. Please list the number session this is and the length of the session in minutes.
3. Check off the method the session was conducted with face to face, telephone or virtual, then also check whether the session type was individual or group.
4. Please select the community resources requested by or needed by the patient
5. If patient provides a blood pressure and weight please document the measurements and the dates taken, this may not be the date of the HC/LSP session. If this is a BP or weight from the provider, please check this box.
6. Make any notes on patient participation, goals, and/or progress during this session.
7. If unable to contact client then please note the attempt number, time of the attempt and the result by checking the appropriate box.
8. Check the appropriate billing code(s) for the health coaching session provided
9. Once complete, submit this form within 7 days of each health coaching session and or/health coaching completion
 - a. Health Coaches can enter data directly into Med-IT for small reimbursement, do not submit the paper copy if inputting data electronically.
 - b. OR submit a paper copy to:
 - i. SC DHEC Cancer Prevention and Control
2100 Bull St.
Columbia, SC 29201
 - c. OR fax to (803)898-1255

OFFICE MECHANICS AND FILING:

- BCN/WW provider maintains a copy in the patient's record.
- SCDHEC BCN/WW scans the original, uploads it into a secure database and shreds the original per agency protocol OR WW Provider enters data directly into Med-IT and maintains copy in patients' records
- Retention schedule 09076: BCN/WW records shall be retained by the Provider for 6 years after the end of the contract and shall be available for audit and inspection at any time such audit is deemed necessary by DHEC.