

**Midwest Health Plan, Inc.
Provider Newsletter
January 2009**



**Medical Director's Report
Dr. Mark Tucker**

Attention All Primary Care Providers

For all PCP's who have already signed the 2009 Plan Primary Care Provider Agreement we have attached the "PAY FOR PERFORMANCE BONUS PROGRAM (exhibit B) which will be effective beginning 1/1/09 through 12/31/09.

**Exhibit B
Attachment 2
Effective 1/1/09**

**MIDWEST HEALTH PLAN
PAY FOR PERFORMANCE BONUS PROGRAM**

SERVICE	TIME FRAME	LIMITATION	CPT/LOINC CODES	ICD-9 CODES	BONUS
Childhood Immunization					\$10.00 per vaccine
DTaP	Before age 2	4 doses	90698, 90700, 90721, 90723		
IPV	Before age 2	3 doses	90698, 90713, 90723		
Hepatitis B	Before age 2	3 doses	90723, 90740, 90744, 90747-90748		
Hib	Before age 2	2 doses	90645-90648, 90698, 90721, 90748		
MMR	Between age 1 & 2	1 dose	90707, 90710		
VZV	Between age 1 & 2	1 dose	90710, 90716		
Pneumococcal conjugate	Before age 2	4 doses	90669		
Lead Screening					\$15.00 per test
Blood lead test	Before age 2	1 per year	86355 , 5671-3, 5674-7, 10368-9, 10912-4, 14807-2, 17052-2, 27129-6, 32325-3		
Adolescent Immunization					\$10.00 per vaccine
Tdap	Age 11 - 12	1 dose	90715		
MCV4	Age 11 - 12	1 dose	90734		
Testing for Pharyngitis					\$10.00 per test
Strep test at time of diagnosis	Age 2 - 18	Each event	87070-87071, 87081, 87430 , 87650-87652, 87880	462, 463, 034.0	
Preventative Medicine Services					\$15.00 per visit
	Age 0 - <12 months	6 visits	99381, 99391	V20.2	
	Age 12 - 15 months	2 visits	99381-99382, 99391-99392	V20.2	
	Age 2 - 4	1 per year	99382, 99392	V20.2	
	Age 5 - 11	1 per year	99383, 99393	V20.2	
	Age 12 - 17	1 per year	99384, 99394	V20.2	
	Age 18 - 39	1 per year	99385, 99395	V70.0	
	Age 40 - 64	1 per year	99386, 99396	V70.0	
	Age 65+	1 per year	99386, 99397	V70.0	
Woman's Health					\$25.00 per service
Mammogram screening	Age 38 - 69	1 per year	77055-77057	V76.11, V76.12	
Pap test	Age 18 - 64	1 per year	88141-88143, 88147-88148, 88150, 88152, 88155, 88164-88167, 88174-88175	V72.32, V76.2	
Chlamydia screening	Age 16 - 24	1 per year	87110, 87270, 87320, 87490-87492, 87810		
Diabetic Care					\$25.00 per service
HbA1c	Age 18 - 75	1 per year	83036, 83037		
LDL-C	Age 18 - 75	1 per year	80061, 83700, 83701, 83704, 83721		
Nephropathy screening	Age 18 - 75	1 per year	82042, 82043, 82044 , 84156		
Diabetic eye exam	Age 18 - 75	1 per year	92002, 92004, 92012, 92014, 92225-92226, 92240, 92250, 92260	V72.0	

Bold & Italicized=additional payment available for performing service in the office setting

Bonus also paid for well care services provided at “sick” visits when billed with above codes

HEALTH SERVICES

AUTHORIZATION AND REFERRAL PROCEDURES

MHP has a vast network of specialists and ancillary providers. It is expected that referrals for services are made to in-network providers whenever possible. A list of contracted providers and specialists is available on line. If there is a question regarding the status of a provider or if it is felt a referral out of network is necessary, the Plan should be contacted. Questions can be directed to your Provider Services Representative or the Health Services Department at 313-586-6072.

REFERRALS

MHP has redefined the word referral.

A referral can be written on a prescription, a Michigan Health Care Referral Form, or any other form of paperwork. Many PCPs write the referral on a prescription, FAX the signed prescription to the referral specialist and give the original to the patient. A referral may be a verbal statement from the PCP for the member to see a referral specialist. The member's chart should reflect the PCP's desire for the member to be seen by a referral specialist.

Referrals are provided by the PCP to the member. Members are still to receive a "referral" from their PCP to seek treatment with a contracted specialist. MHP need not be notified of a referral to a contracted specialist. Only specified procedures require MHP notification and approval. Please refer to the Midwest Health Plan Web site for specific information.

MICHIGAN HEALTH CARE REFERRAL FORM

The Michigan Health Care Referral form was developed by the Michigan Association of Health Plans to simplify the PCP's duties in requesting services from all of the Michigan Health Plans. Midwest Health Plan accepts the Michigan Health Care Referral Form for services requiring plan notification. Midwest Health Plan expects the Referral form to be complete, timely, and legible. For further information or instructions on completing the referral form contact the Health Services Department at 313-586-6072.

SERVICES REQUIRING PLAN NOTIFICATION / APPROVAL

(PRIOR AUTHORIZATION)

If there is a question regarding the need for Plan Notification / Approval (prior authorization) please contact the Health Services Department at 313-586-6072.

Plan notification and approval must occur prior to a member receiving the following services**:

- Services with a Non-Contracted Provider
- All Elective In-patient Admissions
- Nursing Home Care (Non-Custodial)
- Home Care
- Transplant Services
- Hospice Care
- Bariatric Procedures
- Oxygen and Related Supplies
- Cosmetic Surgery (Example: blepharoplasty, scar revision, breast reconstruction)
- Anesthesia for Oral Surgery
- Prosthetics and Orthotics
- In-Office Infusion Therapy
- Durable Medical Equipment
- Speech Therapy
- Occupational Therapy
- Physical Therapy

Prior Authorization from the Plan for the above services must be obtained by the member's PCP. Plan authorizations will be issued directly to the Provider of Service. Providers requesting direct authorization from the Plan will be referred to the Member's PCP. The Plan may contact the Member's PCP or Specialist for information prior to issuing the authorization.

Elective Procedures and Elective Admissions must be reported to the Plan 72 hours in advance.

The following **in-network** services do not require plan notification:

- Outpatient Specialty Physician Consults and Services
- Allergy Testing
- Routine Radiology Services
- Outpatient Diagnostics
- Chemotherapy
- Radiation Therapy
- Chiropractic Services (limited to 18 visits)

- Outpatient Mental Health Visits
- Obstetrics / Gynecology
- Ophthalmology

Per the terms of the Plan contract with the Michigan Department of Community Health, Members may access any of the following services directly, without prior authorization or referral from the PCP or MHP.

- Emergency Room Services - Facility and Professional Components
- Family Planning Services at any provider
- STD Services at any provider
- Well-Women exams with a contracted provider
- Well-Child exams with a contracted Pediatrician
- Emergency Transportation
- Services provided by Federally Qualified Health Centers
- Services provided by Public Health Departments

InterQual Criteria

The Health Services Department of Midwest Health Plan utilizes InterQual Care Criteria® for making clinical decisions. The criteria are evidence based and utilized as a guideline. The criteria assist with managing care processes and resources in a way that fosters evidence-based practice and ensures patient safety while controlling medically unnecessary care.

InterQual Care Planning Criteria helps Midwest Health Plan to evaluate the appropriateness of care-related interventions including diagnostic testing and procedures.

InterQual Level of Care Criteria aid in recommending the right level of clinical care or setting for patients—from acute through outpatient treatment.

Using information found in the medical record or supplied by healthcare providers, the Midwest Health Plan reviewer determines whether a patient's clinical status matches the criteria for a specific intervention or placement at a specific level of care. When there isn't a match, a reviewer or physician advisor can work with the attending physician to decide on an appropriate course of action.

If you would like to review or discuss the InterQual Criteria, please contact your Provider Services representative or the Director of Health Services.

Specific InterQual Criteria is available upon request.

Influenza

The Influenza season is here. Hopefully, this year there will not be issues with either quantity or quality of Influenza vaccine. The bi-weekly bulletins from the CDC do not, to date, give any indication of problems with quality or quantity.

Influenza vaccine is a covered benefit for “at risk” Midwest Health Plan (MHP) members. The CDC recommendations should be utilized to identify “at risk” individuals.

MHP has surveyed each manufacturer of influenza vaccine for the retail price of a multi-dose vial. MHP has revised the fee schedule for Influenza vaccine. The intent of the revised fee is to cover the acquisition cost of the vaccine material. A table containing the revised fee schedule can be found in this issue of the Provider Newsletter.

If you have any questions about Influenza vaccine, please let me know via E-mail (mtucker@midwesthealthplan.com) or telephone (313.586.6060).

DISEASE MANAGEMENT

Diabetes Microalbuminuria Screening and Management

A chart from the National Kidney Foundation diagrams care management for people with diabetes who test positive for microalbuminuria, or microscopic protein in the urine. The chart walks health care providers through the recommended screening and monitoring tests for people with microalbuminuria and includes notations for when to refer them to a nephrologist. Different colors help elucidate the decision-making grid. The laminated card is available from the National Kidney Foundation Medical Department, 30 East 33rd Street, New York, NY 10016, 1-800-622-9010, 212-689-9261 (fax).

For more resources about diabetes, visit the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Reference Collection at <http://catalog.niddk.nih.gov/resources>. This free, online, searchable database helps health care professionals, health educators, patients, and the general public find educational materials not typically referenced in most databases.

Asthma and Diabetes Disease Management Programs

Midwest Health Plan recently implemented McKesson’s Disease Monitor module to support its Disease Management Program. The system provides automated support for

the identification of members with Asthma and Diabetes who are overdue for screenings, have abnormal lab values, have atypical pharmaceutical patterns, or who have been to the ER or hospital for asthma or diabetes. Using McKesson, Midwest sends members and providers targeted mailings based on members' utilization and pharmacy patterns. Examples of letters that are being mailed on a monthly basis include the following:

Diabetes:

- Diabetic missing services letter (if member is missing HbA2c, LDL-C, Eye Exam, office visit)
- Lapse in medicine letter to PCP (if member has not filled medicine)
- Letter informing PCP of members who had more than 3 oral hypoglycemic prescriptions in the past 45 days.
- Referral to MHP case management for members hospitalized 3 or more times in last 90 days.

Asthma:

- No reported use of a corticosteroid after hospitalization
- Chronic oral corticosteroid use letter to PCP
- Lack of transition to inhaled corticosteroids letter to PCP
- Beta-agonist Bronchodilator overuse letter to PCP
- Lack of annual influenza vaccination letter to member
- Lack of follow-up after ER visit letter to member
- Referral to MHP case management for members hospitalized 3 or more times in last 90 days.

Members are automatically enrolled in our disease management programs based on the rules defined within McKesson. You may also enroll members in the Diabetes or Asthma program by calling Midwest at **1-313-586-6071**.

HEALTH OUTREACH

IMMUNIZATION INCENTIVES FOR MEMBERS

Midwest Health Plan would like to remind you that we offer a \$5 gift card to parents of members who have completed all of the recommended immunizations by age 2 or age 13. To be eligible, the member must *currently* be 2, 12 or 13 years old and have completed all of the immunizations needed before their 2nd or 13th birthday. If you have any questions about our immunization incentives, please call the Health Outreach Department at (313) 586-6071.

EPSDT/ WELL CHILD VISITS – DEVELOPMENTAL SCREENING

Please be sure to conduct a developmental screening at every EPSDT/ Well Child Visit and code it with **CPT 96110** – Developmental testing, limited with interpretation and report. **Midwest will pay Medicaid fee screens (currently \$10) for developmental**

screening/testing. Be sure to code your claims and encounters accurately so you can get paid!

Did you know?

- 20% of all visits to the pediatrician's office are developmental or behavioral in nature.
- 80% of parental concerns are correct and accurate.

One of the primary goals of routine preventive health care is to ensure that a child is developing normally.

The American Academy of Pediatrics recommends developmental surveillance at every well-child visit and developmental screening using formal, validated tools at 9, 18, and 30 months or whenever a parent or provider concern is expressed. Surveillance and screening activities should be performed and coordinated with tracking and intervention services available in the community

Developmental Surveillance

Surveillance is the process of recognizing children who may be at risk of developmental delays. Developmental surveillance is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems. There are 5 components of developmental surveillance:

- Eliciting and attending to the parents' concerns about their child's development
- Documenting and maintaining a developmental history
- Making accurate observations of the child
- Identifying the risk and protective factors
- Maintaining an accurate record and documenting the process and findings

Developmental Screening

Developmental screening is the administration of a brief standardized tool aiding the identification of children at risk of a developmental disorder. Developmental screening that targets the area of concern is indicated whenever a problem is identified during developmental surveillance.

For more information please visit:

- Listing of developmental screening tools (American Academy of Pediatrics): <http://pediatrics.aappublications.org/cgi/content-nw/full/118/1/405/T1>
- Coding Fact Sheet for Primary Care Pediatricians: <http://www.medicalhomeinfo.org/screening/DevProvider.html>.

We are providing a Developmental Screening/Testing Coding Fact Sheet from the American Academy of Pediatrics as an attachment to this newsletter for your information.

Remember to conduct a developmental screening at every EPSDT/ Well Child Visit and code it: CPT 96110 – Developmental testing, limited so you can be paid Medicaid fee screen (currently \$10) for this important screening.

QUALITY IMPROVEMENT

CLINICAL AND PREVENTIVE HEALTH GUIDELINES

MHP's Clinical and Preventive Health Guidelines include:

- Diabetes
- Asthma
- Tobacco Control
- Substance Use Disorders
- Osteoporosis
- Osteoarthritis
- Hypertension
- Hyperlipidemia
- Heart Failure
- Deep Venous Thrombosis
- Major Depression
- Cancer
- Stroke
- Otitis Media
- Obesity
- Chronic Kidney Disease
- Pharyngitis
- Prenatal/Postpartum Care
- Preventive Health Guidelines from birth to over age 65
- Acute Bronchitis in Adults
- Chronic Heart Failure
- Acute Low Back Pain
- Prevention of Unintended Pregnancy in Adults

These guidelines are found on our website of www.midwesthealthplan.com. Please review these guidelines. These guidelines are developed based on nationally recognized sources—each guideline lists the sources. These guidelines were endorsed by the Medical Directors of the Michigan Quality Improvement Consortium (MQIC) and/or the Michigan Association of Health Plans Medical Directors. You can also find the guidelines along with physician tools on the MQIC website at www.mqic.org. If you would like a hard copy of these guidelines, or have any comments or suggestions for revisions, please contact Diane Lecerf at #313-586-6065.

HEDIS UPDATE

Appropriate Testing for Children with Pharyngitis

This administrative measure is taken from claims/encounter data. It's the percentage of children age 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic, **and** received a group A streptococcus (strep) test for the diagnosis. Midwest Health Plan was at 19% for 2008. Midwest has had the lowest of all the health plans for the past 2 years. The lowest rate among all Medicaid health plans in the State. We reimburse offices \$10 for a Group A strep test. This includes primary care providers for the Medicaid members only.

We reimburse offices \$10 for a Group A strep test. This includes primary care providers for the Medicaid members only.

Codes to Identify Pharyngitis: ICD-9-CM: acute pharyngitis 462, acute tonsillitis 463, streptococcal sore throat 034.0.

Codes to Identify Visit Type: CPT: Outpatient 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99382-99385, 99392-99395, 99401-99404, 99411, 99412, 99420, 99429, 99499.

Codes to Identify Group A Streptococcus Test: CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880.

Lead Screening

This is a new hybrid measure for HEDIS that started 1/1/07. It's the percentage of children two years of age who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday. Midwest will reimburse you \$12 for every lead test conducted.

Codes to Identify Lead Tests: CPT 83655

New HEDIS Measure: Adult BMI Assessment

The Adult BMI Assessment measures the percentage of members 18-74 years of age who had an outpatient visit and who had their body mass index (BMI) documented during the measurement year or the year prior to the measurement year. Midwest will be measuring Adult BMI Assessment as part of its HEDIS 2009 reporting.

In light of the alarming rate of obesity among Americans, and the related increased risks of developing many diseases and health conditions from being overweight, it is important that as part of every health assessment, the patient's BMI be calculated and the patient advised if the BMI indicates he or she is overweight. This is a simple calculation based on the patient's height and weight and there simple tools that can be used for the calculation.

Midwest Health Plan will be distributing BMI calculation grids to provider offices during the upcoming month. We suggest you tape the grids to your scales so that whenever a patient is weighed and measured, the nurse or office staff member can look up the patient's BMI and record it in the medical record along with the height and weight

measurements. You should advise the patient if the BMI is out of normal range and encourage a weight loss program. Refer to the table below for various ranges for BMI.

Table 1: Ranges for BMI

	BMI
Underweight	Below 18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9

For an online BMI calculator go to: www.nhlbisupport.com/bmi/

A copy of a BMI grid is provided at the end of this newsletter.

PROVIDER SERVICES

Consultation Request Form (CRF) Change:

WHEN COMPLETING THE CRF PLEASE CHOOSE THE BOX NEXT TO THE MEMBER'S COVERAGE (Midwest Health Plan - HMO, Health Choice, Adult Benefit Waiver, Macomb Care Connect (Plan B) and Midwest Advantage)

Please be advised that Midwest Health Plan has changed our Consultation Request Form (CRF) from the four-copy form to a one-copy form. This new form can be used for all our product lines; including. **We ask that all PCP offices use your remaining supply of four-copy forms before requesting the one-copy form.**

THE PROCESS TO FAX ALL CRFS TO MIDWEST HEALTH PLAN HAS NOT CHANGED. PLEASE USE FAX NUMBER 313-586-6045.

WIN CANDY

Your office will have the chance each month to win a free box of candy. All you have to do is answer the questions on the last page of the newsletter and fax the page to us at 313-581-2780. If your answers are correct, the candy will be mailed to your office. Please refer to our website at www.midwesthealthplan.com for the list of winners. **If you do not answer the questions correctly, you will not receive the candy.** So keep up the good work and keep responding. If you're not participating, you should. It's quick and easy and all you have to do is read the newsletter and answer the questions. Please try it. **Congratulations** to those offices who responded correctly. We hope you are enjoying the candy! The December office winners include.

**Beaumont Family Medical
Children's Health Care of Port Huron
Park Family Health Center – Roseville
Park Family Health Center – Corp. Office**

Park Family Health Center-Lincoln Park
Kamala Vanaharam, M.D.
My Family Doctor
Orthopedic Surgery Associates
Stephen Swetech, D.O.
Thorrez Medical Practice
Wright & Filippis

Answers for November 2008 Candy Contest

1. **True** Under the new authorization policy members are still to receive a “referral” from their PCP to seek treatment with a contracted specialist and Midwest does not need to be notified of this referral to a contracted specialist.
2. The Health Services Department of Midwest Health Plan utilizes **Inter Qual Criteria®** for making clinical decisions.
3. **True** Influenza vaccine is a covered benefit for “at risk” Midwest Health Plan (MHP) members.
4. The **CDC** recommendations should be utilized to identify “at risk” individuals.
5. Please indicate which BMI range is Underweight, Normal and Overweight on the chart below:

	BMI
Under weight	Below 18.5
Normal	18.5 – 24.9
Over weight	25.0 – 29.9



MIDWEST HEALTH PLAN

FREE
GLUCOMETER PROGRAM

ATTENTION PROVIDERS:

Midwest Health Plan (MHP), along with Bayer Healthcare will provide glucometers **FREE** of charge to our diabetic members. Attached is the form that must be completed in order to receive the **FREE** glucometer. You do not have to complete a MHP referral form, only the attached form.

There are two types of glucometers available, the **Bayer Breeze 2** and **Bayer Contour**. In addition to the glucometer, a **FREE** instructional DVD can also be requested. The glucometer can be shipped to your office for the member to pick up, or mailed directly to the member's home. Once the form is received by Bayer Healthcare, it takes approximately 3 business days for the glucometer to be delivered.

Because diabetic supplies (i.e. alcohol swabs, lancets, and test strips) are billed under the prescription drug benefit, your patient will need a prescription to take to the pharmacy for those items. Effective March 1, 2006, MHP only pays for 50 test strips per month. If your patient needs more than 50 test strips per month, you must complete a pharmacy prior authorization request.

If you have questions regarding this program, please call Noelle Perkins at 313-586-6030.

Midwest Health Plan
Glucometer Order Form

Please complete this form and FAX to: **Bayer Healthcare**
Customer Order Services
Department Diabetes Care
Division
1-800-876-2243

Date: _____

Physician or Group Practice Name: _____

Office Contact Person: _____

Office Phone Number: _____

Ship to the following address:

Member Name: _____

Member ID #: _____

Member Phone Number: _____

Address: _____

City, State, Zip:

The following instrument will be shipped using three day delivery service:

BREEZE 2 ® or **Contour ®**

Check Box if instructional DVD should be included:

Bayer Healthcare
Customer Order Services Department – Diabetes Care Division
Phone: 1-877-229-3777
FAX: 1-800-876-2243

**MIDWEST HEALTH PLAN
FLU VACCINE COVERAGE AND BILLING INSTRUCTIONS**

2008/2009 FLU SEASON

PROCEDURE CODES AND CORRESPONDING FEES

Procedure Code	Description	Age <19	AGE ≥19
90669	Pneumococcal Vacc, PED<5 years old	0.00 (VFC* covered code)	Not Applicable
90655	Flu Vaccine no preserv 6-35 months old	0.00 (VFC covered code)	Not Applicable
90656	Flu Vaccine no preserve 3 years and older	0.00 (VFC covered code)	\$15.82
90657	Flu Vaccine, 3 years old IM	0.00 (VFC covered code)	Not Applicable
90658	Flu Vaccine, 3 years and older IM	0.00 (VFC covered code)	\$12.06
90660	Flu Vaccine, Nasal	0.00 (VFC covered code)	\$21.18
90732	Pneumococcal Vacc, age >5 years old	(VFC covered code)	\$27.03

*VFC is Vaccine for Children. If the grid lists “VFC covered code”, that means you must obtain this vaccine from the Vaccines for Children program. VFC is for children less than 19 years old.

Fee For Service providers can bill for the administration of the vaccine,
For Capitated providers the administration fee is part of your capitation.

For all providers: As of **1/1/2007** an administration charge of \$7.00 can be billed for the administration of any of the above vaccines using the appropriate procedure code for separate reimbursement **except** procedure code 90660-Nasal Flu vaccine.



Members With Completed Immunizations By Age 2 or 12 & 13

Patient name: _____

Parent's/Guardian's Name: _____

Patient's date of birth: _____

(To be eligible for the childhood immunization incentive, the patient must currently be 2 years old or younger. To be eligible for the adolescent immunization incentive, the patient must currently be either 12 or 13 years old)

Address of Patient: _____

Telephone number of Patient: _____

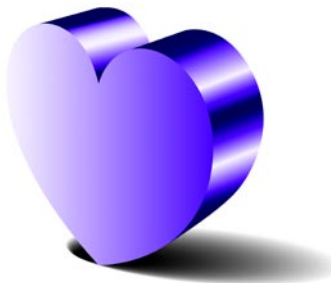
Provider's/Doctor's name: _____

Provider's Address: _____

Provider's Telephone number: _____

Contact at office: _____

Fax this completed form along with the immunization record for this patient to (313) 581-2780, and your patient will receive a \$5 gift card to Target!!



MIDWEST
HEALTH PLAN

Notification of Pregnancy

Phone number:

313-586-6071

Fax number:

313-581-2780

MEMBER DATA

Date		Date of Birth	
Last Name		First Name	
Address		Phone #	
City		Alternate Phone #	
ZIP		Recipient ID	

HEALTHCARE PROVIDER DATA

PCP Name		PCP ID #	
Address		Ste	
Zip		Phone #	
OB Provider		OB Phone #	

PERINATAL INFORMATION

Maternal:			
LMP		Date last Pap test	
EDC		Date Chlamydia screen	

RISK FACTORS / COMMENTS

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Midwest Health Plan thanks you for notifying us of members who are pregnant.

Body Mass Index Table

Normal

Overweight

Obese

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Body Weight (pounds)																
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287



**Developmental Screening/Testing
Coding Fact Sheet for Primary Care Pediatricians**

I. CODING

Developmental screening, surveillance, and assessment are often complemented by the use of special tests, which vary in length. This Coding Fact Sheet provides guidance on how pediatricians can appropriately report limited and extended developmental screening and testing services.

A. How To Report Developmental Testing

96110 *Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report*

The use of developmental screening instruments of a limited nature (eg, PEDS, Ages and Stages, Vanderbilt ADHD rating scales, Pediatric Symptom Checklist (PSC-17) is reported using CPT code 96110 (*Developmental testing; limited*). Code 96110 is often reported when performed in the context of preventive medicine services. This code also may be reported when screening is performed with other evaluation and management (E/M) services such as acute illness or follow-up office visits. On the 2008 Medicare Fee Schedule (Resource-Based Relative Value Scale or RBRVS), the Centers for Medicare and Medicaid Services (CMS) published a total relative value unit (RVU) of 0.36 for 96110, which amounts to a Medicare payment of \$13.71 ($0.36 \times \38.0870 {Medicare 2008 conversion factor for 1/1/08-6/30/08.}). Because an office nurse or other trained non-physician personnel typically performs the service, this relative value reflects only the practice expense of the office staff and nurses, the cost of the materials, and professional liability -- there is no physician work value published on the Medicare physician fee schedule for this code.

On the less common occasion where a physician performs this service, it may still be reported with code 96110 but the time and effort to perform the testing itself should not count toward the key components (history, physical exam, and medical decision making) or time when selecting an E/M code for a significant, separately identifiable service performed during the same patient encounter. When a limited

screening test is performed along with any E/M service (eg, preventive medicine or office outpatient), both the 96110 and the and E/M service should be reported and modifier 25 (*significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service*) should be appended to the E/M code to show the E/M service was distinct and necessary at the same visit.

96111 *Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report*

Extended developmental testing using standardized instruments (eg, Bayley Scales of Infant Development, Woodcock-Johnson Tests of Cognitive Abilities (Third Edition) and Clinical Evaluation of Language Fundamentals (Fourth Edition)) are reported using CPT code 96111. This service may be reported independently or in conjunction with another code describing a separate patient encounter provided on the same day as the testing (eg, an evaluation and management code for outpatient consultation). A physician or other trained professional typically performs this testing service. Therefore, there are physician work RVUs published on the Medicare physician fee schedule (Resource-Based Relative Value Scale or RBRVS) for this code. In 2008, code 96111 has 3.65 total RVUs, which calculates to a Medicare payment of \$139.02 ($3.65 \times \38.0870 {Medicare 2008 conversion factor for 1/1/08-6/30/08}).

When 96111 is reported in conjunction with an E/M service, the time and effort to perform the developmental testing itself should not count toward the key components (history, physical exam, and medical decision making) or time for selecting the accompanying E/M code. Just as discussed for 96110, if the E/M code is reported with 96111, modifier 25 (*significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service*) should be appended to the E/M code **or** modifier 59 (*distinct procedural service*) should be appended to the developmental testing code, showing that the services were separate and necessary at the same visit.

In 2005, the CPT code descriptor of 96111 was revised to reflect the deletion of the test examples as well as the "per hour" designation. Thus, effective January 1, 2005, physicians will report the service without regard to time. The typical testing session, including the time to perform the interpretation and report, was found in

the American Academy of Pediatrics (AAP) survey used to value the service to be slightly over an hour.

B. When To Report Developmental Testing

96110

The frequency of reporting 96110 is dependent on the clinical situation. The AAP Bright Futures "Recommendations for Preventive Pediatric Health Care" schedule recommends developmental/behavioral assessment at each preventive medicine visit, and the AAP "Developmental Surveillance and Screening of Infants and Young Children" policy statement recommends that physicians use validated developmental screening tools to improve detection of problems at the earliest possible age to allow further developmental assessment and appropriate early intervention services.

Thus, the use of screening tests of a limited nature seems to enhance the task of developmental assessment typically done in the preventive medicine setting. The exact frequency of testing therefore depends on the clinical setting and the provider's judgment as to when it is medically necessary. When physicians ask questions about development as part of the general informal developmental survey or history, this is not a "test" as such, **and is not separately reportable**. Examples of validated limited screening tests along with clinical vignettes are provided below.

96111

Longer, more comprehensive developmental assessments of patients suspected of having problems are typically reported using CPT code 96111 (*Developmental testing; extended*). These tests are typically performed by physicians or psychologists and require upwards of an hour of time. They also are accompanied by an interpretation and formal report, which may be completed at a time other than when the patient is present.

Like code 96110, the frequency of reporting code 96111 is dependent on the needs of the patient and the judgment of the physician. When developmental surveillance or screening suggests an abnormality in a particular area of development, more extensive formal objective testing is needed to evaluate the concern. In contrast to adults, the limited ability of children to maintain focused selective attention and

testing speed may mean that several sessions are needed to properly evaluate the problem. Code 96111 is reported only once per date of service. There must be an accompanying report describing and interpreting all testing.

Additionally, subsequent periodic formal testing may be needed to monitor the progress of a child whose skills initially may have not been "significantly low," but who was clearly at risk for maintaining appropriate acquisition of new skills.

II. CLINICAL VIGNETTES

96110 Vignette # 1

At a follow-up visit for bilateral otitis media, the pediatrician notes the patient missed her 12 month well-child visit. He requests and the child's father complete the Ages and Stages Questionnaire (ASQ.) The father endorses no concerns in any developmental domain. The pediatrician reviews the father's completed ASQ and asks him if his daughter is using single words to convey her wants and is using words to label common objects. The father assures him that she is doing this and, in fact, other non-family adults have commented on her clear articulation. No concerns at all are reported and this is consistent with what the pediatrician has observed in the office visits. He tells the father they will continue to monitor for any evidence the child is not acquiring skills at an expected rate. All this is noted in a few sentences in the chart note.

CPT

99392-25 Preventive medicine service;
established patient, age 1-4
(appended with modifier 25)

ICD-9-CM

V20.2 Routine infant or child health check

96110 Developmental testing; limited

V20.2 Routine infant or child health check

96110 Vignette #2

At a 24-month well child check, the mother describes her toddler as "wild," completes the PEDS (Parent Evaluation of Developmental Status), and responds positively to the question "Do you have concerns about your child's language skills?" The nurse scores the PEDS and places the answer sheet on the front of the chart with a red arrow sticker next to it. When the pediatrician examines the child, he is alerted to ask the mother about her observations of the child's language ability.

He then confirms the delay in language, and makes a referral to a local speech pathologist.

<u>CPT</u>		<u>ICD-9-CM</u>
99392-25	Preventive medicine service; established patient, age 1-4 (appended with modifier 25)	V20.2 Routine infant or child health check
96110	Developmental testing; limited	V20.2 Routine infant or child health check 315.31 Expressive language disorder

If the pediatrician spent significant extra time evaluating the language problem, then an E/M service office/outpatient code from the 99201-99215 series may be reported using a modifier 25, linked to the appropriate ICD-9-CM code(s) as appropriate (eg, 315.31, *Expressive language disorder*, 315.32, *Mixed receptive-expressive language disorder*, 315.39, *Other developmental speech or language disorder*).

96110 Vignette #3

At a five-year health maintenance visit, a father discusses his daughter's difficulty "getting along with other little girls." "Doctor, she wants friends, but she doesn't know how to make — much less keep — a friend." Further questioning indicates the little girl is already reading and writing postcards to relatives, but has not learned how to ride her small bicycle, is awkward when she runs and she avoids the climbing apparatus at the playground. Her father wondered if her weaker gross motor skills affected her ability to play successfully with other children. She seems very happy to sit and look at books about butterflies — her all consuming interest! The child's physical exam consistently fell in the range of 'normal for age' in previously health maintenance visits. The pediatrician asks her nurse to administer the Australian Scale for Asperger's Syndrome and the father's responses yield 16/24 items with an abnormal score being >3. The pediatrician reviews the form, writes a brief summary, and discusses her observations with the father. A referral is made to a local physical therapist who has a playground activities group and to a local psychologist who has expertise in diagnosing autism spectrum disorders.

<u>CPT</u>		<u>ICD-9-CM</u>
99393-25	Preventive medicine service; established patient, age 5-11 (appended with modifier 25)	V20.2 Routine infant or child health check

96110	Developmental testing; limited	V20.2 Routine infant or child health check 315.4 Developmental coordination disorder 313.9 Unspecified emotional disturbance of childhood
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96110 Vignette # 4

A seven year old boy with previously diagnosed ADHD is being seen for a health maintenance visit. At the end of the visit his mother asks if she can discuss her son's medication. She hands you a Vanderbilt ADHD rating scale completed two weeks ago by his classroom teacher: "Bobby's teacher says she keeps a stack of blank forms so she can give her students' doctors her impressions. She downloaded it off the internet. You give this to your medical assistant to score while you obtain more interim history from Bobby's mother. After reviewing the scored teacher Vanderbilt form and discussing the results with Bobby's mother, you both decide to increase his stimulant medication. A follow-up appointment is scheduled for four weeks.

<u>CPT</u>		<u>ICD-9-CM</u>
99393-25	Preventive medicine service; established patient, age 5-11 (appended with modifier 25)	V20.2 Routine infant or child health check
99213 disorder,	Office or other outpatient service, established patient, 15 minutes "typical time"	314.01 Attention deficit/hyperactivity combined type
96110	Developmental testing; limited	V20.2 Routine infant or child health check 314.01 Attention deficit/hyperactivity disorder, combined type

96111 Vignette #1

An eight-year-old boy with impulsive, overly active behavior and previously assessed "average" intelligence is referred for evaluation of attention deficit disorder. He has by prior history reading and written expression skills at first grade level, and received speech and language therapy during his attendance at Head Start when he was four years old.

Behavior and emotional regulation rating scales completed by the parent and teacher were reviewed at an earlier evaluation and management service

appointment. History, physical and neurological examination were also completed at that visit.

On this visit, standardized testing was administered to confirm auditory and visual attention, short term and working memory as well as verbal and visual organization. Testing was administered for standard scores as well as structured observations of behavior. These scores and observations were integrated into a formal report to be used to individualize his education and treatment plan. Testing and the report took approximately 75 minutes. The family schedules a follow up visit to discuss this report and the final diagnosis and treatment plan with the physician.

<u>CPT</u>		<u>ICD-9-CM</u>
96111	Developmental testing; extended	314.0x Attention deficit disorder
		x = 0 for no hyperactivity
		x = 1 for hyperactivity

96111 Vignette #2

A 5 4/12 year old boy just beginning kindergarten was seen for developmental testing. His mother's responses on the Pediatric Evaluation of Developmental Status (PEDS) suggested expressive language delays. After greeting the parent and child and explaining to the child that he and the doctor would do some 'non-school' activities to see how he 'used words to tell others about (his) good ideas', the child and the examiner spent fifty minutes together completing the tasks on the Peabody Picture Vocabulary Test-Third Edition, and the Clinical Evaluation of Language Fundamentals-Fourth Edition. The examiner scored the two tests in five minutes and there was a significant discrepancy detected between the Receptive Language Composite and the Expressive Composite on the CELF-4. Both test scores were abnormal, however, indicating a mixed receptive-expressive language disorder.

<u>CPT</u>		<u>ICD-9-CM</u>
96111	Developmental testing; extended language	315.32 Mixed receptive expressive disorder

III. DOCUMENTATION GUIDELINES

Each administered developmental screening and testing instrument is accompanied by an interpretation and report (eg, a score or designation as normal or abnormal). This is often included in the test itself, but these elements may alternatively be

documented in the progress report of the visit itself. Physicians are encouraged to document any interventions based on abnormal findings generated by the tests.

Following are examples of appropriate documentation for some testing tools:

96110

PEDS (Parents' Evaluation of Developmental Status)

This questionnaire is designed to identify any parent/primary caretaker's concerns about a birth through eight-year child's developmental attainment and behavioral/mental health concerns. There are eight specific domain queries and one asking, "please list any concerns about your child's learning, development and behavior" and a final "please list any other concerns." The parent answers are scored into the risk categories of high, moderate, or low. The report form is included with the test.

ASQ (AGES AND STAGES Questionnaire)

This parent report instrument, covering ages 1 month through 60 months, includes objective information as the adult notes whether the child performs the skill identified. There are six questions in each of five domains: Communication, Gross Motor, Fine Motor, Problem Solving and Personal-Social. All questions are scored on a point system, with summary scores indicating the need for further evaluation. The ASQ also has a non-specific comprehensive section where general concerns are addressed. No score is provided for these answers, but the instrument developers note any "Yes" responses should also be referred.

96111

In general, the documentation of developmental testing includes the scoring, interpretation, and the development of the report. This typically includes all or some of the following: identifying data, time and location of testing, the reason for the type of testing being done, and the titles of all instruments offered to/completed by the child; presence (if any) of additional persons during testing, child's level of cooperation and observations of child's behavior during the testing session. Any assistive technology, prosthetics or modifications made to accommodate the child's particular developmental or physical needs should be

described, and specific notations should be made if any items offered resulted in a change in the child's level of attention, willingness to participate, apparent ease of task accomplishment. The item results should be scored and the test protocol and any/all scoring sheets should be included in the medical chart (computer scanning may be needed for electronic medical records). A brief interpretation should be recorded and notation should be made for further evaluation or treatment of the patient or family. A legible signature should also appear.

IV. SAMPLE TESTING TOOLS [NOTE: These are provided as examples only; the AAP implies no endorsement or restriction of code use to these instruments.]

96110

Ages and Stages Questionnaire-Second Edition (ASQ) and Ages and States Questionnaire: Social-Emotional (ASQ:SE) (Brookes Publishing: Jane Squires, PhD and Diane Bricker, PhD, et. al)

Australian Scale for Asperger's Syndrome (ASAS) (Michelle Garnett, Master's Clinical Psychology and Anthony Attwood, PhD)

Behavior Assessment Scale for Children-Second Edition (BASC-II) (American Guidance Service: Cecil Reynolds and Randy Kanphaus)

Behavioral Rating Inventory of Executive Functioning (BRIEF) (Psychological Assessment Resources, Inc.: Gerald Gioia, PhD, Kimberly Espy, PhD, and Peter Isquith, PhD)

Modified Checklist for Autism in Toddlers (M-CHAT) (Robins, Fein, & Barton, 1999)

Parents' Evaluation of Developmental Status (PEDS) (Ellsworth and Vandermeer Press, LLC: Frances Page Glascoe, PhD)

Pediatric Symptom Checklist: A Primary Care Screening Tool to Identify Psychosocial Problems (PSC) (<http:psc.partners.org>: Michael Jellinek, MD, and J. Michael Murphy, PhD)

Vanderbilt Rating Scales (Mark L. Wolraich, MD)

96111

Beery-Buktenica Developmental Test of Visual-Motor Integration-Fourth Edition, Revised (VMI) (Modern Curriculum Press: Keith E. Beery, PhD)

Clinical Evaluation of Language Fundamentals-Fourth Edition (The Psychological Corporation: Eleanor Semel, PhD, CCC-SLP, Elisabeth Wiig, PhD, CCC/SLP, Wayne A. Secord, PhD, CCC-SLP)

Clinical Evaluation of Language Fundamentals-Preschool Version-Second Edition (Psychological Corporation: Elisabeth Wiig, PhD, CCC/SLP, Wayne A. Secord, PhD, CCC-SLP, and Eleanor Semel, PhD, CCC-SLP)

Comprehensive Test of Nonverbal Intelligence (Pro-Ed: Donald Hammill, Nils Pearson, and J. Lee Wiederholt.)

Developmental Test of Visual Perception-Second Edition (Pro-Ed: Donald Hammill, Nils Pearson, Judith Voress)

Kaufman Brief Intelligence Test-Second Edition (American Guidance Service: Alan Kaufman and Nadeen Kaufman)

Peabody Picture Vocabulary Test-Fourth Edition (American Guidance Service: Lloyd M. Dunn and Leola M. Dunn)

Test of Auditory-Perceptual Skills-Revised (Psychological and Educational Publications: Morrison Gardner)

Test of Language Competence-Expanded Edition (The Psychological Corporation: Elisabeth Wiig and Wayne Secord)

Test of Nonverbal Intelligence-Third Edition (Pro-Ed Publishing: Linda Brown, Rita Sherbenou, Susan Johmsen)

Test of Problem Solving 3: Elementary Version (LinguiSystems, Inc: Linda Zachman, Rosemary Huisingh, Mark Barrett, Jane Orman, Carolyn LoGiudice)

Test of Word Knowledge (The Psychological Corporation: Elisabeth Wiig and Wayne Secord)

Woodcock-Johnson Test of Cognitive Abilities-Third Edition (Riverside Publishing:
Richard W. Woodcock, PhD, Kevin S. McGrew, PhD, and Nancy Mather, PhD)

January 2009 Candy Contest

1. True or False Midwest Health Plan has a Pay for Performance Bonus Program effective January 1, 2009.
2. True or False On the Pay for Performance Bonus Program the Bold and Italicized are additional payment for services rendered in the office.
3. When conducting a developmental screening at every EPSDT/ Well Child Visit what code should be used CPT_____.
4. How much will Midwest Health Plan reimburse you for every lead test conducted \$_____ and what is the code to Identify Lead Tests CPT_____
5. Midwest Health Plan (MHP) along with _____ will provide glucometers FREE of charge to our diabetic members
6. What are the two types of glucometers available

Your Name: _____
From the office of Doctor: _____ **PIN** _____
Office Site Name: _____
Phone Number: _____

Please fax this completed sheet to (313) 581-2780