Measure 12: Adolescent Well-Care Visits
National Committee for Quality Assurance

A. DESCRIPTION

The percentage of enrolled adolescents ages 12 to 21 that had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year.

Guidance for Reporting:
- A PCP is defined as a physician or nonphysician (e.g., nurse practitioner, physician assistant) who offers primary care medical services. Licensed practical nurses and registered nurses are not considered PCPs.
- An OB/GYN practitioner is defined as (1) physicians certified as obstetricians or gynecologists by the American Medical Specialties Board of Obstetrics or Gynecology or the American Osteopathic Association; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in obstetrics and gynecology, and (2) certified nurse midwives and nurse practitioners who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider).
- Include all paid, suspended, pending, reversed, and denied claims.

B. ELIGIBLE POPULATION

<table>
<thead>
<tr>
<th>Ages</th>
<th>12 to 21 years old as of December 31 of the measurement year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuous enrollment</td>
<td>The measurement year.</td>
</tr>
<tr>
<td>Allowable gap</td>
<td>Adolescents who have had no more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid/CHIP enrollee for whom enrollment is verified monthly, the adolescent may not have more than a 1-month gap in coverage (i.e., an adolescent whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</td>
</tr>
<tr>
<td>Anchor date</td>
<td>December 31 of the measurement year.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Medical.</td>
</tr>
<tr>
<td>Event/diagnosis</td>
<td>None.</td>
</tr>
</tbody>
</table>
C. DATA SOURCE

C.1 – Administrative Data Specifications

Denominator

The eligible population.

Numerator

At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

The PCP does not have to be assigned to the adolescent. Adolescents who had a claim/encounter with a code listed in Table 12.1 are considered to have received a comprehensive well-care visit.

Table 12.1. Codes to Identify Adolescent Well-Care Visits

<table>
<thead>
<tr>
<th>CPT</th>
<th>HCPCS</th>
<th>ICD-9-CM Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>99383-99385, 99393-99395</td>
<td>G0438, G0439</td>
<td>V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9</td>
</tr>
</tbody>
</table>

Source: Refer to Table AWC-A in HEDIS specifications (2012 version).

C.2 – Hybrid Data Specifications

Denominator

A systematic sample drawn from the eligible population.

Numerator

At least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year, as documented through either administrative data or medical record review. The PCP does not have to be assigned to the adolescent.

Administrative Data

Refer to Administrative Specification to identify positive numerator hits from the administrative data.

Medical Records

Documentation in the medical record must include a note indicating a visit to a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of all of the following.

A health and developmental history (physical and mental)
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A physical exam

Health education/anticipatory guidance

Do not include services rendered during an inpatient or ED visit.

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.

Visits to school-based clinics with practitioners who are considered PCPs may be counted if documentation that a well-care exam occurred is available in the medical record or administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the adolescent.

Services that occur over multiple visits may be counted, as long as all services occur in the time frame specified by the measure.

D. ADDITIONAL NOTES

This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at http://www.aap.org and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at http://www.BrightFutures.org for more information about well-care visits.