

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). Select Health of South Carolina 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.
- Helping ensure timely and appropriate care.
- Monitoring preventive care.
- Facilitating 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 and 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. Select Health providers may bill a well-visit exam on the same day as a sick visit, provided all the components of the well-visit can be completed. If the well visit cannot be completed, only the sick visit should be billed.

In accordance with AMA CPT Coding guidelines, **all** EPSDT visits should include the following five 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 also has symptoms of an illness upon presentation, the provider/biller can append a 25 modifier to the appropriate well-child Evaluation and Management (E/M) code. The well-child diagnosis would be listed in the first position and the illness diagnosis in the second position.

### Example:

The claim would be submitted as follows:

Well-child visit EPSDT (99381-99461), with a well-child diagnosis code (Z-codes) in the first position; the sick visit E/M code (99211-99215) with the modifier 25 and the illness diagnosis code in the second position.

Note: There **must** be enough evidence in the medical record documentation to support a stand-alone visit for **both** services.

### Anticipatory guidance/Bright Futures®

In alignment with EPSDT guidelines, the American Academy of Pediatrics Bright Futures 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 secondhand 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 \(https://www.aap.org/en-us/documents/coding\\_preventive\\_care.pdf\)](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 weeks
- Feeding: Bottlefed — 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 milestone:**

**Review of Nutrition:**

Current diet: breast milk and formula  
 Current feeding patterns: ? oz every 2 hours  
 Difficulties with feeding? No  
 Current stooling requeryency: once a day

**Objective:**

Pulse 158 | Temp 98.4° F (36.9° C) (Tympanic) | Resp 60 | Ht 52 cm (20.47”) | Wt 3.65 kg (8 lb 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
- Screening DDH:** leg length symmetrical, thigh and gluteal folds symmetrical and normal hips; no hip clunks
- GU:** normal male — testes descended bilaterally and circumcised
- Femoral pulses:** present bilaterally
- Extremities:** extremities normal, warm and well-perfused
- Back:** no midline abnormalities, no sacral pits or tufts
- Neuro:** alert, moves all extremities spontaneously, good 3-phase Moro reflex, good suck reflex, and normal Babinski and plantar grasp

**Assessment:**

1. Health supervision for newborn 8 to 28 days old
2. Congenital blocked tear duct

**Plan:**

1. Feeding guidance discussed. Infant has regained his birth weight.
2. Follow-up visit in 1 month for next well child visit or weight check, or sooner, as needed.
3. Age appropriate anticipatory guidance was provided, and reviewed, as documented in the Patient Information section.

**Notice the visit ends with documentation of anticipatory guidance, but the blocked tear duct will be coded as a sick visit instead of a well-child visit.**

AMA CPT Well-Child Codes:

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

