

NEW HEDIS MEASURE

Child and Adolescent Well Care Visits (WCV)

This quick reference guide applies to our Medicaid (MMA/LTC and Child Welfare), Ambetter (Marketplace) and Children's Medical Services Health Plan products.



MEASURE DESCRIPTION

Evaluates the percentage of members ages 3 to 21 years who had at least one comprehensive well care visit with a primary care provider (PCP) or an OB/GYN practitioner during the measurement year (MY). The PCP does not have to be the child's assigned PCP.

Components of a comprehensive well care visit include:

- Health history
- Physical development assessment
- Mental development assessment
- Physical exam
- Discussion of health education/anticipatory guidance

UPDATES

This measure replaces Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34), Adolescent Well Care Visits (AWC) and Children and Adolescents' Access to PCPs (CAP).

Members ages 7 to 11 are added to the measure.

Data will be collected by claims only. Be sure to use appropriate coding to get credit for closing the gap. Refer to the table below for specified codes.

Records will be accepted for pseudo-claims/supplemental data entry up to Dec. 31. Medical record review (hybrid data collected during HEDIS season) is not acceptable.

NCQA allows telehealth services to collect information for all elements of the measure, except the physical exam.



WHY IT MATTERS

Annual well care visits provide an opportunity to present vital health information to parents and caregivers, to promote healthy development and behaviors, and to complete Early and Periodic Screening, Diagnostic and Treatment (EPSDT) to identify and treat children in need of additional support and care.

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SUGGESTIONS TO IMPROVE HEDIS SCORES

- Complete the well visit anytime in the calendar year; it is not necessary to wait 365 days or for the birthdate (may vary by line of business).
- Conduct a well-visit exam during a follow up visit, sick visit or sports or school physical, if clinically appropriate.
- Utilize standardized documentation formats to capture the elements of a well visit and to assist with coding/ billing procedures.
- Check care gap reports and set an alert for the provider to review during the patient's visit.
- Adopt current Bright Futures guidelines for all age groups.
- Develop a strategic outreach plan:
 - Track and contact members who are due for an annual exam.
 - Call new members to schedule their annual visit.
 - Send postcards and/or text reminders regarding the importance of timely checkups and for scheduled appointments.
- Encourage the caregiver to explore the availability of incentives from their insurer for the timely completion of well visits.

Adolescents:

- Encourage teen-centered care. Involve teens in their plan of care.
- Be mindful of privacy and confidentiality.
- Consider the use of social media or mobile technology to increase engagement and promote prevention education.

Associated care gaps for this age group:

- *Immunizations for Adolescents (IMA)* – Completed the recommended doses by the 13th birthday for Tdap, HPV and Meningococcal vaccines
- *Weight Assessment and Counseling (WCC)* – Ages 3 to 17: Documentation of BMI percentile, counseling for nutrition and physical activity
- *Chlamydia Screening in Women (CHL)* – Ages 16 to 24: At least one test in the measurement year for members in the eligible population
- *Cervical Cancer Screening (CCS)* – Ages 21 and older: Cervical cytology performed within the last 3 years



DOCUMENTATION

Record detailed information for all services provided in the medical record for each encounter. Notate EPSDT when billing.

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DO THIS!

Detailed information recorded in the medical record

Health history: Patient’s past medical history; family history; interval history; or combination of immunizations, allergies and medications (must document all three).

Physical development assessment: Development WNL; developmental form or tool (Denver, CHDP, or ASQ); negative for developmental delays noted under neuro exam; assessment or observation documenting gross/fine motor skills, motor function, or agility and coordination as age appropriate; documentation of menarche; onset of puberty or delayed puberty; acne (“acne yes” or “acne none”); documentation of “pregnant” at well care visit; Tanner stages and sexual maturity ratings; growth spurts.

Mental development assessment: Development WNL; behavior appropriate with or without “for age” specified; normal cognitive ability for age; judgment and insight intact/good; cognitive function intact/normal; mental health assessment; developmental form or tool (Denver, CHDP, or ASQ); notation under PE or ROS neurological exam “negative for developmental delays”, or “age appropriate development”; mental health assessment with standardized tool (PHQ), discussion related to mood, traumatic stress, self-harm, poor school or job performance.

NOTE: Documentation of “normal growth and development,” “development appropriate for age” and “normal development” will count for both mental and physical development.

Physical exam: Documentation of two or more body systems NOT related to an acute or chronic condition; one body system with HT/WT and or BMI; one body system with 1 of the following VS: T, B/P, HR, RR. NOTE: All body systems acceptable if patient is only being seen for fever.

Health education/anticipatory guidance: Documentation of any of the following topics: parental use of smoking, alcohol, drugs; safety/injury prevention: car seats, pets, choking, water, pedestrian, firearms; violence prevention; nutrition and physical activity; daily care activity; oral health; encouraging literacy activities; when to seek medical attention (can NOT be related to reason for visit or diagnosis); parenting practices; discipline; available resources: WIC or SNAP; stay connected with family; encourage interactive play; parental involvement with community; limit media use.

NOT THAT!

Not enough information recorded

- “Handouts given” is not acceptable anticipatory guidance.
- “Well developed” or “well nourished” are not acceptable for physical or mental development and physical exam.
- “No special needs” is not acceptable for physical development.
- Documentation of sleep patterns is not acceptable for mental development.
- “WCC”, “Well Child Check” is not acceptable for any component.
- Diagnosis of ADD/ADHD is not acceptable for mental development.
- Documentation of elements specific to an acute or chronic condition. Example: If the reason a patient is being seen is for a respiratory condition, the smoking status of the patient or anyone they live with cannot be used for any component because the PCP’s assessment of smoking status is related to respiratory conditions.
- Visits with a specialist are not acceptable for any component.
- Visits to an emergency room or inpatient records are not acceptable for any component.

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Use NCQA specified codes for all services provided for each encounter to close care gaps.

DESCRIPTION	CPT CODES	ICD-10-CM CODES
Well Care Visits NEW PATIENTS	99382 Ages 1-4 years 99393 Ages 5-11 years 99394 Ages 12-17 years 99385 18 years and older	Z00.121 Routine child exam with abnormal findings Z00.129 Routine child exam without abnormal findings Z00.00 General adult exam without abnormal findings Z00.01 General adult exam with abnormal finding
Well Care Visits ESTABLISHED PATIENTS	99392 Ages 1-4 years 99393 Ages 5-11 years 99394 Ages 12-17 years 99395 18 years and older	Z00.121 Routine child exam with abnormal findings Z00.129 Routine child exam without abnormal findings Z00.00 General adult exam without abnormal findings Z00.01 General adult exam with abnormal findings

Additional specified ICD-10-CM Codes:

- Z00.2 Exam for period of rapid growth in childhood
- Z00.3 Exam for adolescent development state
- Z02.5 Exam for participation in sport
- Z76.2 Health supervision and care of other healthy infant and child

HCPCS Codes:

- G0438 Annual wellness visit, initial
- G0439 Annual wellness visit, subsequent
- S0302 Completed EPSDT, plus appropriate E&M code

Telehealth: This measure allows for synchronous telehealth requiring real-time interactive audio and video telecommunications.

Telehealth modifier: GT, 95
POS Code: 02

Codes subject to change.

Reflects NCQA MY2020 Technical Specifications