

# WELL VISITS FOR CHILDREN/ADOLESCENTS

## Common Chart Deficiencies:

- Children seen only for sick visits during the year
- Lack of documentation of *Mental* (i.e., cognitive, social) *development*
- Directions specific to the treatment of an acute or chronic condition do not count for health education/ anticipatory guidance.

## Tips to Improve HEDIS rate:

- Avoid missed opportunities. Utilize sick contacts to administer well-child services.
- Document child's school grade level and performance; friends; involvement in extracurricular activities
- If you use standardized handouts, such as ***Bright Futures***, for health education/anticipatory guidance please specify this in your documentation.
- Electronic medical records may provide a means to track gaps in care and reminders of needed services.

This measure looks at well-care visits with a PCP during the measurement year (currently 2018).

There are three different age groups for this measure:

- ⇒ First 15 months ( six visits, at least 2 weeks apart)
- ⇒ 3-6 years old ( one visit in the measurement year– 2018)
- ⇒ Adolescent: 12-21 years old ( one visit in the measurement year– 2018)

ALL of the following components must be included in each visit to be considered compliant:

- ⇒ Health History
- ⇒ *Physical* Developmental History
- ⇒ *Mental* Developmental History
- ⇒ Comprehensive Physical Examination
- ⇒ Health Education/Anticipatory Guidance

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### Administrative Codes associated with this measure

#### ICD-10 Codes:

Well-Care: 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

#### CPT Codes:

Well-Care: 99381-99385; 99391-99395; 99461