

HEDIS Spotlight

Well-child visits are the foundation of pediatric primary care. Especially as children are getting ready to return to school this fall, these appointments are intended to give providers the opportunity to identify health, social, developmental, and behavioral issues.

Well-Child visits in the first 30 months of life (W30)

HEDIS® definition

Percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

- Well-Child Visits in the First 15 Months:
 - Children who turned 15 months old during the measurement year: Six or more well-child visits on different dates of service on or before the 15-month birthday.
- Well-Child Visits for Age 15 months plus 1 day to 30 months of age:
 - Children who turned 30 months old during the measurement year: Two or more well-child visits on different dates of service on or before the 30-month birthday.

Documentation tips

The visit must include documentation indicating a visit with a PCP, the date when the well-child visit occurred, and evidence of all the following elements:

1. Health history (For example: history of illness, family history, medications, allergies, immunizations, etc.)
2. Physical development (For example: age-appropriate milestones, newborn holding head up, walking, etc.)
3. Mental development (For example: age-appropriate milestones, facial recognition, eyes following, talking, etc.)
4. Physical exam (For example: at least two body systems assessed, evidence of neglect/abuse, etc.)
5. Health education/anticipatory guidance (For example: Bright Futures handouts, nutrition, safety, etc.)

Child and adolescent well-care visits (WCV)

HEDIS definition

Percentage of children 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Documentation tips

The visit must include documentation indicating a visit to a PCP, the date when the well-child visit occurred, and evidence of all the following elements:

1. Health history (For example: history of illness, family history, medications, allergies, immunizations, etc.)

*HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

2. Physical development (For example: age-appropriate milestones, jumping, riding a bike, etc.)
3. Mental development (For example: age-appropriate milestones, ability to speak understandably, recognize colors and numbers, etc.)
4. Physical exam (For example: at least two body systems assessed, evidence of neglect/abuse, etc.)
5. Health education/anticipatory guidance (For example: Bright Futures handouts, exercise, nutrition, safety, etc.)

| Helpful tips for all well-child visits | Do | Don't |
|--|---|---|
| Physical and mental development | Development is appropriate for age. | Well-developed |
| | Growth and development are normal for age. | Growing normally |
| | Checklist of developmental milestones for age. | Appropriately responsive for age |
| Health education/anticipatory guidance | Educate on developmental expectations and care based on age. | Include items based on acute condition or medications |
| Description | CPT/HCPCS/ICD-10 | |
| Well-Care | CPT: 99381-99385, 99391-99395, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 ICD-10: z00.0000.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2 | |

Weight assessment and counseling for nutrition and physical activity for children/adolescents (WCC)

| HEDIS definition |
|--|
| <p>Percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN, and who had evidence of the following during the measurement year:</p> <ul style="list-style-type: none"> • BMI percentile documentation with height and weight-may be on a growth chart if utilized; • Counseling for nutrition-services rendered during a telephone visit, e-visit or virtual check-in meet criteria; and • Counseling for physical activity-services rendered for obesity or eating disorders may be used to meet criteria. Services rendered during a telephone visit, e-visit or virtual check-in meet criteria. |

| Documentation tips | | |
|-------------------------------------|---|---|
| | Do | Don't |
| BMI | BMI as a percentile or on age/growth graph | BMI value |
| Nutrition counseling | Current diet discussion | Temporary diet for acute condition |
| | Instruct on nutrition needs | |
| | Weight or obesity counseling | |
| Physical activity counseling | Current activity discussion | Nonspecific (For example: attends day care) |
| | Instruct on activity needs | Occasional walks |
| | Weight or obesity counseling | |
| Description | CPT/HCPCS/ICD-10 | |
| BMI percentile | ICD-10: Z68.51-Z68.54 LOINC: 59574-4, 59575-1, 59576-9 | |
| Nutrition counseling | CPT: 97802, 97803, 97804 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 ICD-10-CM: Z71.3 | |
| Physical activity counseling | HCPCS: G0447, S9451 ICD-10-CM: Z02.5, Z71.82 | |

Lead screening in children (LSC)

| HEDIS definition | |
|---|---|
| <p>Percentage of members who turned 2 years old during the measurement year and had one or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.</p> <p>The documentation must include:</p> <ul style="list-style-type: none"> • Date the blood lead test was performed. • Blood lead results. | |
| Documentation tips | |
| <ol style="list-style-type: none"> 1. Draw patient's blood while they are in your office instead of sending the patient to the lab. 2. Consider performing finger stick screenings in your practice. 3. Assign one staff member to follow up on results when patients are sent to a lab for screening. 4. If utilizing an EMR system, consider electronic data sharing with Amerigroup Washington, Inc. to capture all coded elements. 5. Use sick and well-child visits as opportunities to encourage parents to have their child tested. | |
| Services | CPT/LOINC |
| Lead tests | CPT: 83655 LOINC: 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5671-3, 5674-7, 77307-7 |