



Aetna Better Health<sup>®</sup> of Kentucky

HEDIS<sup>®</sup> Measurement Year

2022 Measures

Valued Based Savings



## HEDIS® Supplemental Data Submission Process

HEDIS® is used by Aetna to evaluate quality of care and services provided to our enrollees and to evaluate provider performance. To assist in improving your HEDIS® scores, you can submit supplemental data to our HEDIS® team. Supplement claims data, thus increasing our HEDIS® rates. To further assist you we have attached a tip sheet to guide you to your best HEDIS® performance.

HEDIS® Measure	Acronym
Adults' Access to Preventive/Ambulatory Health Services	AAP
Follow-up Care for Children with ADHD	ADD
Ambulatory Care Emergency Department	AMBED
Antidepressant Medication Management (Effective Continuation Phase Treatment)	AMM
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	APP
Breast Cancer Screening	BCS
Cervical Cancer Screening	CCS
Chlamydia Screening	CHL
Childhood Immunization Status	CIS
Eye Exam for Patients with Diabetes	EED
Follow-Up After Hospitalization for Mental Illness	FUH
Hemoglobin A1c Control for Patients with Diabetes	HBD
Immunizations for Adolescents	IMA
Plan All-Cause Readmissions	PCR
Prenatal Care (Timeliness of Prenatal Care)	PPC
Well Child Visits in the First 30 Months of Life	W30
Child and Adolescent Well-Care Visits	WCV

### How to Submit:

- Secure Provider Web Portal/Availity
- Fax: 855-415-1215
- Email: [Granniss@Aetna.com](mailto:Granniss@Aetna.com) (be sure to **SEND SECURE** to protect PHI)
- Mail: Aetna Better Health of Kentucky  
9900 Corporate Campus Dr Ste 1000, Louisville, KY 40223

### Who to Contact:

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# Adults' Access to Preventive/Ambulatory Health Services (AAP)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: This measure captures the percentage of members 20 years and older who had an ambulatory or preventive care visit with any provider type on an outpatient basis during the measurement year.**

### Eligible Population

Members 20 years and older as of December 31 of the measurement year. Three age stratifications and a total rate are reported.

- 20-44 years
- 45-64 years
- 65 years and older
- Total

### Strategies for Increasing Access to Care

- Request AAP gaps in care lists for your group. Provider rosters can change throughout the year and newly assigned members need to have care initiated.
- Try other appointment scheduling methods (i.e. email or online portals). Long wait times on the phone may cause patients to seek care elsewhere.
- Keep a few open appointment slots each day to see patients the day they call.
- Offer evening and weekend hours to accommodate all patient schedules.

### Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the AAP measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Category	Code	Description
CPT	99201-99205; 99211-99215	Ambulatory Care
HCPCS	G0438	Annual Wellness Visit; includes a personalized prevention plan of service - initial visit
HCPCS	G0439	Annual Wellness Visit; includes a personalized prevention plan of service - subsequent visit
ICD-10	Z00.00	Encounter for general adult medical examination without abnormal findings
ICD-10	Z00.01	Encounter for general adult medical examination with abnormal findings
CPT	98966-98968; 99441-99443	Telephone Visits
CPT	98969-98972; 99421-99423; 99444; 99457	Online Assessments

## Quality Measure Toolkit

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# Follow-Up Care for Children Prescribed ADHD Medication (ADD)

## HEDIS® Measurement Year 2022 Measures

**Measure Description:** The percentage of children newly prescribed attention-deficit/hyperactivity disorder ADHD medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.

### Initiation Phase

The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30 days following the prescription start date.

### Continuation and Maintenance C&M Phase

The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

### Eligible Population

Ages: Six years as of March 1 of the year prior to the measurement year to 12 years as of the last calendar day of February of the measurement year.

### Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.

If you prescribe a medication used for ADHD, consider limiting the first prescription to a 30-day supply.

- Educate the parent or guardian that the child must be seen within 30 days of starting the medication to evaluate if the medication is working as expected and assess any adverse effects.
- Verify the parent or guardian understands the requirement above and keeps the appointment for re-fill prescriptions.
- Discuss the importance of follow-up appointments with the parent/guardian and ensure that the child has at least two additional follow-up appointments with a medical provider or a behavioral health provider in the 9 months after the initial 30 days.

### ADHD Medications

Description	Prescription
CNS stimulants	Dexmethylphenidate Dextroamphetamine Lisdexamfetamine Methamphetamine Methylphenidate
Alpha-2 receptor agonists	Clonidine Guanfacine
Miscellaneous ADHD medications	Atomoxetine

## Quality Measure Toolkit

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# Follow-Up Care for Children Prescribed ADHD Medication (ADD)



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## Numerator codes

The ADD measure relies exclusively on administrative data. Correct claim coding is of utmost importance.

Follow-Up Care for Children Prescribed ADHD Medication ADD contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Any of the following codes billed by a practitioner with prescribing authority may be used.

CPT	Recommended Codes
Behavioral Health Outpatient Visits	98960- 98962, 99078, 99201-99205, 99211-99215, 99241-99245
Observation Visits	99217-99220
Telephone Visits	98966-98968, 99441-99443
Online Assessments	98969-98972; 99421-99423; 99444; 99457



# Ambulatory Care (AMB)

HEDIS® Measurement Year 2022 Measures

**Measure Description: This measure summarizes utilization of ambulatory care in the following categories:**

- **Outpatient Visits, including telehealth**

- The measure AMB-Outpatient captures outpatient care on an ambulatory basis, including telehealth, e-visits or virtual check-ins. Count multiple codes with the same practitioner on the same date of service as a single visit. Count visits with different providers on the same date of service as different visits.

- **ED Visits**

- The measure AMB-ED captures the utilization of ambulatory care services in the Emergency Room. Measure is specific to the Medicaid line of business. Count each visit to an ED once, regardless of the intensity or duration of the visit. Count multiple ED visits on the same date of service as one visit. Visits that result in an inpatient admission will not be included in the measure.

\*\*\* AMB-ED Utilization is an inverse measure. Lower is better.

## Eligible population

All ages.

## Exclusions: AMB-ED

Claims and encounters that indicate the encounter for mental health or chemical dependency. Any of the following meet the criteria for exclusions:

- A principal diagnosis of mental health or chemical dependency
- Psychiatry
- Electroconvulsive therapy

## Strategies for decreasing ED utilization

- Include as part of the health care team patient advocates or family members to support the patients' health goals and advise practices. This extra support could decrease exacerbations in conditions leading to ED Utilization.
- Where available, utilize patient navigators for high ED utilizers.
  - Assist members with appointment scheduling
  - Help patients go through the screening and diagnosis processes, treatment courses, and may attend follow-ups with patients
  - Help facilitate communication between patients and their providers so decisions regarding healthcare can be made

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## Ambulatory Care (AMB)



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- Assess need for assistance with substance abuse addiction or mental illness
- Manage patients with chronic diseases – Refer members with poorly managed health conditions to Aetna Better Health’s Member Services
  - Call the Special Needs Unit at **1-800-300-5528**
- Identify the underlying problem for ED use
- Increase the availability of outpatient appointments with your practice:
  - Keep a few open appointment slots each day to see patients the day they call
  - Offer evening and weekend hours to accommodate all patient schedules
    - > Sometimes patients use the ED when they cannot see their PCP



# Antidepressant Medication Management (AMM)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported:**

- Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks)
- Effective Continuation Phase Treatment: The percentage of members who remained on antidepressant medication for at least 180 days (6 months)

### Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Talk to the patient about the importance of continuing medication and scheduling follow-up visits, even if they feel better.
- Discuss possible side effects that are more bothersome than life threatening.
- Advise patient about the risks of discontinuing the medication prior to six months and that is associated with a higher rate of recurrence of depression.
- Follow-up contact within 3 months of diagnosis or initiating treatment to increase likelihood of response to treatment.
- Inform member that most people treated for initial depression need to be on medication at least 6-12 months after adequate response to symptoms.
- Educate patient that medication may take time to become effective and discuss importance of medication adherence.
- Coordinate care with the patient's treating behavioral health specialists.

- Effective care may require collaboration between primary care provider, psychiatrist, and psychologist.

### Measure Adherence

Adherence for the AMM measure is determined by the member remaining on their prescribed antidepressant medications 12 weeks up through 6 months. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription). The medications the NCQA lists in the HEDIS specifications are below. This is a general list and should not replace the advice or care you provide your patients regarding what is optimal to meet their healthcare needs.

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# Antidepressant Medication Management (AMM)



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## Antidepressant Medications

Description	Prescription
Miscellaneous antidepressants	Bupropion Vilazodone Vortioxetine
Monoamine oxidase inhibitors	Isocarboxazid Phenelzine Selegiline Tranylcypromine
Phenylpiperazine antidepressants	Nefazodone Trazodone
Psychotherapeutic combinations	Amitriptyline-chlordiazepoxide Amitriptyline-perphenazine Fluoxetine-olanzapine
SNRI antidepressants	Desvenlafaxine Duloxetine Levomilnacipran Venlafaxine
SSRI antidepressants	Citalopram Escitalopram Fluoxetine Fluvoxamine Paroxetine Sertraline
Tetracyclic antidepressants	Maprotiline Mirtazapine
Tricyclic antidepressants	Amitriptyline Amoxapine Clomipramine Desipramine Doxepin (>6 mg) Imipramine Nortriptyline Protriptyline Trimipramine



# Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.**

- Index Prescription Start Date (IPSD): The earliest prescription dispensing date for an antipsychotic medication between January 1 – December 1 of the measurement year.
- Psychosocial care must occur in the 121-day period from 90 days prior to the IPSD through 30 days after the IPSD (by December 31 of the measurement year) to count towards compliance.

### Eligible Population

Members 1–17 years as of December 31 of the measurement year. Report two age stratifications and a total rate:

- 1–11 years
- 12–17 years
- Total

### The Following Members Will Not Be Counted in the Measure Population

Members for whom first-line antipsychotic medications may be clinically appropriate. Any of the following during the measurement year meet criteria:

- Members in hospice
- Members who have antipsychotic medications dispensed for new or refill prescriptions in the 4 months prior to the IPSD
- Members with at least one acute inpatient encounter with a diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year
- Members with at least two visits in an outpatient, intensive outpatient or partial hospitalization

- setting, on different dates of service, with a diagnosis of schizophrenia, schizo affective disorder, bipolar disorder, other psychotic disorder, autism, or other developmental disorder during the measurement year.

### Strategies for Encouraging Engagement in Psychosocial Treatment

- Offer a safe, supportive, and culturally competent environment. Understanding the patient's culture and belief system can help distinguish what type of treatment that they are seeking.
- Medication regimen adherence is essential for the patient's treatment.
- Coordinate treatment with all parties involved.
- Build a partnership on trust and understanding with the patient and their family. Trust can be established by including the patient and their family in all decision making.
- Provide credible sources in order to address any fears and stigma surrounding treatment.

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## Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

- Recognize that the patient might want to participate at varying levels, so meet them where they are.
  - Refer patients with alcohol and drug abuse dependence to Member Services for additional support.
- Call the Member Services at **1-855-300-5528**.

### Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the APP measure. **The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Code Class	Codes	Description
CPT	90832-90834; 90836-90840; 90845-90847; 90849; 90853; 90875-90876; 90880	Psychosocial Care



# Breast Cancer Screening (BCS)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of women 52–74 years of age who had a mammogram to screen for breast cancer between October 1 two years prior to the measurement year through December 31 of the measurement year.**

### Eligible Population

Ages: Women 52–74 years old as of December 31 of the measurement year.

Note: This measure evaluates primary screening. Do not count biopsies, breast ultrasounds or MRIs because they are not appropriate methods for primary breast cancer screening. All types and methods of mammograms (screening, diagnostic, film, digital or digital breast tomosynthesis) qualify for numerator compliance.

### Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate women about the importance of early detection and treatment starting at age 50.
- Refer women to local mammography imaging centers. Follow up to verify completion.
- Use reminder systems for check-ups and screening reminders.

### Numerator Codes

There is a large list of approved NCQA codes used to identify the service or condition included in the BCS measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Mammography	CPT	77061-77063 77065-77067
Mammography	HCPCS	G0202 G0204 G0206
Mammography	LOINC	24604-1 24605-8 24606-6 24610-8

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# Cervical Cancer Screening (CCS)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of women 21–64 years of age who were screened for cervical cancer using one of the following criteria:**

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus HPV (hrHPV) co - testing performed every 5 years.

### Eligible Population

Ages: Women 24–64 years of age as of December 31 of the measurement year.

### Optional Exclusion

Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member’s history through December 31 of the measurement year.

### Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate the member to explain the purpose and procedure of screening.

- Call or send personalized letters to patients and alert them of the need for screening-especially for patients that do not come in for care often.
- Provide easy to read instructions and patient education tools with pictures concerning cancer screening procedures and follow-up.
- Record all preventive care with results in medical records to ensure compliance with guidelines.
  - Perform quality assurance checks to ensure that data is being captured and entered appropriately.

Refer to this table as a guide to determine appropriate test and date of service for both age stratifications:

Measure	Age Range	DOB Range	Valid DOS
CCS	21-64	1999-1956	Measurement year and two years prior
CCS w/hrHPV co-testing	30-64	1990-1956	Measurement year and four years prior
Cervical high-risk human papillomavirus (hrHPV) testing	30-64	1990-1956	Measurement year and four years prior

# Cervical Cancer Screening (CCS)

## Numerator Codes

The measure Cervical Cancer Screening CCS contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Cervical Cytology	
CPT	88141, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88154, 88164, 88165, 88166, 88167, 88174, 88175
HCPCS	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
HPV Tests High-risk HPV	
CPT	87624, 87625
HCPCS	G0476
Absence of Cervix	
ICD - 10	Q51.5, Z90.710, Z90.712

\*Please note: The CCS measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



# Chlamydia Screening in Women (CHL)

HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Members are identified as being sexually active by a pregnancy test or diagnosis, sexually activity, or contraceptive prescriptions being captured via claims.**

## Eligible Population

Ages: Women 16–24 years old as of December 31 of the measurement year.

## Strategies for Improvement

- Incorporate a sexual history into the History and Physical.
- Screen all sexually active women for chlamydia through age 25.
- Educate members about sexually transmitted diseases, include signs, symptoms and treatment.
- Educate members about safe sex and abstinence.
- Document all screenings in the medical record, including follow-ups, results and abnormal findings.

## Numerator Codes

The measure Chlamydia Screening in Women CHL contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Chlamydia Tests	
CPT	87110, 87270, 87320, 87490, 87491, 87492, 87810



# Childhood Immunization Status (CIS)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of children who turned 2 years of age during the measurement year and had the following vaccinations, with different dates of service, on or by their second birthday.**

- **MMR** - One measles, mumps and rubella vaccine on or between the child's first and second birthday or history of measles, mumps or rubella
- **HepB** - Three hepatitis B or history of hepatitis illness
- **VZV** - One varicella zoster e.g., chicken pox vaccine on or between the child's first and second birthday or history of varicella zoster illness
- **HepA** - One hepatitis A vaccine on or between the child's first and second birthday or history of Hepatitis A illness
- **Influenza** - At least two influenza vaccinations. Vaccines administered prior to 6 months do not count.
  - One of the two vaccinations can be an LAIV vaccination administered on the child's second birthday. LAIV vaccination administered before the child's second birthday will not count towards the measure.
- The following vaccines if administered prior to 42 days after birth do not count:
  - **DTaP** - Four diphtheria, tetanus and acellular pertussis vaccines on different dates of service
  - **IPV** - Three polio vaccines on different dates of service
  - **HiB** - Three haemophilus influenza type B vaccines on different dates of service
  - **PCV** - Four pneumococcal conjugate vaccines on different dates of service
  - **RV** - Two or three dose rotavirus or at least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine on different dates of service.

### Eligible Population

**Ages:** Members turning 2 years as of December 31 of the measurement year.

### Documentation Required

For immunization evidence obtained from the medical record, count members where there is evidence that the antigen was rendered from one of the following:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.

For documented history of illness or a seropositive test result, there must be a note indicating the date of the event, which must have occurred by the member's second birthday.



# Childhood Immunization Status (CIS)

## Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach parents to schedule their child's vaccination appointments.
- Educate staff to schedule visits within the guideline time frames.
- Administer vaccinations during already scheduled appointments.
- At each appointment, review immunization records and encourage the opportunity to catch up on missing immunizations.
- Educate parents on vaccinations, their side effects and perceived links to autism.
- Advise parents on the importance of completing each vaccine series.
- Provide handouts on the diseases that the vaccines prevent

## Numerator Codes

There is a large list of approved NCQA codes used to identify the service or condition included in the CIS measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

\*\*Please note: The CIS measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.

Code Category	Code	Vaccine
CPT	90700	DTAP
CPT	90713	IPV
CPT	90740	HepB
ICD-10	B16.0-B16.2	Hepatitis B
CPT	90644; 90647; 90648	HIB
CPT	90633	HepA
ICD-10	B15.0, B15.9	Hepatitis A
CPT	90707	MMR
CPT	90708	Measles and rubella
ICD-10	B05.0-B05.4	Measles
ICD-10	B26.0-B26.3	Mumps
ICD-10	B06.00-B06.02	Rubella
CPT	90716	VZV
ICD-10	B02.9	Varicella Zoster
CPT	90670	PCV
CPT	90681	Rotavirus 2 dose
CPT	90680	Rotavirus 3 dose
CPT	90655, 90657	Influenza
CPT	90660	Live Attenuated Influenza Vaccine
CPT	90698	DTaP / IPV/ Hib Vaccine (Pentacel) Administered
CPT	90723	DTaP, Inactivated Polio Vaccine (IPV), Hepatitis B Vaccine (Pediarix) Administered
CPT	90748	Hepatitis B, Haemophilus Influenzae Type B (HiB) Vaccine Administered
CPT	90710	Measles, Mumps and Rubella, Varicella (MMRV) Vaccine (ProQuad) Administered



# Eye Exam for Patients with Diabetes (EED)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had a retinal eye exam.**

**Retinal Eye Exam:** An eye screening for diabetic retinal disease:

- A retinal or dilated eye exam by an eye care professional in the measurement year (regardless of results) or
- A retinal or dilated eye exam by an eye care professional in the year prior to the measurement year that was negative for retinopathy.

### Eligible population

- **Ages:** 18–75 years as of December 31 of the measurement year with a diagnosis of type 1 or type 2 diabetes.

### Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule follow-up appointments and lab tests.
- Talk to patient regarding the importance of annual retinal eye exams as diabetes can cause impaired vision.
- Coordinate care with specialists such as endocrinologists, nephrologists, cardiologists and ophthalmologists.
- Stress the importance of medication and insulin adherence and their effect on blood glucose management.

- There is a large list of approved NCQA codes used to identify the services included in the CDC measure.
- Refer patients to community resources that provide diabetes education and support.

### Numerator codes

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

## Eye Exam for Patients with Diabetes (EED)

Retinal Eye Exam		
CPT	Diabetic Retinal Screening	67028 67030 67031 67036 67039 67040
CPT	Diabetic Retinal Screening- Negative	3072F
CPT	Diabetic Retinal Screening with Eye Care Professional	2022F 2024F 2026F
CPT	Eye Exam With Evidence of Retinopathy	2022F 2024F 2026F
CPT	Eye Exam Without Evidence of Retinopathy	2023F 2025F 2033F

\*\*Please note: The CDC measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



# Follow-Up After Hospitalization for Mental Illness (FUH)

HEDIS® Measurement Year 2022 Measures

**Measure Description: This measure captures the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health provider. Two rates are reported:**

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.
2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

## Eligible Population

Members 6 years of age and older with medical and mental health benefits.

## Strategies for Improving Conditions and Increasing Rate of Follow Up Care

- Outpatient treatment received prior to inpatient care can be a predictor of follow up care and how patients recover post discharge – encourage medication and treatment regimen adherence.
- Provide culturally competent care – be aware that a patient’s culture and belief system can influence if they will seek help, what type of help they want, what coping styles and supports they have and what treatments might prove to be successful.
- Provide credible resources to patients in order to address any fears and stigma related to mental illness.
- Improvement in care coordination during the patient’s transition out of the hospital.
- Prepare patient for discharge.
  - Appropriate discharge planning and scheduled follow up with their PCP prior to discharge.
  - Refer patient to behavioral health supports such as a community health worker.

- Refer members with behavioral health diagnoses to Aetna Better Health’s Member Services for additional support.
  - Call the Member Services at 1-855-300-5528.

## Numerator Codes

There is a large list of approved NCQA codes used to identify the diagnosis and services included in the FUH measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

CPT	ICD-10	Service
CPT	99217-99220	Observation
CPT	98960-98962; 99201-99205	Behavioral Health Outpatient Visit



## Follow-Up After Hospitalization for Mental Illness (FUH)

### Numerator Codes

There is a large list of approved NCQA codes used to identify the diagnosis and services included in the FUH measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

CPT	99217-99220	Observation
CPT	98960-98962; 99201-99205	Behavioral Health Outpatient Visit



# Hemoglobin A1c Control for Patients with Diabetes (HBD)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:**

**HbA1c Testing:** An HbA1c test performed during the measurement year

- HbA1c control <8.0: The member is numerator compliant if the most recent HbA1c level is <8.0%. The member is not numerator compliant if the result for the most recent HbA1c test is ≥8.0% or is missing a result, or if an HbA1c test was not done during the measurement year.
- HbA1c Poor Control >9.0: Inverse measure
  - Fewer members in this category are better.
  - Will fall into poor control category if:
    - Results actually >9.0 or a result was not received on a member or
    - HbA1c test was not done during the measurement year.

### Eligible population

- **Ages:** 18–75 years as of December 31 of the measurement year with a diagnosis of type 1 or type 2 diabetes.

### Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach patients to schedule follow-up appointments and lab tests.
- Talk to patient regarding the importance of annual retinal eye exams as diabetes can cause impaired vision.
- Coordinate care with specialists such as endocrinologists, nephrologists, cardiologists and ophthalmologists.

- Stress the importance of medication and insulin adherence and their effect on blood glucose management.
- There is a large list of approved NCQA codes used to identify the services included in the CDC measure.
- Refer patients to community resources that provide diabetes education and support.



### Hemoglobin A1c Control for Patients With Diabetes (HBD)

### Numerator codes

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](http://NCQA.org).

HbA1c Tests		
CPT	HbA1c Tests	83036 83037

  

HbA1c Levels – The most recent result		
CPT	HbA1c Level Greater Than/Equal to 7.0 and less than 8.0	3051F
CPT	HbA1c Level Greater Than/Equal to 8.0 and Less Than/Equal to 9.0	3052F
CPT	HbA1c Level Greater Than 9.0	3046F
CPT	HbA1c Less Than 7.0	3044F

\*\*Please note: The CDC measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



# Immunizations for Adolescents (IMA)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of children who turned 13 years of age during the measurement year and had the following vaccinations on or by their 13th birthday:**

- One dose of meningococcal vaccine
- One tetanus, diphtheria toxoids and one acellular pertussis vaccine (Tdap) and
- Completed the human papillomavirus (HPV) series.

### Eligible Population

Ages: Adolescents who turn 13 years of age during the measurement year.

### Documentation Required

The medical record must have evidence that the immunization antigen was rendered from either of the following:

- A note indicating the name of the specific antigen and the date of the immunization.
- A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.

### Meningococcal

At least one meningococcal serogroups A, C, W, Y vaccine, with a date of service on or between the member's 11th and 13th birthdays.

\*Please note: Meningococcal recombinant (serogroup B) (MenB) vaccines will not count towards adherence for measure.

### Tdap

At least one tetanus, diphtheria toxoids and acellular pertussis Tdap vaccine, with a date of service on or between the member's 10th and 13th birthdays.

### HPV

At least two HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays.

- There must be at least 146 days between the first and second dose of the HPV vaccine
- OR at least three HPV vaccines, with different dates of service on or between the member's 9th and 13th birthdays.

### Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Outreach parents to schedule their child's vaccination appointments.
- Administer vaccinations during already scheduled appointments.
- At each appointment, review immunization records and encourage the opportunity to catch up on missing vaccines.



# Immunizations for Adolescents (IMA)



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- Educate parents on vaccinations and their side effects.
- Provide handouts on the diseases that the vaccines prevent.
- Educate parents on the importance of completing the HPV series and that the HPV vaccine will not cause promiscuity.

## Numerator Codes

The measure Immunizations for Adolescents IMA contains a large list of approved NCQA codes used to identify the service or condition included in the measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Category	Code	Vaccine
CPT	90715	Tdap
CPT	90734	Meningococcal
CPT	90649-90651	HPV

  

Category	Code	Description
ICD-10	T80.52XA, T80.52XD, T80.52XS	Anaphylactic reaction due to vaccination

\*\*Please note: The IMA measure is hybrid. Any care missed via claims during the measurement year will result in medical record requests in the HEDIS Medical Record Review Project.



# Plan All-Cause Readmissions 2022 Version (PCR2022)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data is reported in the following categories:**

- Count of Index Hospital Stay Discharges (IHS) (denominator).
  - An acute inpatient or observational stay with a discharge on or between January 1 and December 1 of the measurement year.
  - For discharges with one or more direct transfers, use the last discharge. A **direct transfer** is when the discharge date from the first stay precedes the admission date to a subsequent stay by one calendar day or less.
- Count of Observed 30-Day Readmissions (numerator).
- Count of Expected 30-Day Readmissions.

### Eligible Population

- Members age 18-64 years as of the date of discharge.
- 18 and older as of January 1 of the measurement year.
- Continuously enrolled for at least 395 days, with no more than one gap in enrollment of up to 45 days during the 395-day period, between January 1 of the year prior to the measurement year and December 1 of the measurement year.

### Risk Adjustment/Weighting

For each IHS, the following will be used to identify risk adjustment weights at discharge:

- Surgeries during IHS
- Discharge condition
- Comorbidities
- Age
- Gender

### The Following Will Not Be Counted in the Measure Population

- Members who have an Index Admission Date the same as the Index Discharge Date
- The member died during the stay
- Female members with a principal diagnosis of pregnancy
- A principal diagnosis of a condition originating in the perinatal period
- Planned admissions for: chemotherapy; rehabilitation; organ transplant; or a potentially planned procedure

## Quality Measure Toolkit

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## Strategies for Decreasing Readmissions

- Identify high hospital utilizers. Partner with the health plan if you need assistance in obtaining this data.
  - Identify the underlying problem for readmission to the hospital
- Know which populations might be at risk for readmissions
  - Postop complications
  - Patients that have not presented to their PCP in follow up
  - Medication non-adherence
  - Recurrence of chronic conditions
    - › Heart disease/heart failure
    - › COPD
    - › Pneumonia
- Include as part of the health care team patient advocates or family members to support the patients' health goals and advise practices. This extra support could decrease exacerbations in conditions leading to admissions and readmissions.
- Refer members with chronic conditions to Member Services.
  - Call Member Services at **1-855-300-5528**
- For end-of-life care: Involve hospice or home health providers to ensure patients don't go to the hospital for non-emergent end-of-life care issues.
  - Provide patients and their family members with informed choices, opportunities for advance directives, and counseling may prevent painful and unnecessary admissions
- Utilize translators for patients with limited English proficiency
- Utilize interpreters/sign language for deaf or hard of hearing patients
- Have various ways to communicate instructions to patients based on health literacy levels
  - Videos
  - Pictures
  - Ensure written materials are no higher than a 5th grade reading level
- Partner with hospital to improve care coordination at discharge
  - Schedule a follow up with the patient within seven days of discharge
  - Perform medication reconciliation
  - Review discharge instructions with patient
- Utilize home health care or tele-monitoring for chronically ill patients



# Maternity: Prenatal and Postpartum Care (PPC)

## HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care:**

- **Prenatal Care in the First Trimester:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Care occurring on date of enrollment will be considered adherent.
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

### Eligible population

**Ages:** There is no specified age.

### Strategies for improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate staff to schedule visits within the guideline time frames.
- Educate members on how important prenatal care is to healthy development and maternal health screening.
- Include anticipatory guidance and teaching in every visit.
- Encourage postpartum visit between 21 and 56 days after delivery for follow-up care.

### Oral healthcare during pregnancy

Advise expectant mothers that oral health is important for them as well as their baby during pregnancy and after giving birth.

- **It is very important to refer expectant mothers to a dental provider.** Have a list of area dentists available for referral.
- Hormonal changes during pregnancy can increase chances of developing gum disease.
  - Gums will be tender and can bleed easily.
- Stomach acids from vomiting can damage tooth enamel and increase risk of tooth decay. Take the following steps when combatting vomiting while pregnant.
  - Rinse your mouth thoroughly with plain tap water.
  - Follow up with a fluoridated mouthwash OR use a dab of fluoridated toothpaste on your finger and smear it over your teeth.

# Maternity: Prenatal and Postpartum Care (PPC)



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- Rinse thoroughly with water.
- Brush teeth last to be sure stomach acids are rinsed from teeth first (stomach acids can scratch enamel when brushing).
- Routine oral healthcare decreases the risk of preterm delivery and low birth weight babies, as well as improves overall oral and physical health for expectant mothers.
- Inform the expectant mothers that dental radiographs, check-ups and cleanings are safe for an expecting mother.
- And don't forget to give basic information about the oral health of the baby-to-be:
  - "Baby" teeth are important for many reasons. They contribute to proper speech and function in mastication. They have the same risk of developing caries and abscesses, which needs to be avoided to allow for proper development.
  - And that per the American Academy of Pediatric Dentistry that every child needs to see a dental provider by the eruption of first tooth or latest by the age of 1.

## Numerator codes

The simplest method of capturing prenatal visits is through standalone prenatal visit codes.

Code Class	Codes
CPT	99500, 0500F, 0501F, 0502F
CPT	H1000- H1004

Additionally, prenatal care may be captured by the combination of one of the following prenatal visits, telephone visit, or online assessment codes

**ACCOMPANIED BY** a pregnancy related diagnosis:

Code Class	Codes	Description
CPT	99201-99205, 99211-99215, 99241-99245	Prenatal Visit
ICD-10	O09.00–O09.03, O09.10–O09.13, O09.211–O09.213	Pregnancy Diagnosis
CPT	98966-98968; 99441-99443	Telephone Visits
CPT	98969-98972; 99421-99423; 99444; 99458	Online Assessments

**\*Note:** If using a code from the prenatal visit set, it must be combined with a pregnancy related diagnosis code.

For post-partum visit PPV capture either a post-partum visit OR a cervical cytology CC code satisfies the HEDIS requirements.

Code Class	Codes	Description
ICD-10	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1- Z39.2	Postpartum Visit
CPT	57170, 58300, 59430, 99501, 0503F	Postpartum Visit
CPT	88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175	Cervical Cytology
HCPCS	G0123-G0124, G0141, G0143-G0145, G0147-G0148	Cervical Cytology
LOINC	10524-7, 18500-9, 19762-4, 19764-0, 19765-7, 19766-5, 19774-9	Cervical Cytology



# Well-Child Visits in the First 30 Months of Life (W30)

HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:**

- **Well-Child Visits in the First 15 Months.** Children who turned 15 months old during the measurement year: Six or more well-child visits.
- **Well-Child Visits for Age 15 Months–30 Months.** Children who turned 30 months old during the measurement year: Two or more well-child visits.

**\*\*Telehealth visits now meet criteria as long as the appropriate CPT code is submitted with the GT modifier.**

## Eligible Population

### Two age stratifications

Children who turn 15 months old during the measurement year and children who turn 30 months old during the measurement year.

## Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Educate staff to schedule visits within the time frames.
- Exam requirements can be performed during sick visits or a well-child exam.
- Never miss an opportunity to perform a well-child exam, even during a sick visit.
- Educate staff to schedule visits within the guideline time frames.

## Components of a Well-Child Visit

The well-child visit must occur with a PCP type practitioner, but the PCP does not have to be the practitioner assigned to the child. Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure. Do not include services rendered during an inpatient or ED visit.

The following are some examples of acceptable criteria for all the components in a well-child visit:

- **Health History**
  - Past illness (or lack of illness)
  - Past surgeries/hospitalizations (or lack of surgery or hospitalization)
  - Social history
  - Family health history
  - Allergies/medications/immunizations documented together

# Well-Child Visits in the First 30 Months of Life (W30)



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- **Physical Developmental History** (Physical skills seen in children as they grow and develop)
  - Tanner Stage/Scale
  - Sitting up/ standing up/ crawling/ walking
  - Sucking on objects
  - Teething
  - Rolls on tummy
  - Number of wet diapers
  - Holds objects or is developing hand/eye coordination
  - Follows parents with eyes
  - Kicks ball
  - Walking up stairs
  - Running without falling
- **Mental Developmental History** (Behaviors seen in children as they grow and develop)
  - Responds to sound/makes eye contact
  - Cries for assistance/calms or quiets down when picked up
  - Laughs when tickled
  - Plays interactive games (peek-a-boo)
  - Uses 50 words; combines 2 words into short phrase or sentence
  - Name at least 5 body parts
- **Physical Exam**
  - Comprehensive head to toe exam with vital signs and assessment of at least 3 body systems
- **Anticipatory Guidance** (Regarding anticipation of emerging issues that a child and family may face)
  - Nutrition
  - Exercise
  - Substance abuse counseling
  - Safety
  - Notation that age appropriate anticipatory guidance was provided

## Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the W30 measure. **The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Code Class	Codes	Description
<b>CPT</b>	99381- 99385, 99391- 99395, 99461	Well-care
<b>ICD-10</b>	Z00.110	Health examination for newborn under 8 days old
<b>ICD-10</b>	Z00.111	Health examination for newborn 8-28 days old
<b>ICD-10</b>	Z00.121	Encounter for routine child health check with abnormal findings
<b>ICD-10</b>	Z00.129	Encounter for routine child health check without abnormal findings
<b>ICD-10</b>	Z76.2	Encounter for health supervision and care of other healthy infant and child

\*The ages for well-child visits as recommended by the American Academy of Pediatrics' Bright Futures Periodicity Schedule are:

- Newborn
- First Week (3 to 5 days)
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months (2 year)
- 30 months (2 1/2 year)



# Child and Adolescent Well Care Visits (WCV)

HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.**

\*Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit eg: Gyn type visit, but services that are specific to an acute or chronic condition do not count toward the measure.

Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation that a well-care exam occurred is available in the administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member.\*

**\*\*Telehealth visits now meet criteria as long as the appropriate CPT code is submitted with the GT modifier.**

## Eligible Population

Members 3–21 years as of December 31 of the measurement year.

## Components of a Well-Child Visit

The well-child visit must occur with a PCP type practitioner, but the PCP does not have to be the practitioner assigned to the child. Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure. Do not include services rendered during an inpatient or ED visit.

The following are some examples of acceptable criteria for all the components in a well-child visit:

- **Health History** (Applies to all children and adolescents from ages 3-21)
  - Past illness (or lack of illness)
  - Past surgeries/hospitalizations (or lack of surgery or hospitalization)
  - Social history
  - Family health history
  - Allergies/medications/immunizations documented together
- **Physical Developmental History, Ages 3-6** (Physical skills seen in children as they grow and develop)
  - Can skip
  - Hops on one foot
  - Runs and climbs well
  - Can ride a tricycle
  - Has good articulation/language skills
  - Can count to 10
  - Names 4 or more colors

## Quality Measure Toolkit

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# Child and Adolescent Well Care Visits (WCV)



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- **Physical Developmental History, Ages 7-11**  
(Physical skills seen in children as they grow and develop)
  - Puberty onset
  - Initiation of growth spurts
  - Menstruation/ejaculation
  - Loss of baby fat
  - Accretion of muscle
- **Physical Developmental History, Ages 12-21**  
(Assessment of whether the adolescent is developing skills to become a healthy adult)
  - Tanner Stage/Scale
  - Growth spurts/acne/puberty onset
  - Breast development/menstruation
  - Participation in sports/school activities
  - Facial or pubic hair
- **Mental Developmental History, Ages 3-6**
  - Education/learning (alphabet and numbers)
  - Understands and responds to commands
  - Competent with fork and spoon
  - Imaginative play
- **Mental Developmental History, Ages 7-11**
  - Gaining independence
  - Temper problems
  - Conflict resolution
  - Understanding of rule and consequences
- **Mental Developmental History, Ages 12-21**
  - Education/learning/readiness for school or current grade
  - Depression or suicide awareness
  - Relationships
  - Smoking/ETOH/drug use
  - Sexual activity/puberty
- **Physical Exam** (Applies to all children and adolescents from ages 3-21)
  - Comprehensive head to toe exam with vital signs and assessment of at least 3 body systems
- **Anticipatory Guidance, Ages 3-6** (Regarding anticipation of emerging issues that a child and family may face)

- Nutrition
- Exercise
- Substance abuse counseling
- Safety
- Notation that age appropriate anticipatory guidance was provided
- **Anticipatory Guidance, Ages 7-11** (Regarding anticipation of emerging issues that a child and family may face)
  - Nutrition
  - Exercise
  - Oral health care & wear mouth guard during sports
  - Safety
  - Use of booster seat
  - Social determinants of health
  - Notation that age appropriate anticipatory guidance was provided
- **Anticipatory Guidance, Ages 12-21** (Regarding anticipation of emerging issues that a child and family may face)
  - Nutrition
  - Exercise
  - Substance abuse counseling
  - Safety
  - Notation that age appropriate anticipatory guidance was provided

## Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the WCV measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Code Class	Codes	Description
CPT	99381-99385, 99391-99395, 99461	Well-care
ICD-10	Z00.121	Encounter for routine child health check with abnormal findings
ICD-10	Z00.129	Encounter for routine child health check without abnormal findings
ICD-10	Z00.2	Encounter for examination for period of rapid growth in childhood



# Adolescent Well Care Visits(AWC)

HEDIS® Measurement Year 2022 Measures

**Measure Description: The percentage of members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.**

\*Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit eg: Gyn type visit, but services that are specific to an acute or chronic condition do not count toward the measure.

Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation that a well-care exam occurred is available in the administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member.\*

**\*\*Telehealth visits now meet criteria as long as the appropriate CPT code is submitted with the GT modifier.**

## Eligible Population

Members 12–21 years as of December 31 of the measurement year.

## Components of a Well-Child Visit

The well-child visit must occur with a PCP type practitioner, but the PCP does not have to be the practitioner assigned to the child. Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit, but services that are specific to an acute or chronic condition do not count toward the measure. Do not include services rendered during an inpatient or ED visit.

The following are some examples of acceptable criteria for all the components in a well-child visit:

- **Health History** (Applies to all children and adolescents from ages 12-21)
- Past illness (or lack of illness)
- Past surgeries/hospitalizations (or lack of surgery or hospitalization)
- Social history
- Family health history
- Allergies/medications/immunizations documented together

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## Adolescent Well Care Visits (AWC)



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- **Physical Developmental History, Ages 12-21**  
(Assessment of whether the adolescent is developing skills to become a healthy adult)
  - Tanner Stage/Scale
  - Growth spurts/acne/puberty onset
  - Breast development/menstruation
  - Participation in sports/school activities
  - Facial or pubic hair
- **Mental Developmental History, Ages 12-21**
  - Education/learning/readiness for school or current grade
  - Depression or suicide awareness
  - Relationships
  - Smoking/ETOH/drug use
  - Sexual activity/puberty
- **Physical Exam** (Applies to all children and adolescents from ages 12-21)
  - Comprehensive head to toe exam with vital signs and assessment of at least 3 body systems
- **Anticipatory Guidance, Ages 12-21**  
(Regarding anticipation of emerging issues that a child and family may face)
  - Nutrition
  - Exercise
  - Substance abuse counseling
  - Safety
  - Notation that age appropriate anticipatory guidance was provided

### Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the WCV measure.

**The following are just a few of the approved codes. For a complete list please refer to the NCQA website at [NCQA.org](https://www.ncqa.org).**

Code Class	Codes	Description
CPT	99381-99385, 99391-99395, 99461	Well-care
ICD-10	Z00.121	Encounter for routine child health check with abnormal findings
ICD-10	Z00.129	Encounter for routine child health check without abnormal findings
ICD-10	Z00.2	Encounter for examination for period of rapid growth in childhood

<b>ICD-10</b>	Z00.121	Encounter for routine child health check with abnormal findings
<b>ICD-10</b>	Z00.129	Encounter for routine child health check without abnormal findings
<b>ICD-10</b>	Z00.2	Encounter for examination for period of rapid growth in childhood