



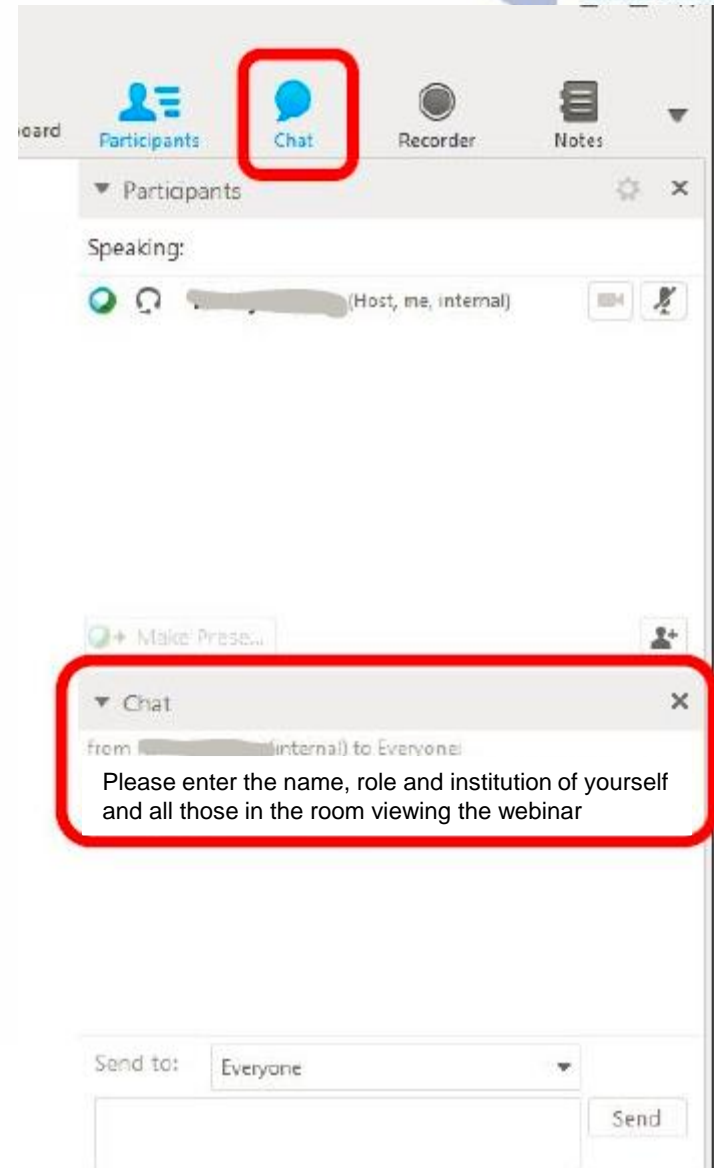
# IPAC Billing and Coding Guidance

December 16<sup>th</sup>, 2019

11:00am-12:00PM

# Introductions

- Please enter for yourself and all those in the room with you viewing the webinar into the chat box your:
  - Name
  - Role
  - Institution
- If you are only on the phone line, please be sure to let us know so we can note your attendance



# Overview

- Welcome/introductions
- IPAC updates and data review
- IPAC Billing and Coding
- Billing and Coding Q&A
- Team talks-
  - *AMITA Resurrection Medical Center-Kara Calhoun*
  - *KSB Hospital- Crystal Huene*
- Round Robin
- Webinar To-Dos & take-away(s)

Improving Postpartum Access to Care (IPAC)

# IPAC- UPDATES AND DATA REVIEW

# ILPQC Improving Postpartum Access to Care (IPAC) Initiative



**Aim:** Within 11 months of initiative start,  $\geq 80\%$  of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

To optimize the health of women by increasing access to early postpartum care within the first two weeks postpartum to facilitate follow-up as an ongoing process, rather than a single 6-week encounter and provide an opportunity for a maternal health safety check and link women to appropriate services.

## Key Goals:

- Increase % of women with an early postpartum visit scheduled with an OB provider within the first two weeks after delivery
- Increase % of women receiving focused postpartum education prior to discharge after delivery
- Increase % of providers / staff receiving education on optimizing early postpartum care
- Achieve GO LIVE goal to provide IPAC for  $\geq 80\%$  participating hospitals by May 2020



# Aims & Measures

## Overall Initiative Aim

Within 11 months of initiative start,  $\geq 80\%$  of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge

## Structure Measures

IPAC protocol/process flow in place for facilitating scheduling of early postpartum visits with affiliated outpatient care sites and OB providers prior to discharge

Communicate recommendation/strategy for early postpartum visit and obtain buy-in with OB providers/outpatient care sites (ie, share ILPQC OB provider/outpatient care site packet)

Implement standard postpartum education prior to discharge after delivery regarding:

- a) benefits of early postpartum care
- b) postpartum early warning signs and how to seek care
- c) benefits of pregnancy spacing and options for (outpatient) family planning

## Process Measures

Educate all providers and staff on optimizing early postpartum care including:

- a) maternal safety risks in the postpartum period
- b) benefits of early postpartum care/maternal health safety check
- c) protocol for facilitating scheduling early postpartum visit prior to discharge
- d) documentation and billing for early postpartum visit
- e) components of early postpartum visits/maternal health safety check

## Outcome Measure

Increase % of women with documentation of an early postpartum visit/maternal health safety check encounter scheduled within the first 2 weeks of delivery

Increase % of patients who receive standardized pp patient education prior to discharge

# Don't forget to submit your team's monthly data!

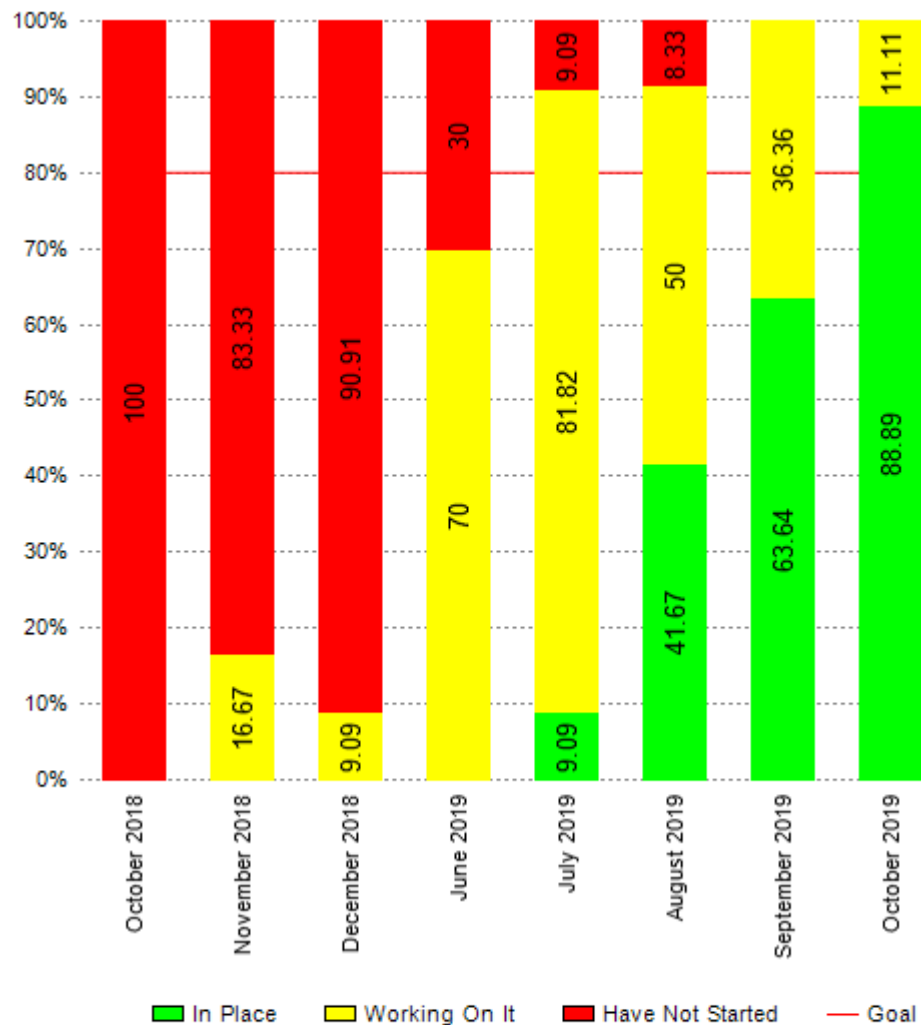


Month	Number of Teams Reporting
Baseline – October 2018	10
Baseline – November 2018	10
Baseline – December 2018	10
June 2019	10
July 2019	11
August 2019	12
September 2019	10
October 2019	9
November 2019	4



# IPAC Strategy and Buy-in

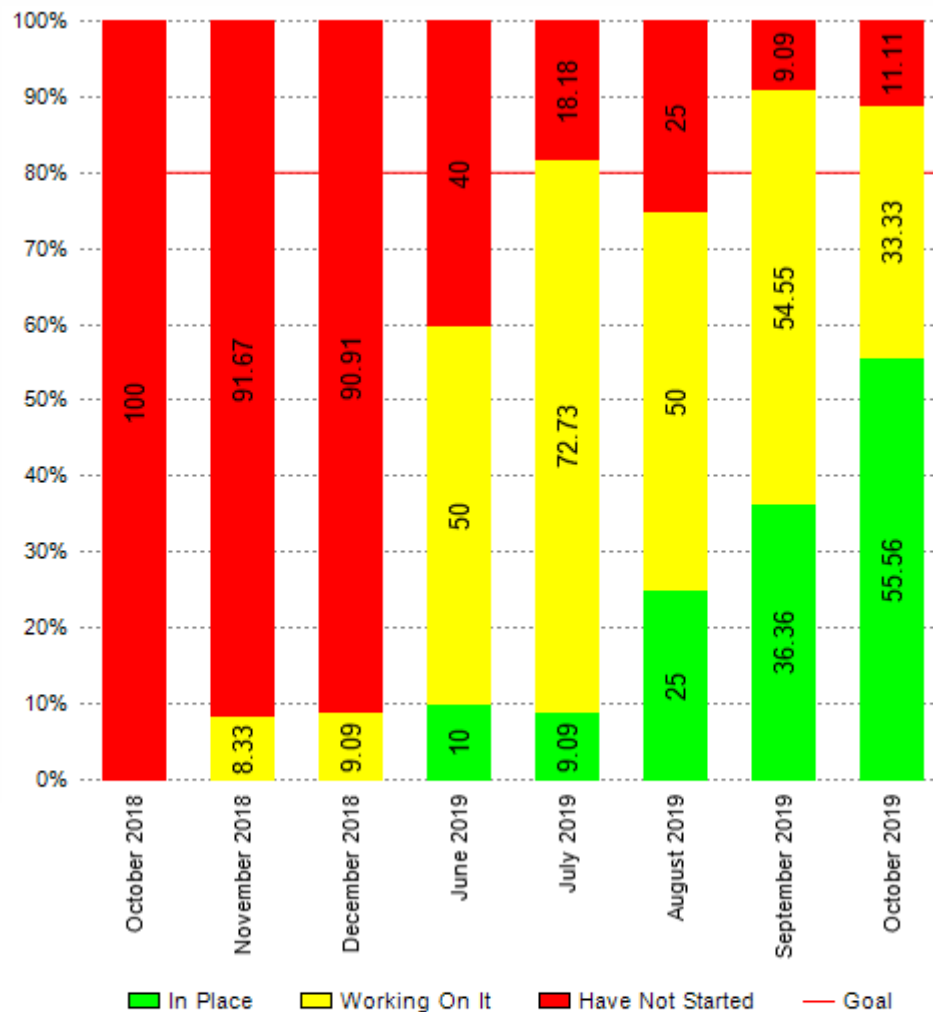
Percent of Hospitals that have communicated recommendations/strategy for early postpartum visits to obtain buy-in, Baseline + June 2019-October 2019





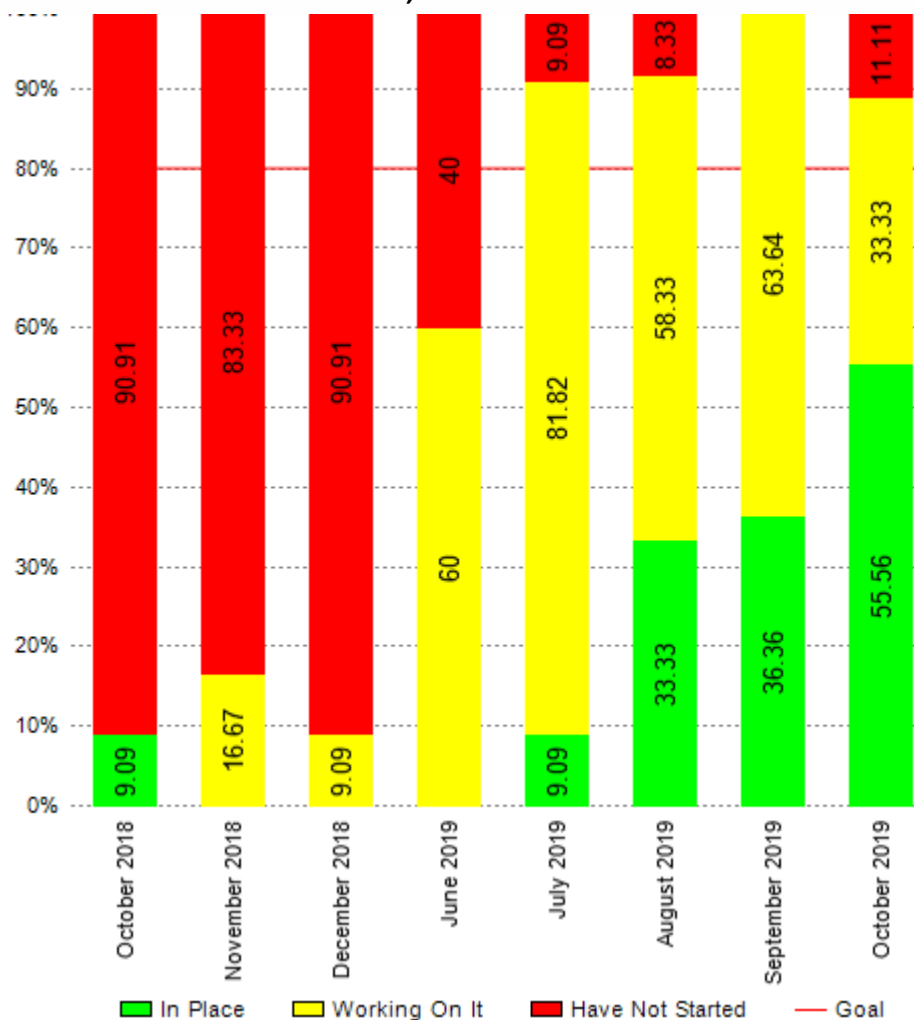
# System in Place to Facilitate Early PP Visit Scheduling

Percent of Hospitals that have system in place to facilitate scheduling early postpartum visits, Baseline + June 2019-October 2019



# IPAC Provider/Nurse Education

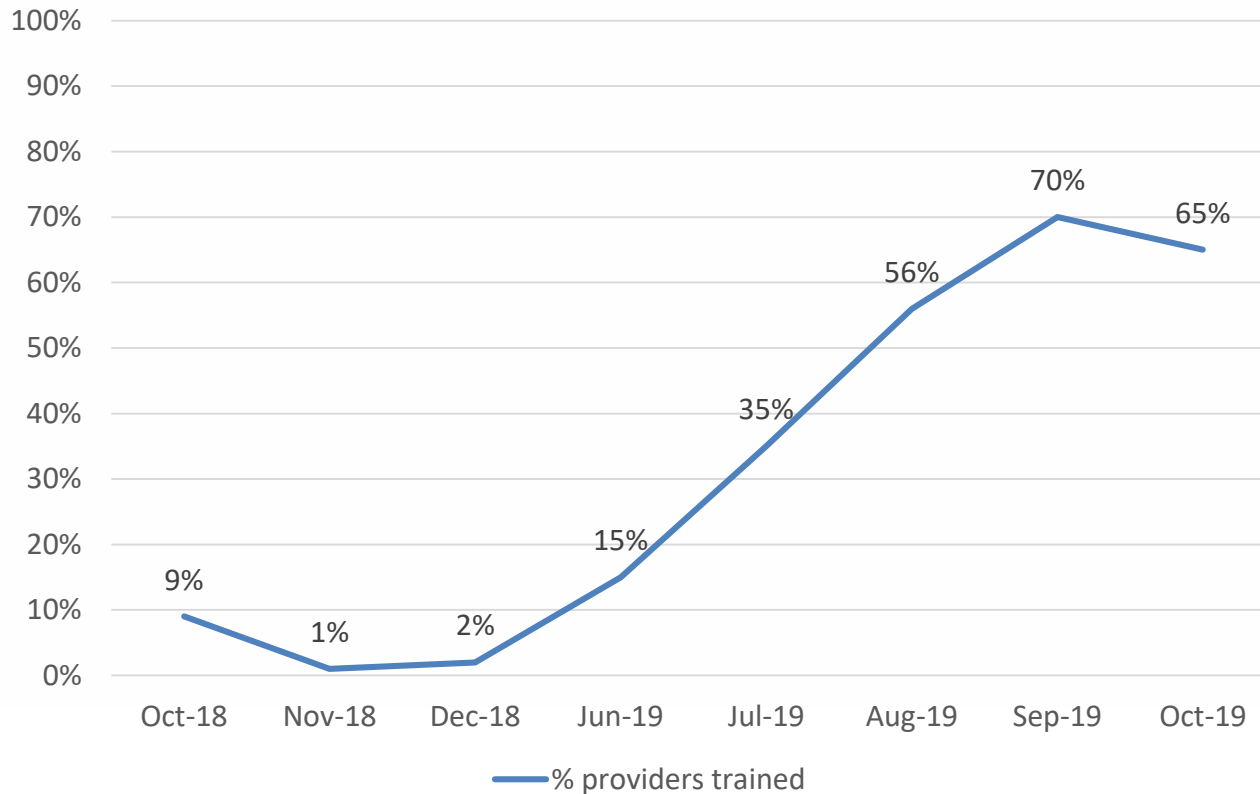
Percent of Hospitals that have system in place to educate inpatient providers & nurses on IPAC, Baseline + June 2019-October 2019



# Percent of Provider Education



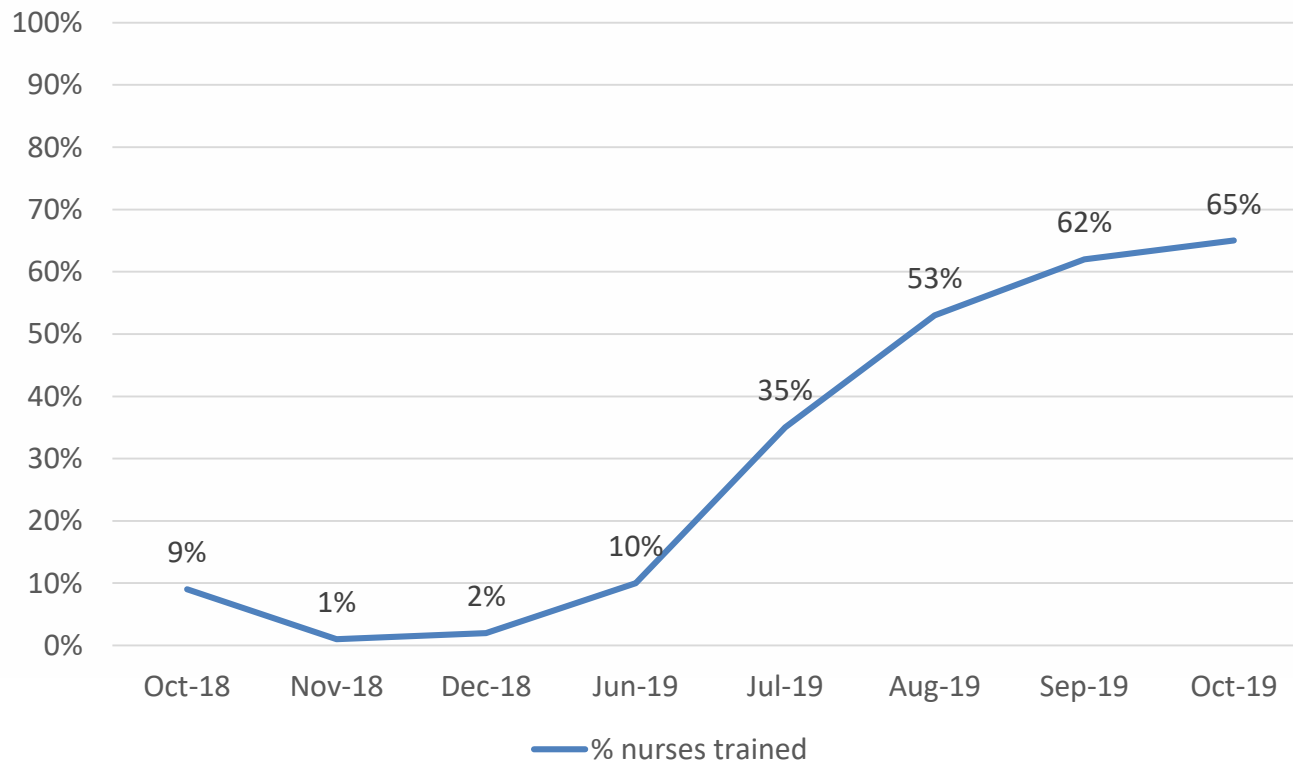
Percent of Providers Educated on Optimizing Early Postpartum Care, Baseline + June 2019-October 2019



# Percent of Nurse Education



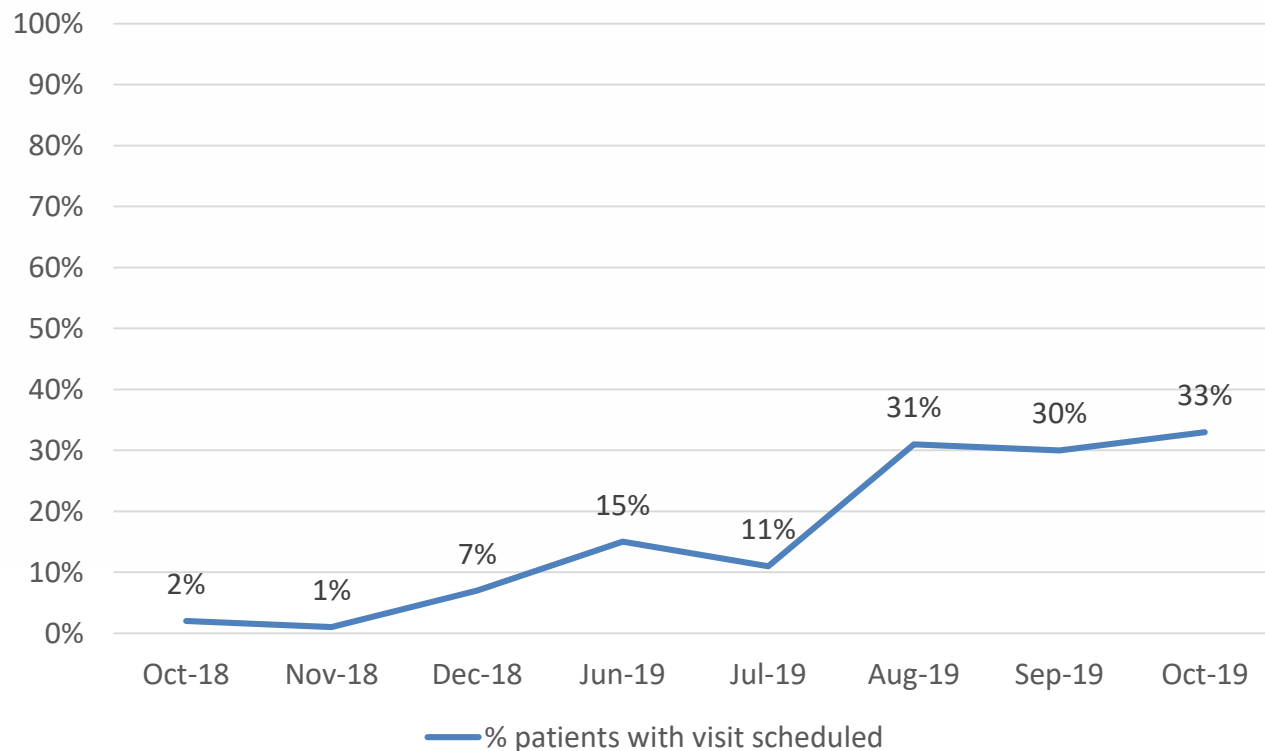
Percent of Nurses Educated on Optimizing Early Postpartum Care, Baseline + June 2019-October 2019



# Percent of Patients with Early Postpartum Visit Scheduled

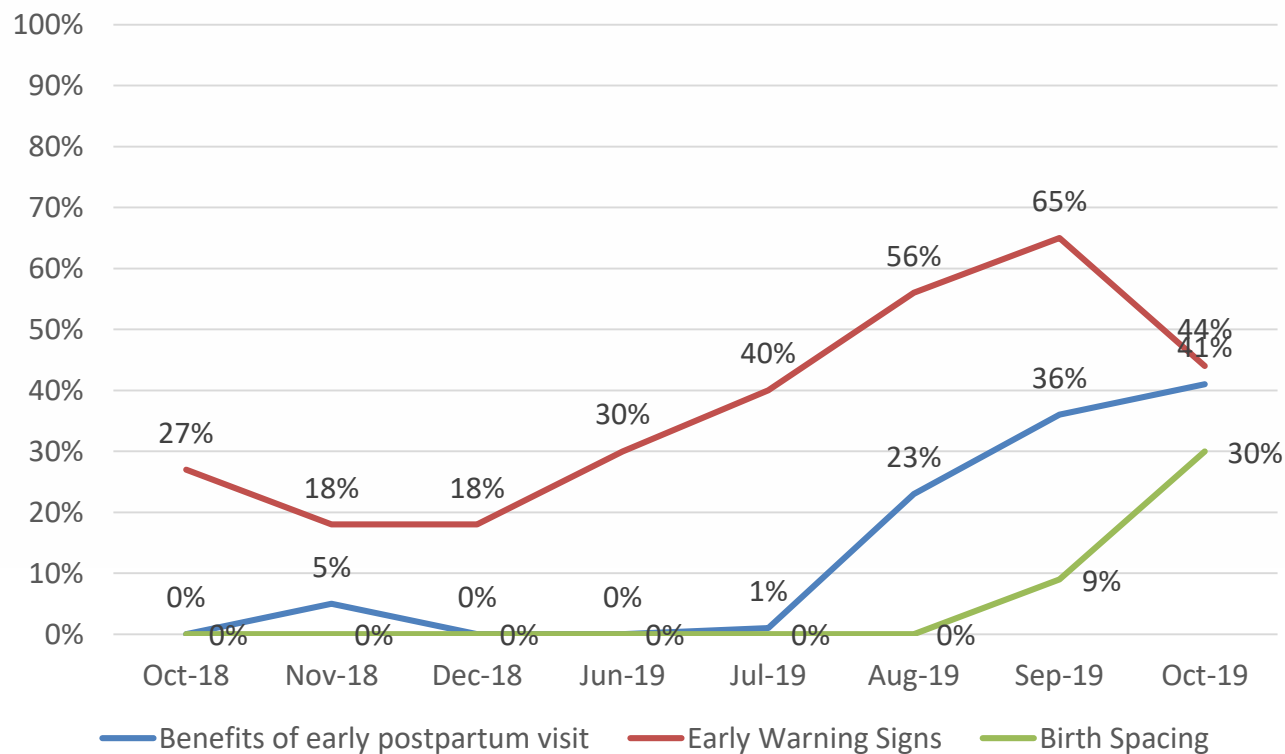


Percent of Patients with Early Postpartum Visits Scheduled Prior to Discharge, Baseline + June 2019-October 2019



# Percent of Patients with Standardized Patient Education

Percent of Patients who received standardized postpartum education prior to discharge, Baseline + June 2019-October 2019



Improving Postpartum Access to Care (IPAC)

# IPAC BILLING AND CODING LOGISTICS



# Improving Postpartum Access to Care (IPAC)- WHY?



**40%**

of women do not attend the 6-week postpartum visit

**50%**  
postpartum strokes

occur within 10 days of discharge

**20%**  
discontinue breastfeeding

before the first 6-weeks



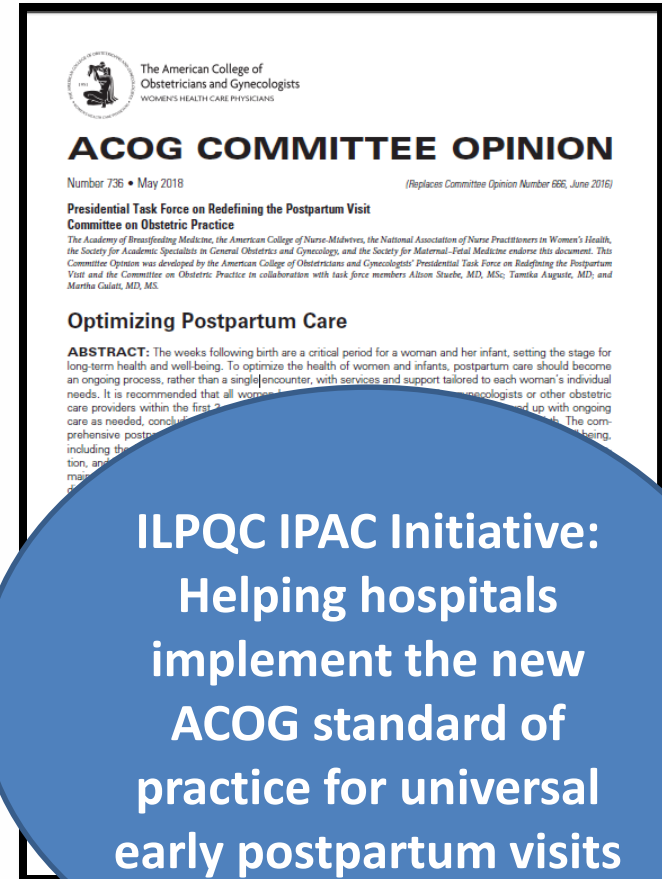
**1/5**  
mental health disorder

postpartum period

# Redefining Postpartum Care

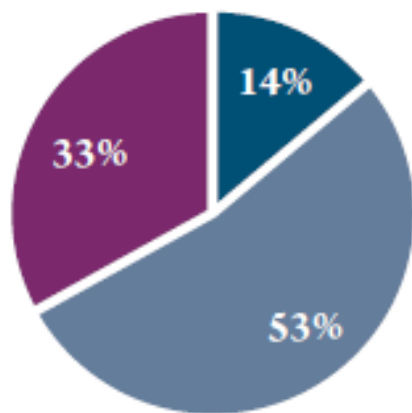
## ACOG Committee Opinion #736:

- To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter
- All women should ideally have an early postpartum visit with maternal care provider in addition to the standard 6 week postpartum visit
  - Blood pressure checks
  - Breastfeeding support
  - Mental health well-being
  - Contraception
- Postpartum maternal morbidity and mortality can affect all patients, regardless of a healthy and uncomplicated pregnancy.



# Illinois Dept. of Public Health Maternal Morbidity & Mortality Report: Key Recommendations

**Figure 13: Timing of  
Pregnancy-Related Deaths,  
Illinois 2015**



■ Pregnant at Death  
■ 0-42 Days Postpartum  
■ 43-364 Days Postpartum



**Providers** should adapt recent recommendations from ACOG for universal postpartum visits in addition to the traditional 6 week visit



**Birthing hospitals** should ensure that women are connected with a provider and scheduled for a postpartum visit prior to hospital discharge

# IPAC: Making Change Happen

## Key QI Strategies

↓

Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and **share options for billing and coding.** ★

↓

Implement process flow to facilitate universal scheduling and patient education, prior to hospital discharge, of early pp visits / maternal health safety check within 2 wk

↓

Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check

↓

Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs and how to seek care (ie AWHONN resource), and benefits of healthy pregnancy spacing and options for (outpatient) family planning

## Key Driver Diagram

### AIM

Within 11 months of initiative start, ≥80% of participating hospitals will implement universal early postpartum visits (within 2 weeks) and be able to facilitate scheduling prior to hospital discharge



### Key Drivers

Utilize provider outpatient packet to engage OB providers and outpatient care sites to help plan for early pp visit scheduling, obtain buy-in from providers, and **share options for billing and coding.**

Implement process flow to facilitate universal scheduling of early pp visits prior to delivery discharge

Implement provider and nurse education on risks of the postpartum period, benefits of early pp visit, and key components of maternal health safety check

Standardize system to provide patient education prior to hospital discharge on the benefits of early pp visit, early pp warning signs, and benefits of healthy pregnancy spacing and options for (outpatient) family planning

### Strategies

Obtain buy-in from OB providers and outpatient care sites on national recommendations and benefits for an early pp visit within 2 weeks.

Provide billing and coding information to OB providers and outpatient care sites for the early pp visit within 2 weeks.

Create a hospital specific process flow to help facilitate scheduling of an early pp visit within 2 weeks prior to discharge

Revise policies and procedures to ensure scheduling for an early pp visit within 2 weeks

Develop strategy to educate inpatient and outpatient providers and staff using IPAC slide set, OB Provider Packet, and/or didactic education

Plan in place for ongoing and new hire education

Patient education materials selected: benefits of early pp visit/ components of maternal health safety check, early pp warning signs and how to seek care (AWHONN), benefits of healthy pregnancy spacing/(outpatient) family planning options

Implement system to provide and review IPAC patient education prior to hospital discharge

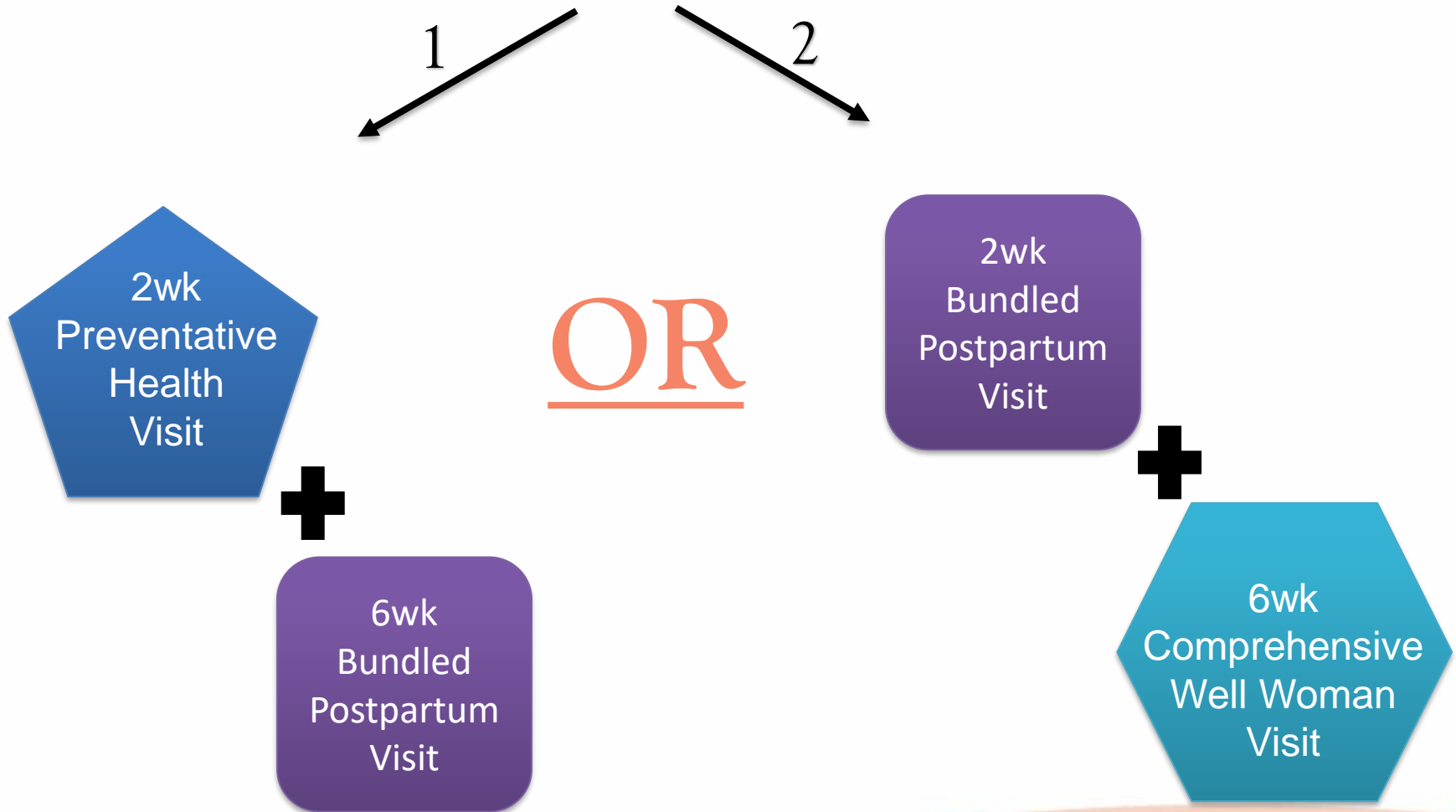


# IPAC: Billing/Coding Guidance



- ILPQC received guidance from Medicaid prior to the start of IPAC initiative regarding coding and billing for the 2 week “Maternal Health Safety Check”
- ILPQC IPAC Billing Document in your toolkit reflects the above guidance and was confirmed by ACOG as an appropriate strategy for billing
- Per your feedback, ILPQC reached out to ACOG and provided another billing pathway for OB providers.

# IPAC: Billing/Coding Pathways





# IPAC: Billing/Coding Pathway 1



- Codes include BP check, mood assessment, breastfeeding support, wound check and contraceptive counseling
- Code as the traditional 6week postpartum visit

# IPAC: Billing/Coding Pathway 2



- Code as the traditional postpartum visit, but at 2 weeks instead of the usual 6 weeks.
- Code as a well-woman visit.
- This fits the ACOG strategy to make postpartum care part of the well-woman continuum.
- Most postpartum woman have gone more than a year since their last well-woman/preventive visit.

# Billing/coding strategies for reimbursement



- ILPQC Coding for early pp visit- UPDATED
- ACOG Guidance on billing and reimbursement (ACOG pp toolkit)
- ACOG Guidance on Coding PP Service (ACOG PP toolkit)
- Coding for Specific pp services
  - Ex: Breastfeeding, Chronic disease follow-up, PPD, newborn care

Early postpartum visit / Maternal Health and Safety Check Billing

Guidance from Medical Coding and Billing

**Check out IPAC Newsletter**

NOTE: These visits include preventive and gender-specific services (e.g., genetic testing, diagnostic procedures, etc.)

Coding for additional postpartum visits

Modifier 24 indicates that the E/M service for the problem is unrelated to typical postpartum care by the same physician during a 90-day period.

Use the E/M code for the International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) code that provides the medical necessity for performing the service.

**ACOG Postpartum Toolkit**

**Billing and Reimbursement**

**Background**

- Postpartum care is typically considered part of global obstetric care and is reimbursed that way when rendered by the same obstetric care provider or practice that bills under the same Tax Identification Number (TIN).
- The obstetric care provider who bills a global delivery code is paid the same amount whether or not a patient returns for a postpartum visit. Although the rate of attendance at postpartum visits may be tracked as a quality measure by the Healthcare Effectiveness Data and Information Set (HEDIS) and health plans, without financial incentive, health care providers may be lax in their communication or outreach to patients regarding the importance of postpartum care.
- Postpartum visits that deal with problems or complications can be billed outside of the global obstetric fee.
- Problem visits can be billed outside the global obstetric care fee using E/M codes for outpatient care (eg, 99211-99215, see Coding section).

**Varying Definitions**

- Health plans define the postpartum period covered under the global obstetric fee in a wide variety of ways. This ranges from as short as 42 days to as long as 90 days for cesarean births under some commercial payers.
- What services are covered under the obstetric global fee during the postpartum period are quite vague for commercial payers. They are usually described as all outpatient issues related to the pregnancy, as well as contraception, for however many visits that takes.

**Issues**

- Attendance at postpartum visits is generally lower among women of lower socioeconomic status. Barriers to attending include access to childcare and transportation.
- Missing postpartum visits eliminates a prime opportunity to address reproductive life planning, follow-up for complications that occurred during pregnancy, and other issues.
- Different postpartum issues are most appropriately addressed at different times in the "fourth trimester" and, thus, require more than one postpartum visit for optimal care.
- Commercial payer reimbursement policies, both government and private, should align incentives so that obstetric care providers will stress the importance of postpartum care to their patients. This would include during antenatal visits, as well as through active outreach after the birth.

**Breastfeeding Coding**

for Obstetricians-Gynecologists 2016

**Commonly Used Codes for Breastfeeding**

ICD-10 Code	Shortlisting Condition
O0D15	Infection of nipple associated with lactation
O0D16	Abcesses of breast associated with lactation
O0D17	Nonpurulent mastitis associated with lactation
O0D18	Retracted nipple associated with lactation
O0D19	Cracked nipple associated with lactation
O0D20	Suppressed lactation
O0D21	Unspecified disorder of lactation
O0D29	Other disorder of lactation
N0008	Infection of nipple associated with pregnancy
N0009	Abcesses of breast associated with pregnancy
N0010	Nonpurulent mastitis associated with pregnancy
N0011	Retracted nipple associated with pregnancy
N0012	Cracked nipple associated with pregnancy
O0D30	Unspecified disorder of breast associated with pregnancy and the postpartum
O0D31	Other disorder of breast associated with pregnancy and the postpartum
O0D32	Nonpurulent mastitis associated with pregnancy, unspecified trimester
S0010	Milare (infectious) of breast, right breast
S0011	Milare (infectious) of breast, left breast
S0012	Chondritis, breast or nipple
S0013	Pyoderma, unspecified
O0D33	Infection of nipple associated with the postpartum
O0D34	Other specified manifestations of breast (infectious or without breast tissue)
S0014	Hyperkeratosis (burning)
O0D35	Apoptosis
O0D36	Hyperkeratosis
O0D37	Suppressed lactation
O0D38	Colostriferous
O0D39	Unspecified disorders of lactation
O0D40	Colostriferous (other disorders of lactation)

ICD-10-CM codes for breastfeeding are found in Chapter 15, Pregnancy, Childbirth, and the Puerperium.

Coding for Long-term Follow-up from Pregnancy Complications

A code from the Z3A category should be reported whenever a code from Chapter 15 is reported to identify the week of gestation.

To accurately assign ICD-10-CM codes for diabetes complicating pregnancy, the following information is needed:

Preexisting	Pregnancy-related
Type of Diabetes: Type 1, Type 2, or Other	Onset (chronic glucose [O08.01 or Gestational [O08.04])
Trimester	Maternal episode of care (pregnancy, childbirth, or puerperium)
Any manifestations or complications (O08.008, O08.011, O10)	Week of care (or gestational week, or gestative, month, trimester)

**Hypertension Coding**

Categories O10-O11 contain codes for preexisting hypertension and require identification of the trimester. Category O10 also contains codes for hypertensive heart and chronic kidney disease. Most of these codes contain six characters. When assigning a code related to these conditions, it is necessary to add a secondary code to specify the type of heart failure or chronic kidney disease. Category O11 is for preexisting hypertension with preeclampsia and requires an additional code from category O10 to identify the type of hypertension.

In addition to essential hypertension, Category O10 includes the following subcategories:

- O10.1 Pre-existing hypertensive heart disease complicating pregnancy
- O10.2 Pre-existing hypertensive chronic kidney disease complicating pregnancy
- O10.3 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy
- O10.4 Pre-existing secondary hypertension complicating pregnancy
- O10.9 Unspecified pre-existing hypertension complicating pregnancy, childbirth, and the puerperium

Each subcategory indicates the condition in Chapter 9, Diseases of the Circulatory System, that applies to the specific subcategory. The instructions also state that an additional code from the circulatory chapter should be reported to identify the type of hypertension. It is important to be familiar with the codes that require an additional diagnosis in order to fully describe the patient's condition and circumstances.

Additionally, hypertension has distinct categories, subcategories, and codes to describe pre-existing and pregnancy-related conditions.

# IPAC: Billing/Coding Questions

Press \*6 to unmute yourself

Please share your name and hospital prior to asking your question



Improving Postpartum Access to Care (IPAC)

**TEAM TALK-AMITA**  
**RESURRECTION MEDICAL**  
**CENTER**

# ILPQC IPAC Initiative Team Talk Resurrection Medical Center Chicago



## Resurrection Medical Center Chicago

- Family Birth Place
  - 17 ante/triage/LDRs
  - 2 surgical suites with a recovery room
  - 22 bed post-partum/gyne unit
  - 8 Bed SCN (Level 2E)
- ~1,000 deliveries/year
- 24/7 in house coverage: Neonatology, OB, Anesthesia
- ED, FP and OB Residency program
  - New Beginnings Clinic (resident clinic)
- Perinatal Nurse Home Visit Program
  - 457 families visited and logged over 7,100 miles in 2018.



# IPAC Team

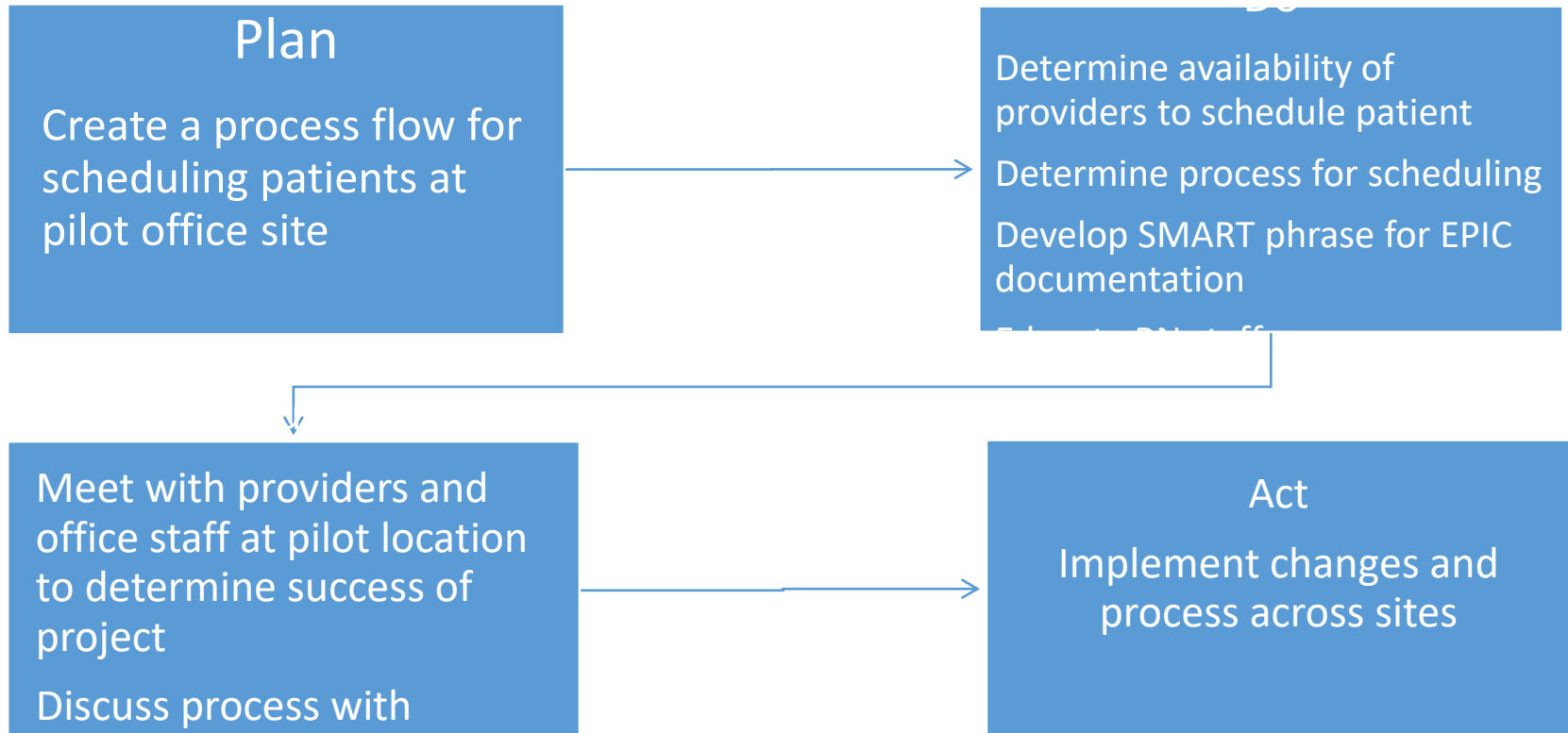
- Dr. Robert Kus (OB Department Chair)
- JoAnn Meigs RN, BSN, MBA (Nurse Manager)
- Connie Wedmore BSN, RNC-OB (Team Leader)
- Kara Calhoun MSN, MPH, RNC-OB (Clinical Nurse Educator)



## Barriers

- Provider billing
  - Patient dis-satisfaction for co-pays due to payor mix (bundled payments for commercial insurance)
- Increase in physician office volumes
- Increase workload on office staff to schedule appointment
- Change in workflow for in-patient RN to assure appointment is scheduled before discharge

# PDSA



# Status of Project

## Actions in place prior to IPAC

- POST BIRTH Warning Signs, post-partum depression and Preeclampsia handouts given on admission to PP
- 24-48H discharge phone call by a hospital perinatal RN
- ~45% of patients opt-in to Home Visit Program
- Provider documentation of when to call, appointment on D/C note
- High-risk patients (HTN, surgical, etc.) already scheduled for 1-2 week visit

## Steps Implemented

- Introduction of initiative to Key MDs
- Introduction of initiative to Nursing Staff
- Determination of barriers to implementation
- Initial data collection

## Next Steps

- Present MDs with options for billing
- Determine availability of MDs to add additional visits to current schedules
- Create a process flow for scheduling visits at “pilot” office
- Educate RNs on process
- Audit for compliance

Improving Postpartum Access to Care (IPAC)

# TEAM TALK- KSB HOSPITAL

# Katherine Shaw Bethea Hospital

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Dixon, IL



## About Us....

- 80-bed not-for-profit hospital licensed by IDPH
- Partner with the Rockford School of Medicine to provide a Residency Rural Track in Family Medicine
- 3 OB physicians, 2 mid-level providers including a Certified Nurse Midwife, 4 pediatricians, 10 family medicine physicians, 6 Family Medicine Residents
- 350 deliveries a year
- Baby Friendly Designated Facility



# Where we are starting...

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Joined the initiative in November

2 providers started seeing patients at 3 weeks per ACOG recommendation

Home visits

4th Trimester Support Group

POST BIRTH Warning Signs

Schedule follow up visits prior to discharge



# Implementation

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EDUCATING  
PATIENTS  
PRENATALLY



PROVIDER AND  
STAFF BUY IN



IMPLEMENTING THE  
CHECKLISTS

# Barriers

- Increase volume of patient appointments
- Potential increase in follow up lactation appointments for our small staff of lactation consultants
- Billing and coding
- Making the visit meaningful by using the checklist appropriately
- Pregnancy spacing

# Overcoming Barriers

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- Getting some nurse and provider champions
- Getting the billing/coding team involved
- Doing education on how to use the checklist
- Sending 3 staff members to the CLC course in 2020
- Utilizing our mid-level providers to handle the increase in patient appointments

Improving Postpartum Access to Care (IPAC)

# ROUND ROBIN

# Round Robin- Each team to share:

- ❑ **What is your team currently working on for implementation?**
- ❑ **What barriers have you encountered with the clinical care staff ?**
- ❑ **What strategies have you or will you implement to overcome those barriers?**

1. AMITA Alexius Brothers Women's & Children's Hospital – *Hoffman Estates*
2. AMITA Alexian Brothers Hospital – *Elk Grove Village*
3. AMITA Resurrection Medical Center - *Chicago*
4. Loyola University Medical Center - *Maywood*
5. FHN Memorial Hospital - *Rockford*
6. Franciscan Health Olympia Fields - *Olympia Fields*
7. Touchette Regional Hospital – *East St. Louis*
8. SSM St. Mary's – *Centralia*
9. St. Joseph Hospital – *Chicago*
10. Morris Hospital & Healthcare Centers – *Morris*
11. St. Margaret's Health- *Spring Valley*
12. UI Health – *Chicago*
13. Illinois Valley Community Hospital-*Peru*
14. Memorial Medical Center- *Springfield*
15. KSB Hospital- *Dixon, IL*
16. AMITA Adventist GlenOaks Hospital, *Glendale Heights, IL*

Improving Postpartum Access to Care (IPAC)

## NEXT STEPS



# IPAC Team Talk Schedule



Month	Team 1	Team 2
<b>January 2020 – CANCELED due to MLK Holiday---</b>		
February 17	St. Margaret's Hospital	Memorial Medical Center
March 16	UI Health	Touchette Regional
April	SSM Health St Mary's	AMITA Adventist GlenOaks Hospital

# IPAC Calls

**IPAC Teams  
11am-12pm**



THIRD MONDAY OF THE MONTH through May 2020

Date	Topic
December 16	IPAC and Billing
<b>January – Canceled due to MLK Holiday</b>	
February 17	Crossing the Finish Line Round Robin
March 16	Moving toward Sustainability
April 20	Topic TBD
May 20	Topic TBD
July 20	IPAC Sustainability Call
September 21	IPAC Sustainability Call
December 21	Final IPAC Sustainability Call



# To Do List

- Submit [IPAC data](#) for November and December
- Ask providers/staff for 2 week Maternal Health Safety Check [Patient Success Stories](#) to be tracked and shared with hospital administration and other providers (issues identified, linkage to care success, patient satisfaction with early visit etc)
- [Collect and track your IPAC Success Stories](#) to share with clinical staff, hospital administration, & ILPQC
- Schedule [your IPAC Discover Call with Autumn](#) before the end of the year – check your inbox

# Contact

- Email [info@ilpqc.org](mailto:info@ilpqc.org)
- Visit us at [www.ilpqc.org](http://www.ilpqc.org)



THANKS TO OUR  
FUNDERS



**JB & MK PRITZKER**  

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**Family Foundation**