

Pediatric HEDIS[®] Measures Proper Documentation to Improve HEDIS Scores

Well-Child/Adolescent Visits

Ages 0-30 months, 3-21 years

Each well-child/adolescent visit must have the following completed and documented:

- A health history
- A physical development history
- A mental development history
- A comprehensive physical exam
- Health education/anticipatory guidance

Absolute Total Care reimburses for sick and well visits performed on the same day. Please use **modifier 25** when billing codes 99211, 99212, or 99213 (sick visits) and the well visit codes. Well-care visits and/or sick visits can take place via Telehealth option.

Examples of Documentation

| Health History | |
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| Acceptable Documentation | Unacceptable Documentation |
| Documentation of past illnesses or surgeries (this may include birth history for infants) | No health history or previous medical conditions documented |
| All three are documented: allergies noted, medications list, and vaccine history | Only one or two of three (allergies, medications, vaccines) noted in the record (e.g., notation of “NKDA” alone) |
| Documentation of family medical history | Statement that parents are living without any documentation of family medical history |
| Physical Development History | |
| Acceptable Documentation | Unacceptable Documentation |
| Documentation of status of development (e.g., “development: WNL”, “developing normally”, “age-appropriate development”) | Documentation of “well developed” no longer counts for 2018, “growing appropriately” or “well nourished” without notation about “development” |
| Documentation of physical milestones met (e.g., “sits unsupported for 10 minutes”, “hops on one foot”, “rides bicycle”, Tanner Stages/sexual maturity for adolescents) and/or any missed or delayed milestones | Documentation of “does not have special needs”, “all four extremities normal”, or “no gross sensory/motor deficit” and failing to address developmental milestones |
| Documentation that the parent indicates the child has achieved all milestones in movement and physical developmental areas | Growth charts alone without discussion of development |
| Checkbox next to “development appropriate for age” or “development WNL” is checked | Checkbox is not checked/left blank |
| If adolescent well-care (AWC) visit, can use assessment/discussion of tobacco, alcohol, and/or drug use (if assessing all three topics, one can be used for Physical Development History, one can be used for Mental Development History, and one can be used for Anticipatory Guidance) | Cannot use assessment of one topic (tobacco, alcohol, drug use) as all three components of a well-child exam (cannot double-count), applies only to adolescents |
| Mental Development History | |
| Acceptable Documentation | Unacceptable Documentation |
| Documentation of status of development (e.g., “well developed”, “development: WNL”, “developing normally”, normal milestones for age”) | Documentation of “growing appropriately” or “well nourished” without notation about “development” |

| Documentation of mental milestones met (e.g., “says mama and dad randomly”, “names objects”, “imaginative play”) and/or any missed or delayed milestones | Documentation of physical development alone and does not address mental development |
|---|---|
| Documentation of peer/family interaction or how well the child does in school (e.g., “passing or failing”, “honor student”), sexual identity/sexual activity may be used in adolescents | Documentation addresses ADD/ADHD alone and does not address development in relation to age group |
| Checkbox next to “development appropriate for age” or “development WNL” is checked | Checkbox is not checked/left blank |
| If adolescent well-care (AWC) visit, can use assessment/discussion of tobacco, alcohol, and/or drug use (if assessing all three topics, one can be used for Physical Development History, one can be used for Mental Development History, and one can be used for Anticipatory Guidance) | Cannot use assessment of one topic (tobacco, alcohol, drug use) as all three components of a well-child exam (cannot double-count), applies only to adolescents |
| Physical Exam | |
| Acceptable Documentation | Unacceptable Documentation |
| Documentation of a comprehensive physical exam (at least three body systems): if a sick visit, three body systems must be addressed in addition to those related to the chief complaint (an abdomen assessment would not count if the chief complaint was vomiting and abdominal pain) | A physical exam limited only to a condition/chief complaint (e.g., URI, knee pain, gastric issues), vital signs alone, eye exam alone |
| Physical assessment form with checked boxes for multiple body systems (at least three, in addition to any areas of complaint) | Checkboxes are not checked/left blank |
| Health Education/Anticipatory Guidance | |
| Acceptable Documentation | Unacceptable Documentation |
| Documentation of general health education or anticipatory guidance that can be applied to any child in the age group (e.g., helmet safety, diet/exercise for healthy weight, discipline/limit setting, peer pressure) | Documentation of health education/anticipatory guidance related to a single condition or the chief complaint (e.g., BRAT diet, ADA diet, immunization side effects) |
| Checkbox next to health education/anticipatory guidance is checked | Unchecked boxes in a health education/anticipatory guidance section/left blank |
| If adolescent well-care (AWC) visit, can use assessment/discussion of tobacco, alcohol, and/or drug use (if assessing all three topics, one can be used for Physical Development History, one can be used for Mental Development History, and one can be used for Anticipatory Guidance) | Cannot use assessment of one topic (tobacco, alcohol, drug use) as all three components of a well-child exam (cannot double-count), applies only to adolescents |
| Assessment of smoking/smoke exposure can be used if the chief complaint is not respiratory/ear-related | Assessment of smoking/smoke exposure if the reason for visit is respiratory/ear-related that could be exacerbated by tobacco smoke exposure |

Other Age-Specific Measures to Consider

During a well-child or sick visit, please consider the need for the age-specific measures mentioned below.

Childhood Immunizations and Lead

- Ages 0 and up to 2 years of age (prior to second birthday)
- At each visit, evaluate the need for immunizations and lead testing
- Children must be fully immunized and have at least one lead screening **on or before the second birthday**

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

- Ages 3-17 years
- This measure consists of three components (all three components may occur during a well visit and/or sick visit):
 - BMI Percentile
 - Nutrition Counseling/Education
 - Physical Activity Counseling/Education

Adolescent Immunizations

- Before their 13th birthday, all adolescents need:
 - One meningococcal
 - One Tdap
 - Two HPV vaccines (males and females)
- Check the status of immunizations at the 11 years old well visit (do not wait until 12 years old)

Chlamydia Screening

- Sexually active females ages 16-24 years must be tested for chlamydia **each year**. This includes those who have had:
 - A pregnancy test
 - Sexually transmitted infection (STI) testing
 - A prescription filled for contraceptives
- This can be done with a urine test: nucleic acid amplification test (NAAT) testing; use CPT code 87491