

2022 Quality Measure Highlight

Physical Activity for Children/Adolescents



MEASURE DESCRIPTION

The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during the measurement year and who had evidence of counseling for physical activity or referral for physical activity during the measurement year.

Denominator: The number of assigned members 3-17 years of age as of December 31, 2022 (DOB between January 1, 2005 and December 31, 2019) who had an outpatient visit with a PCP or an OB/GYN during the measurement year.

Numerator: The number of assigned members with evidence that counseling for physical activity or referral for physical activity was documented at least one (1) time during the measurement year.

Measure Type: Hybrid (medical record / claims / encounters)

Coding

Diagnosis Code: Z02.5, Z71.82

*Please refer to Diagnosis Crosswalk in eReports for complete listing of Code Types

Intent / Importance: According to the American Academy of Pediatrics Bright Futures, participating in physical activity is an essential component of a healthy lifestyle and ideally begins in infancy and extends throughout adulthood (Promoting Physical Activity, n.d.). Regular physical activity increases lean body mass, muscle, and bone strength and promotes physical health (Promoting Physical Activity, n.d.). It fosters psychological well-being, can increase self-esteem and capacity for learning, and can help children and adolescents handle stress. Parents should emphasize physical activity, beginning early in a child's life (Promoting Physical Activity, n.d.).

<u>PCP QIP 2022</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Pediatric Medicine	12 points	72.81%	75 th
Partial Points	Pediatric Medicine	9 points	66.18%	50 th

Relative Improvement

- A site’s performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

Compliant Documentation

Documentation must include the date, and at least one of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).
- Checklist indicating physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity during a face-to-face visit.
- Anticipatory guidance specific to the child’s physical activity.
- Weight or obesity counseling.

Non-Compliant Documentation

- No counseling/education on physical activity.
- Notation of “cleared for gym class” or “cleared for sports activity” alone without documentation of a discussion.
- Counseling/education before or after the measurement year.
- Notation of “health education” or “anticipatory guidance” without specific mention of physical activity.
- Notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety) without specific mention of physical activity recommendations.
- Notation solely related to screen time (computer or television) without specific mention of physical activity.

- Documentation specific to the assessment or treatment of an acute or chronic condition (e.g., Chronic knee pain is able to run without limping).

Exclusions

- Members who have a diagnosis of pregnancy during the measurement year (Must include a note indicating a diagnosis of pregnancy).

Best and Promising Practices

Data and Coding

- Submit claims and encounter data within 90 days of service. We highly encourage submitting claims within 14-to-30 days of service toward the end of the measurement year period to avoid claims lag.
- Use coding to document exclusions.
- Use complete and accurate codes to capture services completed for telehealth and in-person visits.
- **Member Care**Contact parents/guardians to schedule their visits at least once a year.
- Outreach and schedule appointments during times that are more convenient for parents/guardians and their children. Take advantage of school breaks and holidays (i.e. summer break, winter break, etc.) and offer extended/weekend hours.
- Use every visit such as sick visits and sports physicals to also complete this measure.
- Check boxes and pre-populated forms and EHR screens can save time. Consider adding or turning on these features in your EHR system if available.
- When counseling for physical activity discuss organized sports activities or after school programs and document age appropriate activity such as “rides bike for 30 minutes a day.”
- Use telehealth services to complete the physical activity counseling components with proper coding and modifier.
- Note: Counseling elements cannot be related to an acute condition.