PROVIDER**ALERT** 



## To: AmeriHealth Caritas Louisiana Providers

## Date: September 30, 2021

# Subject: HEDIS<sup>®</sup> Well Child Coding Best Practices

**Summary:** In accordance with the Centers for Medicare & Medicaid Services (CMS) and the American Medical Association (AMA), listed below are best practices for coding well-child visits.

The Healthcare Effectiveness Data & Information Set (HEDIS<sup>®</sup>) is a widely used set of quality measures, developed and maintained by the National Committee for Quality Assurance (NCQA). AmeriHealth Caritas Louisiana reports HEDIS<sup>®</sup> data to NCQA about the use of services including well child visits. Coding HEDIS<sup>®</sup> measures accurately can assist you in identifying and eliminating gaps in care; help ensure timely and appropriate care; monitor preventive care; and facilitate timely claim adjudication, incentives, and payments.

In accordance with CMS and AMA, listed below are some helpful tips for coding well-child visits:

## Early Periodic Screening and Diagnostic Treatment Visits (EPSDT)

When medically appropriate, members within the documented age range should have a well-visit exam during a follow-up visit or sick visit. In accordance with AMA CPT Coding guidelines, **all** EPSDT visits should include the following components:

- 1. Health and developmental history (including age and gender appropriate history).
- 2. Physical exam (multiple systems).
- 3. Lab tests if appropriate e.g., lead screening.
- 4. Immunizations (use all visits, preventive and sick if medically appropriate).
- 5. Health education and anticipatory guidance (including risk factor reduction and interventions).

## **Best practice:**

*If* the child has a well- child exam performed but is also sick upon presentation, then the provider/biller can append the 25 modifier to the appropriate Evaluation and Management code and diagnosis in the second position.

## Example:

A child has a well-child visit EPSDT (99381-99461), with a well-child diagnosis code (z-codes) in the first position – the sick visit code (99211-99215) with the modifier 25 and with the illness diagnosis CPT code in the second position.

To bill this way, there MUST be enough evidence in the medical record documentation to support a standalone visit for **both** services.

It's acceptable to provide an annual wellness visit on the same day as a sick visit, if the child is dual eligible (Medicare is primary). The provider/biller should verify via the Medicare system that the child is eligible for their annual visit.

Note: There must be documentation for both services rendered by documenting the wellness visit and a new note on the same day for the sick visit.

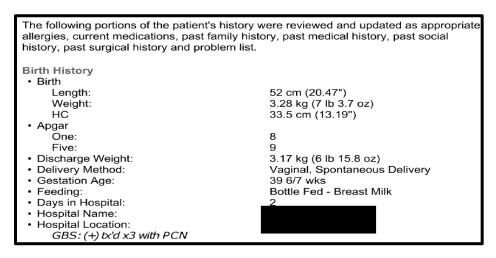
#### Anticipatory guidance/ Bright Futures®

In alignment with EPSDT guidelines, The American Academy of Pediatrics Bright Futures<sup>®</sup> program guidance suggests risk factors and reduction can also meet the anticipatory guidance criteria. For younger children, this could be parental behaviors such as smoking or exposure to second hand smoke. In older children, these assessments for smoking, tobacco, drugs, or alcohol would help to identify and address risky behavior.

Additional guidance on coding well-child visits can be found in the <u>Bright Futures® coding guide</u> (<u>https://www.aap.org/en-us/documents/coding\_preventive\_care.pdf</u>) located at <u>http://pediatrics.aappublications.org</u>.

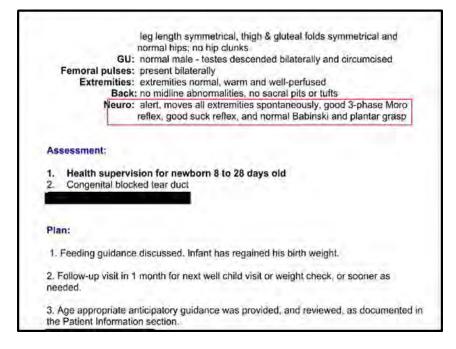
In accordance with Bright Futures<sup>®</sup> the following are examples of medical documentation:

### Example of history for an infant



Review of multiple systems with notations of age-appropriate physical and mental developmental milestone

	w of Nutrition:
	nt diet: breast milk and formula ( )
Curre	nt feeding patterns: ? oz every 2 hours
Difficu	Ities with feeding? no
Curre	nt stooling frequency: once a day
Objec	tive:
	158   Temp 98.4 "F (36.9 °C) (Tympanic)   Resp 60   Ht 52 cm (20.47")   Wt 3,65 b 0.8 oz)   HC 36.3 cm (14.3")   BMI 13.5 kg/m2
	General: alert and vigorous no distress noted
	Skin: normal
	Head: anterior fontanelle open and soft no cephalohematoma or caput Eyes: sclerae white, red reflex normal bilaterally
	Ears: normal external ears bilaterally
	Mouth: normal palate and normal oral cavity
	Neck: supple, no midline lesions
	Chest: normal breasts bilaterally, clavicles intact
	Lungs: normal lung sounds bilaterally, with normal chest movements
	Heart: regular rate and rhythm, S1. S2 normal, no murmur, click, rub or gallop
	Abdomen: soft, non-tender; bowel sounds normal; no masses, no organomegaly
	Cord stump: cord stump absent
Sc	reening DDH:



Notice the visit ends with documentation of anticipatory guidance but the blocked tear duct and other pre diagnosed congenital condition for the visit was coded as a sick visit instead of a well-child visit.

#### AMA CPT Well Child Codes

CODE	DESCRIPTION	ICD-10
99381 New	Infant (younger than 1 year)	Z00.110 Health supervision for newborn under
patient		8 days old
99391		Z00.111 Health Supervision for newborn to 28
Established		days old
		Z00.121 Routine child health exam w/abnormal
		findings
		Z00.129 Routine child health exam w/o abnormal findings
		abnormai iniungs
99382 New	Early childhood (age 1-4 years)	Z00.121 Routine child health exam w/abnormal
patient		findings
99392	Late childhood (age 5-11 years)	Z00.129 Routine child health exam w/o
Established		abnormal findings
99383 New	Adolescent (age 12-17 years)	
patient		
99393		
Established		
99384 New		
patient		
99394		
Established 99385 New	18 years or older	Z00.00 General adult medical exam w/o
patient		abnormal findings
99395		Z00.01 General adult medical exam
Established		w/abnormal findings
99201-99215	Evaluation and management-	Append modifier 25 to 99201-99215 if illness or
	office	abnormality is discovered in the process of
		performing the preventative service.
		Billing example using 25 modifier:
		99393/ DX Z00.129
		99213 25/ DX J309 allergic rhinitis

**Questions:** Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your <u>Provider Network Management Account Executive</u>.

## Missed an alert?

You can find a complete listing of provider alerts on the <u>Provider Newsletters and Updates</u> page of our website.

## Where can I find more information on COVID-19?

AmeriHealth Caritas Louisiana has updated its website to streamline communications and important notifications about COVID-19. Please visit <u>http://amerihealthcaritasla.com/covid-19</u> for up-to-date information for both providers and members, including frequently asked questions, and important provider alerts from AmeriHealth Caritas Louisiana and the Louisiana Department of Health.