

**PATIENT POPULATION:** All patients 0 months through 21 years of age

**NUMERATOR COMPLIANCE:** Based on age, completing the appropriate number of well-child/care visits, defined as:

AGE	WELL-VISIT GUIDANCE
0 to 15 months	6 or more well-child visits with a PCP within the first 15 months of life, at least 15 days apart
15 to 30 months	2 or more well-child visits with a PCP between 15 months – 30 months of age
3 to 21 years	At least 1 well-care visit with a PCP or OB/GYN during the measurement year (annual basis) Groups: 3-11, 12-17, 18-21

## DOCUMENTATION REQUIREMENTS

A well-care visit code must be submitted to close the measure.

- » Appropriate documentation for each of the 5 components of a well-visit, components are: health history; physical developmental history; mental developmental history; physical exam; and anticipatory guidance (health education, see American Academy of Pediatrics Bright Futures for further details)
- » Visit must occur with a Primary Care Provider (or OB/GYN)
- » In-person visits are required; Telehealth visits are no longer accepted
- » Each visit must occur on different dates of service
- » Preventive services count toward the measure, regardless of the primary reason for visit
- » Measure must be closed via claims; medical record is only reviewed for audit purposes

## COMMON DOCUMENTATION INSUFFICIENCIES

- » **For Health History**, allergies, medications, AND immunizations must be documented
- » **For Physical Developmental History**, verbiage of “appropriate for age”, or Tanner stage/scale alone does not meet measure
- » **For Mental Developmental History**, verbiage of “appropriate for age”, “well developed”, “neurological exam” alone do not meet the measure
- » **For Physical Exam**, vital signs alone do not meet the measure
- » **For Anticipatory Guidance (health education)**, information on medications and immunization side effects does not meet the measure

## BEST PRACTICES

- 1 Ensure workflows are in place to notify care team before a patient becomes overdue for a visit; have patients complete their required visits prior to the end of year or designated age.
- 2 Make follow-up phone calls if patients have not made appointments to be seen. Utilize care gap lists to identify non-compliant patients.
- 3 Educate parents on the benefits of well-care visits and risks of not having their children seen regularly.
- 4 Ensure well visit templates capture all required components, utilize proper codes, and complete needed well visits during sick visits, as appropriate.
- 5 Our care coordination team can provide patients with individualized support. To refer a patient please contact us:

(602) 406-7226

CareCoordination@azcarenetwork.org

## CODE SUBMISSIONS TO CLOSE GAPS BY CLAIMS

Relevant codes that a primary care provider is the direct biller are listed below. Submission of these codes will close the quality gap through claims with the payer, especially when medical record review is unavailable.

CODE	DESCRIPTION
99381, 99391, 99461	0-12 months well-child visit
99382, 99392	1-4 years of age well-child visit
99383, 99393	5-11 years of age well-child visit
99384, 99394	12-17 years of age well-child visits
99385, 99395	18 years and older well-child visit
G0438, G0439	Well-Child/Adolescent Visit
S0610, S0612, S0613 (HCPCS)	Annual Gyno exam
Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2, Z01.419, Z01.411 (ICD-10)	Well-Child/Adolescent Visit

