



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



**MassHealth
Acute Outpatient Hospital Bulletin 30
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TO: Acute Outpatient Hospitals Participating in MassHealth
FROM: Kristin L. Thorn, Acting Medicaid Director
RE: Improving the Management of Postpartum Visits

Background

MassHealth managed care plans have collected Healthcare Effectiveness Data and Information Set (HEDIS) information since 1996. HEDIS performance rates provide a mechanism for MassHealth to compare scores across health plans and uncover opportunities to improve health care quality. To count toward the HEDIS measure, a postpartum visit must occur between 21 and 56 days (three to eight weeks) after delivery. Although MassHealth postpartum visit rates have increased from 2005 to 2011, the 2011 rate of 68.7 suggests room for statewide improvement.

MassHealth is working to improve the timeliness of postpartum care that its members receive. The postpartum visit is an opportunity for providers to address important postpartum care needs of the mother, including pregnancy complications, chronic conditions, interconception care, postpartum depression screening, and breastfeeding, and to provide other guidance.

This bulletin offers tips to help MassHealth providers deliver high-quality postpartum care and ensure proper billing of their services.

**Tips for Improving
Postpartum Visit Rates**

Engaging Your Patients

- Provide counseling and education during the prenatal period that emphasizes the importance of postpartum care.
- Begin postpartum care with a visit or provide educational materials while your patient is still in the hospital or birthing center.
- For patients who have a postpartum appointment for an incision check sooner than 21 days after delivery, make sure they understand the importance of returning within the three- to eight-week time period for their comprehensive postpartum visit.

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***Tips for Improving
Postpartum Visit Rates
(cont.)***

- Encourage patients who are eligible to take advantage of nurse home visits.
- Provide information on community resources or supports (e.g., WIC, The Ride, lactation support groups, etc.).

Scheduling and Follow-up

- Conduct active outreach to schedule postpartum visits with your patients and reschedule missed appointments.
 - ◇ Communicate with the prenatal provider and facility where the delivery took place to enhance continuity of care.
 - ◇ Update patient contact information at each prenatal appointment and with the information provided by the birth facility.
 - ◇ Call or send appointment reminder cards.
 - ◇ Arrange for special accommodations as needed, such as transportation or interpreter services.
- Schedule the postpartum visit within six weeks of delivery to allow enough time to reschedule a missed appointment before eight weeks.
 - ◇ Consider scheduling the postpartum visit before discharge from the hospital or birthing center.
 - ◇ Piggyback postpartum visits with infant appointments if both are patients at your site.
- Track postpartum appointments: scheduled, utilized, canceled, and “no shows.”
 - ◇ Consider a practice-level quality-improvement project if you find many canceled or “no-show” appointments.

***Tips for Medical Record
Documentation***

HEDIS uses a hybrid method of data collection. From a random sample, patient medical records are reviewed to supplement claims information received from the provider, when the claims data does not include a postpartum visit code.

To ensure that your postpartum visits are counted toward the HEDIS performance rate, documentation in the medical record must include the date the postpartum visit occurred and **one** of the following:

- Pelvic exam
- Evaluation of weight, blood pressure, breasts, and abdomen (Notation of “breastfeeding” is acceptable for the evaluation of breasts component.)
- Notation of “postpartum care,” “PP care,” “PP check,” or “six-week check”

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Billing Codes

Use updated, compliant HEDIS codes to get credit for postpartum visits, as listed in the following table.

CPT	ICD Diagnosis*	UB Revenue
57170, 58300, 59400, 59410, 59430, 59510, 59515, 59610, 59614, 59618, 59622, 88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175	V24.1, V24.2, V25.1, V72.3, V76.2	0923

* For claims with dates of service on and after October 1, 2014, ICD-10 diagnosis codes will be required.

Provider Survey

We would appreciate your completion of a survey that we created to learn about the usefulness of this bulletin to our providers. You may need to cut and paste the URL into your address line.

www.surveymonkey.com/s/PPV_BulletinSurvey

Questions

If you have any questions about the information in this bulletin, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.
