2019 HEDIS Reference Guide for Primary Care

Adolescent Well-Care (AWC)
Weight Assessment and Counseling for Children and Adolescents (WCC)
Adolescent Preventive Care (ADL)

Patient Profile for Adolescent Well-Care (AWC)

MVP members 12–21 years of age who have had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the current calendar year.

Preventive services may be rendered on visits other than well-care visits, but services that are specific to the assessment or treatment of an acute or chronic condition alone do not count toward the measure. For example, the following documentation is specific to the assessment or treatment of an acute or chronic condition, but does not meet the criteria for AWC, WCC, or ADL measures:

- A patient presents for a URI sick visit. The interim history and physical assessment is limited to the complaint. There is no developmental assessment, and the anticipatory guidance relates only to the illness.
- A notation that a patient with chronic knee pain is able to run without limping.
- A notation that a patient has exercise-induced asthma.
- A notation that a patient with diarrhea is following the BRAT diet.
- A notation that a patient has decreased appetite as a result of an acute or chronic condition.

Patient Profile for Weight Assessment and Counseling for Children and Adolescents (WCC)

MVP members 12–17 years of age who have had an outpatient visit with a PCP or OB/GYN practitioner and had evidence of the following during the current calendar year:

- BMI percentile documentation* including height and weight.
- Counseling for nutrition or referral for nutrition education, as well as weight or obesity counseling.
- Counseling or referral for physical activity, and weight or obesity counseling.

Since BMI "norms" for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. Either of the following meets criteria for BMI percentile:

- BMI percentile documented as a value (e.g., 85th percentile).
- BMI percentile plotted on an age-growth chart. Ranges and thresholds do not meet criteria for this indicator. A distinct BMI percentile is required for compliance.

**Exclusionary evidence for WCC must include a note indicating a diagnosis of pregnancy within the calendar year.*

Patient Profile for Adolescent Preventive Care (ADL)

MVP members 12–17 years of age who have had at least one outpatient visit with a PCP or OB/GYN practitioner during the measurement year, and who have received the following four components of care during the measurement year:

- Assessment, counseling, or education on risk behaviors and preventive actions associated with sexual activity.
- Assessment, counseling, or education for depression.
- Assessment, counseling, or education about the risks of tobacco use.
- Assessment, counseling, or education about the risks of substance use (including alcohol and excluding tobacco).

How to Implement Best Practices and Improve Performance

- View each interaction with a patient as an opportunity to discuss wellness and provide preventive services such as chlamydia and HIV screenings, as well as over-due immunizations. This is especially helpful for parents or guardians whose compliance with medical care cannot be ensured. For these patients, providers should also consider incorporating well components with sick visits.
- Document a well-rounded Interim History (or complete initial history). Examples include patient and parent concerns, and health and life events since their last visit. This documentation should occur at least once per calendar year.
- Document a Physical and Mental Developmental Assessment. Examples include school performance, interactions with friends and family, coping skills, mood regulation, sleep, appetite patterns, and physical growth at least once per calendar year.
- A Physical Exam that includes Tanner Staging will meet this measure, even if limited, at least once per calendar year.
- Anticipatory Guidance/Health Education should be in the form of a discussion, assessment, education, counseling, or treatment referral. Printed materials should be made available during visits. Required subject matter includes:
  - **Physical Activity Routines** that include participation in sports, screen time limits; documentation of a sports physical.
  - **Nutrition Behaviors** such as dieting/eating patterns, typical meals/snacks, and healthy diet.
  - **Risk Behaviors and Preventive Actions Associated with Sexual Activity** that includes abstinence, current sexual behaviors, family planning, condom use, contraceptives, HIV, STIs, pregnancy prevention, and safe sex. Notation of referral for STIs or pregnancy will satisfy this component. Notation of a prescription for contraceptives with any of the above mentioned documentation meets this requirement. Notation of discussion on "sex" or "safe dating" is acceptable documentation. A pregnancy or STI test alone does not. Mention of sexuality or sexual abuse alone also does not meet this requirement.
  - **Assessment or Counseling or Education on Depression** has an affective component (mood, interest, and enjoyment) and a physical component (changes in appetite, sleep pattern, and concentration). Use of an assessment tool or provider interview have been determined to be more effective methods for identification of depression than relying on patient self-report. Any of the following documentation will meet this requirement:
    a) The use of a standardized depression questionnaire.
    b) Use of a checklist indicating that depression or affective and physical symptoms of depression were addressed (sad, down, hopeless or suicidal ideation, loss of interest, poor appetite, change in sleep pattern, and difficulty concentrating).
    c) Notation of the presence or absence of adolescent's depressive symptoms (both affective and physical as listed above) during the calendar year.
    d) Notation of findings from assessment of depression (e.g. "denies symptoms of depression", "depression symptoms–none or risks noted", "depression–yes or no").
    e) Notation of counseling or referral for treatment of depression.
    f) Notation of treatment for depression in the measurement year.
    g) Prescription of antidepressant medications or discussion of antidepressants for depression (not for off label uses such as smoking cessation).
    h) Notation of counseling on symptoms of depression or where to get help.
    i) Notation of education on symptoms, treatment, or strategies to deal with depression.
    j) Distribution of educational material which may include symptoms of depression, treatment alternatives, red flag warnings, and where to get help.
  - **Risks of Tobacco Use** that includes, but is not limited to cigarettes, cigars, chew, or other forms of smokeless tobacco. Treatment Referral for smoking cessation or notation of a prescription for smoking cessation medication will satisfy this element, as will notation of discussion of exposure to secondhand smoke.
  - **Risks of Substance Use** includes alcohol and excludes tobacco. Substance use includes, but is not limited to, alcohol, street drugs, non-prescription drugs, prescription drugs misuse, and inhalant use. Only one topic is needed for measure compliance. For example, assessments do not need to include both alcohol and marijuana to count. Referral to treatment programs will satisfy this component.

General statements such as Anticipatory Guidance Given without mention of the specific subject matter will not satisfy the Health Education component of the WCC/APC measure, which should be completed at least once per calendar year.

Use of a checklist indicating that the above elements were addressed will satisfy the documentation requirement for the ADL measure.

- Visit **Brightfutures.org** for Best Practices related to preventive visits for children and adolescents. Using teen questionnaires, well-visit templates, and distributing teen educational materials can satisfy all components for the QARR Adolescent Preventive Care Measures (ADL. Also, visit **mvphealthcare.com** and select *Providers*, then *Quality Programs*, then *Provider Quality Improvement Manual*, then select the *Adolescent Health*, then *Useful Information for Patients*, then *Risky Teen Behaviors Brochure*.
- These services may occur over multiple visits, as long as all components are met in the same calendar year by a PCP or OB/GYN Provider. This can include school-based clinic visits.

How Scheduling Staff Can Collaborate to Implement Best Practices and Improve Performance

- When adolescents present for sick visits, please remind parent(s) or guardian(s) about the importance of keeping preventive appointments, even if they may be in close proximity. Emphasize that there is no co-pay for preventive/health maintenance visits.

Information related to all 2019 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.

Billing Codes for Adolescent Well Care (AWC) Measure

CPT Codes

99381–99385, 99391–99395, 99461

HCPCS Codes

G0438, G0439

ICD-10 Codes

Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9

Billing Codes for Weight Assessment and Counseling for Children and Adolescents (WCC) Measure

CPT Codes

Nutrition Counseling: 97802, 97803, 97804

HCPCS Codes

Nutrition Counseling: G0270, G0271, G0447, S9449, S9452

Physical Activity: G0447, S9451

ICD-10 Codes

BMI Percentile:

Z68.51 BMI <5th percentile
Z68.52 BMI 5th to 85th percentile
Z68.53 BMI 85th to 95th percentile
Z68.54 BMI >95th percentile

Dietary Surveillance and Counseling: Z71.3

Physical Activity: Z02.5

Billing Codes for Adolescent Preventive Care (ADL) Measure

Counseling Related to Sexual Activity

ICD-10 CM Diagnosis Codes

Counseling for HIV: Z71.7
Counseling for Other STIs: Z70.8
Counseling for Oral and Other Contraceptives:
Z30.0, Z30.01, Z30.011, Z30.012, Z30.013, Z30.014, Z30.015, Z30.016, Z30.017, Z30.018, Z30.019, Z30.02, Z30.09
Screening for High Risk Sexual Behavior:
Z72.5, Z72.51, Z72.52, Z72.53, Z70.0, Z70.1, Z70.2, Z70.3, Z70.9

HCPCS Codes

G0445

CPT II Codes

4293F

Depression Screening

ICD-10 CM Diagnosis Codes

None

HCPCS Codes

G0444, G8431, G8510, G8511, G8930, S3005

CPT II Codes

1220F, 3085F, 3351F, 3352F, 3353F, 3354F, 3725F

Tobacco Cessation Counseling or Services

CPT Codes

Tobacco Cessation Counseling or Services: 99406, 99407

ICD-10 CM Diagnosis Codes

Tobacco Cessation Counseling or Services: Z71.6

HCPCS Codes

Tobacco Cessation Counseling or Services: G0436, G0437
Tobacco Cessation Classes: S9453

CPT II Codes

Tobacco Use Assessment:
1000F, 1031F, 1032F, 1033F, 1034F, 1035F, 103
Tobacco Cessation Counseling or Services:
4000F, 4001F, 4004F

Alcohol and Substance Use Counseling or Services

CPT Codes

Alcohol and/or drug assessment or screening: 99408, 99409

ICD-10 CM Diagnosis Codes

Alcohol and or Drug Use Counseling Services: Z71.41, Z71.51

HCPCS Codes

Substance Use:
G0396, G0397, G0443, H0001, H0005, H0006, H0007, H0022, H0046, H0047, H0050, T1007

CPT II Codes

Alcohol and/or Drug Assessment or Screening: 3016F, 4290F
CPT II-Alcohol and or Drug Use Counseling Services:
4306F, 4320F