

Adolescent Well Care Visits

Adolescents who can easily access preventive health services are more likely to be healthy and able to reach milestones such as high school graduation and entry into the work force, higher education or military service. Physical, social and emotional changes during adolescence increase the need for continuous, comprehensive preventive services. Adolescents are laying the foundation for lifestyle and behaviors that persist into adulthood, and half of lifetime cases of mental health disorders begin showing symptoms by age 14.¹ The American Medical Association's *Guidelines for Adolescent Preventive Services*, the federal Bright Futures guidelines, and the American Academy of Pediatrics all recommend comprehensive annual check-ups for adolescents.

In 2013, 56 percent of Oregon's eighth graders and 59 percent of 11th graders had a well care visit in the past year.² In 2013, 29.2 percent of adolescents had at least one well-care visit, compared to the 2013 benchmark of 53.2 percent. Across coordinated care organizations (CCOs), the 2013 well-care visit rate ranged from 22.6 percent to 43.4 percent.³

What Counts as a Well Care Visit?

The CCO Incentive Measure specification is based on administrative (billing) data⁴. To use the billing codes listed below, the following components must be present for a visit to count as a well-care visit:

- 1) A health and developmental history, e.g., social and emotional well-being, health behavior, academic history, physical development and mental health, etc.
- 2) A physical exam, e.g., weight, height, vision, heart, lungs, skin, genitalia etc.
- 3) Health education / anticipatory guidance, e.g., reproductive health, alcohol and tobacco avoidance, violence and injury prevention, etc.

To receive credit toward the CCO Incentive Measure for adolescent well-care visits:

- The billing provider must be a provider in a CCO's network;
- The provider does not need to be the client's assigned primary care provider or OB/GYN;
- The well-care visit can occur in any clinic setting, including school-based health centers.

Sick-Care Visits?

If sick- and well-care exams occur at the same visit, well-care visits can be reported in addition to the problem-oriented visit, as long as all three components listed above are documented in the medical record.

Sports Physicals?

Sports physicals are excellent opportunities for well-care visits, but sports physicals by themselves do not meet the components of a comprehensive adolescent well-care visit.

School-Based Health Centers?

Visits to school-based health centers (SBHC) that are part of a CCOs' provider network may be included in the measure if the SBHC billing/coding is submitted as a claim through the CCO.

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Measure Specifications

The Oregon Health Authority is following HEDIS® specifications for this measure, utilizing administrative data only. However, OHA is not including the HEDIS® requirement that well-care visits must be provided by a primary care provider or an OB/GYN practitioner. OHA is including all coded well-care visits, regardless of provider type. The provider does not have to be assigned to the adolescent to count toward the measure.

Numerator: Members in the denominator receiving at least one comprehensive well-care visit during the measurement year. See below for codes used to identify well-care visits.

Denominator: Enrolled members age 12-21 years as of December 31st of the measurement year.

Exclusions: None.

Coding

These codes do not have to be primary codes; however, it is important to use the correct codes to demonstrate that well-care was provided through claims/encounter data. Any one of these codes could be used to identify an adolescent well-care visit for the numerator.

CPT codes used to identify well-care visits

99383	Preventive visit, new patient, age 5-11.
99384	Preventive visit, new patient, age 12-17.
99385	Preventive visit, new patient, age 18-21.
99393	Preventive visit, established patient, age 5-11.
99394	Preventive visit, established patient, age 12-17.
99395	Preventive visit, established patient, age 18-21.

HCCPS codes used to identify well-care visits

G0438	Annual wellness visit, initial.
G0439	Annual wellness visit, subsequent.

ICD-9-CM diagnoses codes used to identify well-care visits

V20.2	Health supervision of infant or child – Routine infant or child health check.
V70.0	General medical examination – Routine general medical exam at a health care facility
V70.3	General medical examination – Other medical exam for administrative purposes
V70.5	General medical examination – Health exam of defined subpopulations
V70.6	General medical examination – Health exam population surveys
V70.8	General medical examination – Other specified general medical exam
V70.9	General medical examination – Unspecified general medical exam

Note the HEDIS 2015 specifications, which OHA is using for CY 2015 measurement, use a well-care value set for this measure. The well-care value set includes well visit codes for all age ranges, including infants. These codes are not part of the CCO incentive measure.

Tips for Improvement⁵

- Communicate with providers about the importance of conducting well-care visits when patients present themselves for other illnesses, or events such as sports physicals, accidental injuries, and colds. Incorporate this information into current provider outreach activities, such as publishing articles about adolescent health in provider newsletters.
- Develop processes that automatically incorporate best practices, such as standing orders for immunizations, or incorporating screening reminders into EHRs.
- Identify opportunities to contract with community-based clinics that already reach adolescents, such as Patient-Centered Primary Care Homes, School-Based Health Centers, local public health departments, Planned Parenthood, etc.
- Make resources available to providers, such as sample reminder letters or “reminder birthday cards” that can be mailed to parents and guardians, notifying them when adolescents are overdue for an exam, or standardized tracking forms.
- Develop campaigns in partnership with local businesses or community organizations, such as “back-to-school” promotions, or incentive programs (e.g., movie tickets, monthly raffles) for adolescents who complete their well-care visit.
- Monitor adolescent utilization on an ongoing basis to identify adolescents in need of well-care visits. Generate reports for providers that could be used to promote visit reminders, and can track provider or practice performance over time. Implement reminder call systems for adolescents missing services.
- Incorporate teen-appropriate health education and health assessment tools which follow the Bright Future guidelines⁶ to optimize the reliability of care and the use of time.
- Implement processes to promote confidentiality such as: confidential appointment making and reminder protocols; ensuring time alone with a provider is available; EHR capabilities that allow for flagging of services, history, and prescriptions as confidential; and modified billing practices for confidential services (no bill or generic description).⁷
- Work with office staff to verify contact information at each visit for future outreach efforts, and to remind parents or guardians at the end of every well-care visit of the importance of returning for subsequent well-care visits.

Resources

Available online at www.transformationcenter.org

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¹ Adams, S. H., Newacheck, P. W., Park, M. J., Brindis, C. D., & Irwin Jr, C. E. (2013). Medical Home for Adolescents: Low Attainment Rates for Those With Mental Health Problems and Other Vulnerable Groups. *Academic Pediatrics*.

² http://public.health.orgon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2013/2013_OHT_State_Report.pdf

³ <http://www.oregon.gov/oha/Metrics/Pages/measure-adolescent.aspx>

⁴ <http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

⁵ Adapted from *Adolescent Well Care: Making Every Opportunity Count*, Presentation by Michele Dritz, Wright-Patterson AFB Medical Center, February 2011; *Colorado Adolescent Well-Care Focused Study*, June 2008; and *California Adolescent Health Statewide Collaborative Quality Improvement Spread Strategy Report*, July 2008.

⁶ Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. American Academy of Pediatrics. <http://brightfutures.aap.org/>

⁷ Anoshiravani, A. et al. (2012). Special requirements for electronic medical records in adolescent medicine. *Journal of Adolescent Health*, 51, 409-414.