To: **AmeriHealth Caritas DC Pediatric Providers**

Date: **November 13, 2020**

Subject: **HEDIS® Tips for Well-Child Visits**

The Healthcare Effectiveness Data & Information Set (HEDIS®) is a widely used set of quality measures, developed and maintained by the National Committee for Quality Assurance (NCQA). AmeriHealth Caritas District of Columbia reports HEDIS® data to NCQA about the use of services including well-child visits. Coding HEDIS® measures accurately can assist you in identifying and eliminating gaps in care; help ensure timely and appropriate care; monitor preventive care; and facilitate timely claim adjudication, incentives, and payments.

In accordance with The Centers for Medicare & Medicaid Services (CMS) and The American Medical Association (AMA), listed below are some helpful tips for coding well-child visits:

Early Periodic Screening and Diagnostic Treatment Visits (EPSDT)

When medically appropriate, enrollees within the documented age range should have a well-visit exam during a follow-up visit or sick visit. In accordance with AMA CPT Coding guidelines, **all** EPSDT visits should include the following components:
1. Health and developmental history (including age and gender appropriate history).
2. Physical exam (multiple systems).
3. Lab tests if appropriate e.g., lead screening.
4. Immunizations (use all visits, preventive and sick if medically appropriate).
5. Health education and anticipatory guidance (including risk factor reduction and interventions).

Best practice:

If the child has a well- child exam performed but is also sick upon presentation, then the provider/biller can append the 25 modifier to the appropriate Evaluation and Management code and diagnosis in the second position.

Example:

A child has a well-child visit EPSDT (99381-99461), with a well-child diagnosis code (z-codes) in the first position – the sick visit code (99211-99215) with the modifier 25 and with the illness diagnosis CPT code in the second position.

> To bill this way, there MUST be enough evidence in the medical record documentation to support a stand-alone visit for ***both*** services.

It's acceptable to provide an annual wellness visit on the same day as a sick visit, if the child is dual eligible (Medicare is primary). The provider/biller should verify via the Medicare system that the child is eligible for their annual visit.

Note: There must be documentation for both services rendered by documenting the wellness visit and a new note on the same day for the sick visit.

Anticipatory guidance/ Bright Futures®

In alignment with EPSDT guidelines, The American Academy of Pediatrics Bright Futures® program guidance suggests risk factors and reduction can also meet the anticipatory guidance criteria. For younger children, this could be parental behaviors such as smoking or exposure to second hand smoke. In older children, these assessments for smoking, tobacco, drugs, or alcohol would help to identify and address risky behavior. Additional guidance on coding well-child visits can be found in the Bright Futures® coding guide (https://www.aap.org/en-us/documents/coding_preventive_care.pdf) located at http://pediatrics.aappublications.org.

In accordance with Bright Futures® the following are examples of medical documentation:

Example of history for an infant

The following portions of the patient's history were reviewed and updated as appropriate allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Birth History
- Birth
    Length: 52 cm (20.47")
    Weight: 3.28 kg (7 lb 3.7 oz)
    HC   33.5 cm (13.19")
- Apgar
    One: 8
    Five: 9
- Discharge Weight: 3.17 kg (6 lb 15.8 oz)
- Delivery Method: Vaginal, Spontaneous Delivery
- Gestation Age: 39 6/7 wks
- Feeding: Bottle Fed - Breast Milk
- Days in Hospital: 2
- Hospital Name: ███████████████
- Hospital Location:
    GBS: (+) tx'd x3 with PCN

Review of multiple systems with notations of age-appropriate physical and mental developmental milestone.

Review of Nutrition:
Current diet: breast milk and formula ( )
Current feeding patterns: ? oz every 2 hours
Difficulties with feeding? no
Current stooling frequency: once a day

Objective:

Pulse 158 | Temp 98.4 °F (36.9 °C) (Tympanic) | Resp 60 | Ht 52 cm (20.47") | Wt 3.65 kg (8 lb 0.8 oz) | HC 36.3 cm (14.3") | BMI 13.5 kg/m2

General: alert and vigorous no distress noted
Skin: normal
Head: anterior fontanelle open and soft no cephalohematoma or caput
Eyes: sclerae white, red reflex normal bilaterally
Ears: normal external ears bilaterally
Mouth: normal palate and normal oral cavity
Neck: supple, no midline lesions
Chest: normal breasts bilaterally, clavicles intact
Lungs: normal lung sounds bilaterally, with normal chest movements
Heart: regular rate and rhythm, S1, S2 normal, no murmur, click, rub or gallop
Abdomen: soft, non-tender; bowel sounds normal; no masses, no organomegaly
Cord stump: cord stump absent
Screening DDH:

leg length symmetrical, thigh & gluteal folds symmetrical and
normal hips; no hip clunks
GU: normal male - testes descended bilaterally and circumcised
Femoral pulses: present bilaterally
Extremities: extremities normal, warm and well-perfused
Back: no midline abnormalities, no sacral pits or tufts
Neuro: alert, moves all extremities spontaneously, good 3-phase Moro
reflex, good suck reflex, and normal Babinski and plantar grasp

Assessment:

1. Health supervision for newborn 8 to 28 days old
2. Congenital blocked tear duct

Plan:

1. Feeding guidance discussed. Infant has regained his birth weight.

2. Follow-up visit in 1 month for next well child visit or weight check, or sooner as needed.

3. Age appropriate anticipatory guidance was provided, and reviewed, as documented in the Patient Information section.

Notice the visit ends with documentation of anticipatory guidance but the blocked tear duct and other pre diagnosed congenital condition for the visit was coded as a sick visit instead of a well-child visit.

AMA CPT Well Child Codes

CODE	DESCRIPTION	ICD 10
99381 New patient 99391 Established	Infant (younger than 1 year)	Z00.110 Health supervision for newborn under 8 days old Z00.111 Health Supervision for newborn to 28 days old Z00.121 Routine child health exam w/abnormal findings Z00.129 Routine child health exam w/o abnormal findings
99382 New patient 99392 Established 99383 New patient 99393 Established 99384 New patient 99394 Established	Early childhood (age 1-4 years) Late childhood (age 5-11 years) Adolescent (age 12-17 years)	Z00.121 Routine child health exam w/abnormal findings Z00.129 Routine child health exam w/o abnormal findings
99385 New patient 99395 Established	18 years or older	Z00.00 General adult medical exam w/o abnormal findings Z00.01 General adult medical exam w/abnormal findings
99201-99215	Evaluation and management-office	Append modifier 25 to 99201-99215 if illness or abnormality is discovered in the process of performing the preventative service. **Billing example using 25 modifier:** **99393/ DX Z00.129** **99213 25/ DX J309 allergic rhinitis**