Quick Tips Coding Well-Child Visits

The Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a widely used set of quality measures, developed and maintained by the National Committee for Quality Assurance (NCQA). AmeriHealth Caritas Delaware reports HEDIS data to NCQA about the use of services, including well-child visits. Coding HEDIS 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 The Centers for Medicare & Medicaid Services (CMS) and The American Medical Association (AMA), listed below are some helpful tips for coding well-child visits:

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) visits

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 preventive and sick visits 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-code) 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 stand-alone 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 well visit and a new note on the same day for the sick visit.





Anticipatory guidance/ Bright Futures™

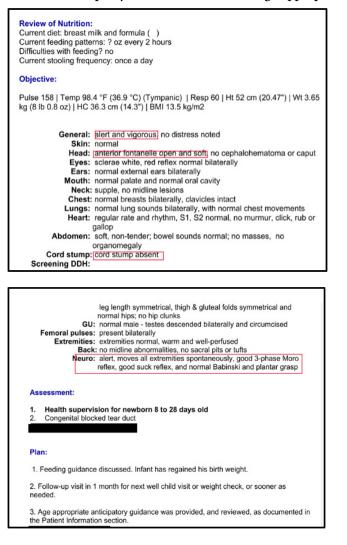
In alignment with EPSDT guidelines, The American Academy of Pediatrics Bright Futures guidelines suggest risk factors and reduction can also meet the anticipatory guidance criteria. For younger children, this could be parental behaviors such as smoking or exposure to second hand smoke. In older children, 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 Bright Futures coding guide (https://www.aap.org/en-us/documents/coding_preventive_care.pdf) located at http://pediatrics.aappublications.org.

In accordance with Bright Futures, the following are examples of medical documentation:

Example of history for an infant:

The following portions of the patient's history were reviewed and updated as appropriate allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.		
Birth History		
Birth		
Length:	52 cm (20.47")	
Weight:	3.28 kg (7 lb 3.7 oz)	
HC	33.5 cm (13.19")	
 Apgar 		
One:	8	
Five:	9	
 Discharge Weight: 	3.17 kg (6 lb 15.8 oz)	
 Delivery Method: 	Vaginal, Spontaneous Delivery	
 Gestation Age: 	39 6/7 wks	
Feeding:	Bottle Fed - Breast Milk	
 Days in Hospital: 	2	
 Hospital Name: 		
 Hospital Location: 		
GBS: (+) tx'd x3 with PCN		

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



Notice the visit ends with documentation of anticipatory guidance but the blocked tear duct and other prediagnosed 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-CM
99381 New patient 99391 Established	Infant (younger than 1 year)	Z00.110 Health supervision for newborn under 8 days old Z00.111 Health supervision for newborn to 28 days old Z00.121 Routine child health exam with abnormal findings Z00.129 Routine child health exam without abnormal findings
99382 New patient 99392 Established 99383 New patient 99393 Established 99384 New patient 99394 Established	Early childhood (age 1 – 4 years) Late childhood (age 5 – 11 years) Adolescent (age 12 – 17 years)	Z00.121 Routine child health exam with abnormal findings Z00.129 Routine child health exam without abnormal findings
99385 New patient 99395 Established	18 years or older	Z00.00 General adult medical exam without abnormal findings Z00.01 General adult medical exam with abnormal findings
99201 – 99215	Evaluation and management office	Append modifier 25 to 99201 – 99215 if illness or 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



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