


**Alabama Early Screening
Improvement Training**
Saturday, October 29, 2011
Tuscaloosa, Alabama

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™ 

Alabama Chapter

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

**Mapping the
Work Flow and Coding**

Faculty

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**Commercial
Interests Disclosure**

- **Theresa Pinto**
 - Does intend to discuss commercial products or services
 - Does not intend to discuss any non-FDA approved uses of products/providers of service
 - No significant financial relationship

**Commercial
Interests Disclosure**

- **Ashley Evans, MD, FAAP**
 - Does not intend to discuss commercial products or services
 - Does not intend to discuss any non-FDA approved uses of products/providers of service
 - No significant financial relationship

**Map the Workflow:
How are Tools Administered?**

- **By distribution at well child visits to be completed and brought back**
- **Using online ASQ system**
- **By mailing prior to well child visits**
- **In waiting or exam rooms**

**Map the Workflow:
What Are the Staff Roles?**

- **Clinical staff**
 - Establish a physician/nurse “champion”
 - Choose and train others to use the tools
 - Score questionnaires

**Map the Workflow:
What Are the Staff Roles?**

- Provide feedback to parents
- Distribute patient education materials

**Map the Workflow:
What Are the Staff Roles?**

- **Office staff**
 - Role in implementing screening process
 - Maintain and update referral lists
 - Stock, order, organize and store tools
 - Ensure accurate billing

Team Activity

- Determine how your practice will implement a screening protocol
 1. Complete your yellow “Map the Workflow” worksheet
 2. Complete your “PDSA Model for Improvement” worksheet

**Coding and Documentation
of 96110**

- CPT code 96110 used for screening tools can be completed by parents or staff
- Typically reported when performed during preventive service visit
 - Can be performed at any visit depending on the payor

**Coding and Documentation
of 96110**

- Scoring may be done by physician or other staff
- Document the tool administered, score tool, record interpretation and discussion with family in medical record

Billing 96110

- **96110 may be billed multiple times during a visit if more than one tool is used**
 - Depending on payor, may need to attach -25 modifier to visit code or -59 or 76 modifier to 96110 code

Billing 96110

- **Typical example**
 - At 18 months, ASQ and M-CHAT administered
 - Bill 99392 with a -25 modifier
 - Bill 96110 quantity x2

Billing 96110 and Handling Rejected Claims

- **Carries an RVU of 0.21**
 - Currently about \$14 Commercial and \$10 ALMCD
- **If claim is rejected**
 - Send letter in your packet to Medical Director of insurance plan along with copy of AAP guidelines

Billing 96110 and Handling Rejected Claims

- **Contact the Chapter if consistently encountering rejected claims**

ALL Kids

- **Developmental Screening (96110) is covered without a medical diagnosis**
 - Up to four visits are allowed between the ages of 8 months and 36 months

Alabama Medicaid Billing

- **Physicians, and physician employed or Independent Nurse Practitioners, if enrolled as Medicaid EPSDT providers, may bill 96110**
 - Nurse Practitioners will be reimbursed at 80% of the physician allowed rate, which is \$10.00

Alabama Medicaid Billing

- In order to bill this code, a standardized developmental screening tool must be utilized
- A maximum of 2 tests allowed
- Documentation of the tool used, with interpretation and report, must be in the child's medical record

Alabama Medicaid Billing

- The chapter of the Medicaid manual that addresses the codes (A-12, A-28 and A-29) is at this link:
 - http://medicaid.alabama.gov/documents/6.0_Providers/6.7_Manuals/6.7.1_Provider_Manuals_2011/6.7.1.1_January_2011/6.7.1.1_Jan11_A.pdf

Practice Expectations

- Form a practice team to build QI into your practice
- Attend the learning session on October 29, 2011
- Participate in practice follow-up calls to report progress
 - Call in number: 1 – 800 – 977 – 8002
pass code: 39581178#

Practice Expectations

- Submit data after implementation (3, 6, 9 months) for the number of 9, 18, and 24 month old patients seen for well child visits
- Engage in small tests of change affecting office systems and care to patients in a medical home setting
- Hold regular practice meeting with your team to review progress

Data Collection

- You will be collecting data over a nine month period of time
 - November 2011 to August 2012
- A copy of the Data Collection Form is in the right hand side of your training packet

Data Collection

- Starting from the date you implement standardized developmental screening in your practice, count the number of 9, 18, and 24 month old patients you saw for well child visits at 3, 6, and 9 months after the date of implementation
- Use the grid on the Data Collection Form to document your progress

Data Collection

- **If a tool was not implemented at the age given, leave the cell blank**
- **We are assuming a baseline of zero, so if you were using a tool prior to training, you will need to calculate a baseline rate**