

2020 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Adolescent Well-Care Visits (AWC)

Utilization and Risk Adjusted Utilization HEDIS® Measure*

HEDIS measure description

The percentage of adolescents who had at least one comprehensive well-care visit with a primary care provider or an OB/GYN provider during the measurement year.

Measure population (denominator)

Members ages 12 to 21 as of Dec. 31 of measurement year.

Measure compliance (numerator)

Evidence of a comprehensive well-care visit with a PCP or OB/GYN provider during the measurement year.

Documentation of the visit in the medical record must include the date when the well-care visit occurred and evidence of **all** the following:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/anticipatory guidance

Note: This measure can only be met through appropriate coding and claims.

Exclusions

- Members in hospice
- Members deceased during measurement year

Helpful HEDIS hints

- Services provided during inpatient, emergency department or telehealth visits do not meet criteria.
- Preventive services may be rendered on visits other than well-child visits, but services that are specific to the assessment or treatment of an acute or chronic condition don't count toward the measure.

This measure applies to commercial members only.

continued

Documentation is crucial:

- **Must** be completed by either a PCP or an OB/GYN provider.
 - PCP: physician, pediatrician, nurse practitioner or physician assistant who offers primary care medical services in settings such as general or family practice, internal medicine and pediatrics.
 - OB/GYN: physician certified as an obstetrician and gynecologist or who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology.
- **Health history:** assessment of the member’s medical history.
 - Notation of allergies, medications or immunization status **alone** would not count. However, if all three (allergies, medications, immunization status) are documented, this would meet criteria.
- **Physical developmental history:** developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
 - Notation of “appropriate for age” without specific mention of development or “well-developed/nourished/appearing” would **not** count.

Note: Documentation of “Tanner Stage/Scale” meets criteria for physical developmental history for this measure.
- **Mental developmental history:** developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult. Documentation of “behavior appropriate for age” meets criteria.
 - Notation of “neurological exam” or “well-developed” alone would not count.
- **Physical exam:** Vital signs alone or visits where care is limited to OB/GYN issues (e.g., prenatal or postpartum care) would not count.
 - The purpose of including visits with OB/GYNs is to allow that provider type to perform the adolescent well-care visit requirements.
- **Health education and anticipatory guidance:** given by the health care provider to the member and/or parents, guardians in anticipation of emerging issues that a member and family may face.
 - Handouts given during a visit without evidence of a discussion does not meet criteria.
 - Information given regarding medications or immunizations or their side effects would **not** count.

Tips for coding

Codes to identify Well-Care Visits:

- ICD10CM: Z00.00, Z00.01, Z00.5, Z00.8, Z00.110, Z00.111, Z00.121, Z00.129, Z02.0-Z02.6, Z02.71, Z02.82, Z76.1, Z76.2
- CPT® codes**: 99381-99385, 99391-99395, 99461
- HCPCS: G0438, G0439

Resources

1. Centers for Disease Control and Prevention. 2019. “Information on Raising Healthy Children for Parents with Teens (Ages 12-19).” [cdc.gov/parents/teens/healthy_children.html](https://www.cdc.gov/parents/teens/healthy_children.html)
2. Centers for Disease Control and Prevention (CDC). 2014. “Youth Risk Behavior Surveillance — United States, 2013.” [cdc.gov/mmwr/pdf/ss/ss6304.pdf](https://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf)

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