

# Convert Pediatric Sick Visits to Well-Care Visits

**Learn how to improve your infant, child and adolescent well-care HEDIS<sup>1</sup> rates. This tip sheet gives key details about converting sick visits to well-care visits, best practices, codes and more resources.**



## Description

Providers can convert sick visits to well-care visits to optimize their reporting rates during the measurement year for the following:

1. Well-child visits in the first 30 months of life (W30).
  - Age 0 to 15 Months – Six or more well-child visits completed.
  - Age 15 to 30 Months – Two or more well-child visits completed.
2. Child and adolescent well-care visits (WCV) completed.

These five components must be documented to be considered a well-care visit:

- Health history.
- Physical development history.
- Mental development history.
- Physical exam.
- Health education/anticipatory guidance.

## Best practices

Follow these guidelines to implement best practices for converting sick visits to well-care visits.

### Eligible sick visits convert to well-care visits

- Evaluate whether a sick visit can convert to a well-care visit.
- Services must be completed with PCP or mid-level practitioner.
- Develop internal processes/reports that assist with identifying members ages 0-21 years who are due for preventive services such as immunizations, well visits, and screenings.

<sup>1</sup>HEDIS – Healthcare Effectiveness Data and Information Set.

### **Evaluate sick visits before converting to well-care visits**

- Providers must evaluate if the member is presenting with mild to no symptoms. If the member shows symptoms that require work up and decision making, then the visit should remain a sick visit.
- Schedule the well-care visit with the parent/guardian before member leaves the clinic.

### **Scheduling**

- Reach out to members to remind/confirm their visits.
- Schedule a well-care visit even if family is calling to schedule a sick visit.
- Offer extended hours for evening and weekend appointments.

### **Develop office process for well-care visits**

- Ensure standing orders are in place for preventive services such as immunizations, lead screening, developmental screening, depression screenings, chlamydia screenings, and fluoride varnish.
- Identify any visit for a child under the age of 21 years old who needs a well-child visit (Use Cozeva® electronic health records (EHR) flag for needed services or well-care visits or chart planning).
- Utilize resources such as Cozeva to reconcile and close care gaps for well-care visits, immunizations, and other preventive screenings when an infant, child or adolescent is in the clinic.
- Standardize the templates in your EHR to improve documentation and data capture.
- Ensure you document the service as well-child visit.
- Ensure documentation supports other anticipatory guidance unrelated to the sick visit.
- Bill sports physicals with Dx code Z02.5
- Consider capturing services at a telehealth visit. Use modifier 95.
  - The visit must include the developmental and behavioral screenings, health risk assessments and anticipatory guidance components as prescribed by Bright Futures current edition.

### **Training/Communication**

- Educate staff when and how to convert sick visits to well-care visits.
- Train staff to schedule sick visits as well-care visits.
- Educate the member on the importance of well-care visits, preventive screenings, and keeping appointments.

## Coding

### Coding sick visit as well-care visit

- Bill a well-care visit CPT code and well-care ICD-10 diagnosis code as the primary diagnosis.
- When billing a sick visit with a well-care visit, sufficient evidence must be documented in the medical record to support a stand-alone visit for both services. Providers must include modifier 25 with the evaluation and management (E/M) CPT code for the sick visit.

Examples of coding sick visit with well-care visit:

CPT codes	ICD-10-CM codes
99393	Z00.129
99213-25	R05.1 Acute cough

## CPT codes

Well-care visit codes	Corresponding codes
CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
HCPCS	G0438, G0439, S0302, S0610, S0612, S0613

Well-care diagnosis code	Corresponding codes
ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z76.1, Z76.2
Sport physicals	Z02.5

A child has a well-care visit EPSDT (99381 – 99461), with a well-care diagnosis code (Z-code) in the first position; the sick visit code (99211 – 99215) with the modifier 25 and with the illness diagnosis CPT code in the second position. To bill this way, there must be enough evidence in the medical record documentation to support a stand-alone visit for both services.

### Resources

HEDIS – Healthcare Effectiveness Data and Information Set.

NCQA. HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022