

## MEASURE AWC-CH: ADOLESCENT WELL-CARE VISITS

National Committee for Quality Assurance

### A. DESCRIPTION

Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.

Data Collection Method: Administrative or Hybrid

#### Guidance for Reporting:

- Include all paid, suspended, pending, and denied claims.
- Beneficiaries in hospice are excluded from the eligible population. If a state reports this measure using the Hybrid method, and a beneficiary is found to be in hospice or using hospice services during medical record review, the beneficiary is removed from the sample and replaced by a beneficiary from the oversample. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Child Core Set.
- Refer to [Appendix C](#) for definitions of PCP and OB/GYN and other prenatal care practitioners.

The following coding systems are used in this measure: CPT, HCPCS, ICD-10-CM, Modifier, POS, SNOMED, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

### B. ELIGIBLE POPULATION

Age	Ages 12 to 21 as of December 31 of the measurement year.
Continuous enrollment	The measurement year.
Allowable gap	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 beneficiary 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).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	None.

**C. ADMINISTRATIVE SPECIFICATION****Denominator**

The eligible population as defined above.

**Numerator**

At least one comprehensive well-care visit (Well-Care Value Set) with a PCP or an OB/GYN practitioner during the measurement year. The practitioner does not have to be the practitioner assigned to the adolescent.

Do not count visits billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth POS code (Telehealth POS Value Set).

**D. HYBRID SPECIFICATION****Denominator**

A systematic sample drawn from the eligible population. Refer to the sampling guidance under Section II. Data Collection and Reporting of the Child Core Set for additional information.

**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 Record Review**

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 history. Health history is an assessment of the beneficiary's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization), and family health history.
- A physical developmental history. Physical developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
- A mental developmental history. Mental developmental history includes developmental milestones and assessment of whether the adolescent is developing skills to become a healthy adult.
- A physical exam
- Health education/anticipatory guidance. Health education/anticipatory guidance is given by the health care provider to the beneficiary and/or parents or guardians in anticipation of emerging issues that a beneficiary and family may face.

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

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

Visits to school-based clinics with practitioners whom the state would consider 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.

The state may count services that occur over multiple visits, as long as all services occur in the time frame specified by this measure.

The following notations or examples of documentation do not count as numerator compliant for the Medical Record Review:

- Health History
  - Notation of allergies or medications or immunization status alone. If all three (allergies, medications, immunization status) are documented it meets criteria.
- Physical Developmental History
  - Notation of "appropriate for age" without specific mention of development
  - Notation of "well-developed/nourished/appearing"

Note: Documentation of "Tanner Stage/Scale" meets criteria for Physical Developmental History for this measure.
- Mental Developmental History
  - Notation of "appropriately responsive for age"
  - Notation of "neurological exam"
  - Notation of "well-developed"
- Physical Exam
  - Vital signs alone
  - Visits where care is limited to OB/GYN topics (e.g., prenatal or postpartum care). The purpose of including visits with OB/GYNs is to allow that practitioner type to perform the adolescent well-care visit requirements. It is not this measure's intent to allow care limited to OB/GYN topics to be a substitute for well-care.
- Health Education/Anticipatory Guidance
  - Information regarding medications or immunizations or their side effects
  - "Handouts given" during the visits without evidence of a discussion

## **E. 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.