

Adolescent Well-Care (AWC) 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 provider during the current calendar year.

Documentation in the medical record must include a note indicating a visit to a PCP or OB/GYN provider, the date when the well-care visit occurred and evidence of the following:

- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health Education/Anticipatory Guidance. (Document the name of any written information sent home with the patient.)

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. Documentation needs to include not only the reason/treatment plan for the acute issue but the full spectrum of documentation pertaining to comprehensive well-care visit.

Visits to school-based clinics with providers whom the organization would consider PCPs may be counted if documentation that a well-care exam occurred and all the above mentioned histories and assessments were done.

Effective July 1, 2020: Well-Child Visits in Years 3–6 of Life (W34) and Adolescent Well-Care (AWC) have been combined to create the new measure, Well-Care Visits (WCV) for MVP members 3–21 years of age. (Refer to WCV HEDIS Reference Guide.)

Telehealth services can be used for this new measure.

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 provider 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.
- Health Education/Anticipatory Guidance 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 meet this requirement.. 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 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 2020 HEDIS measures has been extracted from the NCQA 2020 HEDIS Technical Specifications Volume 2.

2020 Coding for Adolescent Well-Care Visits (AWC)

Codes for AWC	Use of these codes will make the member a pass for AWC
Well-Care	CPT: 99381-99385, 99391-99395, 99461
	HCPCS: G0438, G0439
	ICD-10 CM: Z00.00-Z00.01, Z00.110-Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
Telehealth Modifier	MODIFIER: 95, GT
Telehealth POS	POS: 02
Exclusion From AWC	The following codes excludes members from passing this measure.
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-46
	UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-78
	HCPCS: G08182

2020 Coding for Adolescent Preventive Care (ADL)

Codes for ADL	Use of these codes will make the member a pass for ADL
Screening/ Counseling related to Sexual Activity	ICD-10 CM: Z71.7, Z30.0-Z30.01, Z30.011-Z30.019, Z30.02, Z30.09, Z72.5-Z72.53, Z70.0-Z70.3, Z70.9
	CPT II: 4293F
	HCPCS: G0445, G9818
Screening/ Counseling for Depression	ICD-10 CM: 213.31
	CPT II: 1220F, 3085F, 3351F-3354F, 3725F, 4063F, 4064F
	HCPCS: G0444, G8431, G8510, G8511, G9717, S3005
Screening/ Counseling related to Tobacco Cessation	ICD-10 CM: Z71.6
	CPT: 99406, 9940
	CPTII: 1000F, 1031F-1036F, 4000F-4001F, 4004F
	HCPCS: G9275, G9276, G9459, G9902-G9904, G9906, G9458, G9907, G9909, S9453, S4990, S4991, S4995
Screening and Counseling related to Alcohol and Substance use	ICD-10 CM: Z71.41, Z71.51
	CPT: 99408, 99409
	CPTII: 3016F, 4290F, 4306F, 4320F
	HCPCS: G0396, G0397, G0442, G0443, G9518, G9621-G9623, H0001, H0049, H0005-H0007, H0020, H0022, H0047, H0050, J0570, J0571-J0575, J2315, S0109, T1006-T1007