

# Best Practices

## W15

Best practices to meet the measure for well-child visits 0–15 months

### Scheduling is Key

#### Missed Appointments

- ✓ Actively pursue missed appointments with letters and reminder calls. Reminder calls made later in the day or early evening may result in more contacts being made to the members.

#### Missed Opportunities

- ✓ Schedule the 15 month well visit appointment 1–2 weeks before the 15 month birthday (NCQA standards are 6 visits before the 15 month birthday). This increases the opportunity for this HEDIS measure to be met and to allow for rescheduling during appointments. Help ensure the members receive the 6<sup>th</sup> well-child visit by the time they are 15 months. A majority of members are receiving their care outside of the allowed timeframe and the 6<sup>th</sup> visit does not count towards the measure. The data is showing that members are receiving the 6<sup>th</sup> visits between 15 months and 17 months.
- ✓ The schedule of visits per Bright Futures in the first month of life are set for newborn visit, 2–5 days, and 1 month. During these scheduled visits a member might not receive a RID number and the provider might not bill for the services, missing an opportunity to receive credit for the preventive visits rendered. Record reviews will show that the services were not submitted but documented. Education to the offices can be implemented to begin a process of capturing the visits prior to the RID and ensuring they are submitted after the RID is received by the member and office.

- ✓ When providers provide preventive care, remember to submit the V20.2 as a diagnosis code on the claim to indicate preventive services.
- ✓ When a provider provides Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, remember to submit the procedure codes 99381–99385 and 99391–99395 with V20.2 as a primary diagnosis code to indicate EPSDT services.



P0677 (5/11)

## Seize Every Opportunity

- ✓ Fill out and fax in “pre-birth” selection forms at the newborn discharge visit in the hospital to assure the newborn is assigned to the appropriate managed care entity and the PMP of the mother’s choice. These forms are available at MDwise.org.

[MDwise.org/hoosierhealthwise/providers/docs/general/pre-birthselectionform.pdf](http://MDwise.org/hoosierhealthwise/providers/docs/general/pre-birthselectionform.pdf)

Submitting this form soon after the birth of a newborn can make a big difference in timely and accurate assignments of newborns.

- ✓ Providers often see members multiple times during their first 15 months of life, not always for preventive care. When members are seen in the office for acute care visits, take the opportunity to provide and document preventive care at the same visit. The claim will require a work-up of additional diagnoses to support a separate and significant service on the same day by the same physician. Submit the preventive services with the E&M services and a 25 modifier for additional reimbursement.
- ✓ Schedule additional visits (8) to ensure the member receives the appropriate 6 visits in the 15 month timeframe and to allow for “no shows” and rescheduling.
- ✓ Start reviewing number of visits a member has at 12–13 months to ensure the appropriate number of visits are received by 15 months and begin outreach to the members.
- ✓ When members are calling in for acute visits, review their chart for missed services, and schedule a preventive service in place of the acute visit to ensure the member receives the entire care.
- ✓ Utilize alerts in the EMR system or utilize member lists for outreach to members in need of preventive services.
- ✓ Utilize an EMR system or forms to guide the physician through the visit to ensure all components were met and documented to submit for a preventive visit. When the well-child visit is completed make sure anticipatory guidance is checked on the form to allow for billing of the visit and ensure the member receives the age appropriate anticipatory guidance after the visit.
- ✓ Have providers promote text4baby for the members on their cell phone to help them get through their pregnancy and their baby’s first year.

## Break the Barriers of Billing

- ✓ When infants are seen for illness care, consider a wellness appointment at the time of the visit when appropriate, to keep the child up to date on vaccines and age appropriate evaluations. Additional reimbursement can be gained when the visit meets required components of a preventative exam are provided and the claim is coded appropriately.  
[http://provider.indianamedicaid.com/media/23429/epsdt\\_healthwatch.pdf](http://provider.indianamedicaid.com/media/23429/epsdt_healthwatch.pdf)
- ✓ Providers often do not submit for members with third party liability (TPL). Providers do not receive additional reimbursement for submitting claims to the MCE for these members, but by implementing a process to submit for these services when a member has TPL, the provider will receive credit for the quality of care and rendering preventive care to the member.
- ✓ When providers provide preventive care, remember to submit the V20.2 as a diagnosis code on the claim to indicate preventive services.
- ✓ When a provider provides Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, remember to submit the procedure codes 99381–99385 and 99391–99395 with V20.2 as a primary diagnosis code to indicate EPSDT services.

