



## CHILD AND ADOLESCENT WELL-CARE VISITS (W30, WCV)

### MEETING THE HEDIS MEASURE

**Well-Child Visits in the First 30 Months of Life (W30):** Assesses the percentage of members who turned 15 months old during the measurement year and had at least six well-child visits with a primary care physician during their first 15 months of life.

Assesses children who turned 30 months old during the measurement year and had at least two well-child visits with a primary care physician in the last 15 months, and at least yearly for children ages 3-21.

**Child and Adolescent Well-Care Visits (WCV):** Assesses children 3–21 years of age who received one or more well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

### WHY IS THE MEASURE IMPORTANT?

Assessing physical, emotional, and social development is important at every stage of life, particularly with children and adolescents. Well-care visits provide an opportunity for providers to evaluate health and development and are a critical opportunity for screening and counseling.

**Prevention:** Members receive scheduled immunizations to prevent illness. Parents can ask about nutrition and safety in the home and at school.

**Tracking growth & development:** Monitor member's growth since their last visit and talk about development. Discuss milestones, social behaviors, physical activity, and learning.

**Concerns:** Discuss concerns such as development, behavior, sleep, eating habits, and getting along with other family members and peers.

**Team approach:** Regular visits create strong, trustworthy relationships among the pediatrician, parent, and child. The American Academy of Pediatrics (AAP) recommends well-child visits for pediatricians and parents to serve children's needs. This team approach helps develop optimal physical, mental, and social health of a child.

### WAYS TO IMPLEMENT BEST PRACTICES AND IMPROVE PERFORMANCE

**Documentation** must include evidence of a health, physical developmental, and a mental developmental history. It must also include a complete physical exam, if the visit was originally for a sick visit the physical must be comprehensive, and not just pertaining to the reason for the sick visit. Lastly, the documentation must include Health Education/Anticipatory Guidance and to whom received the information. Remember that handouts given during a visit without evidence of a discussion does not meet the criteria for Health Education/Anticipatory Guidance.

**The Well-Child Visit** must occur with a PCP, but the PCP does not have to be the provider assigned to the child.

**Telehealth** services may be used for this measure.

**Include** the date when a health and developmental history and physical exam was performed, and health education/anticipatory guidance was given in the medical record.

**Use** correct billing codes and ensure timely submission of claims.

**Create** a template with a checklist for Well-Child visits to ensure measure compliance. Utilize standardized templates in electronic health records (EHRs) as available.


**Turn** a sick visit into a Well-Child visit using Modifier -25. Take advantage of a sick visit by administering a Well-Child visit as this might be the only time you see this member during the measurement year.

**Sport** physicals can also be turned into a Well-Child visit. Make sure to provide appropriate documentation and billing codes.

**Outreach** and schedule appointments during convenient times for parents and their children. Take advantage of school breaks and holidays (such as summer break and winter break) and offer extended/weekend hours.

**Refer** to the American Academy of Pediatrics Guidelines for Health Supervision at [www.aap.org](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 [www.brightfutures.org](http://www.brightfutures.org) for more information about Well-Child visits.



## Important Notes

The well-child visit must be done by a primary care provider, but it does not have to be with the member's assigned primary care provider. School-based health clinic visits count for this measure if they are for a well-care exam and the physician completing the exam is a primary care provider


**New for 2023**

Added

- Rates now include stratification by race and ethnicity

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

CPT® / CPT® II/ ICD 10	
Well Care Visits	<b>CPT:</b> 99381-85, 99391-95, 99461 <b>ICD 10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5 Z76.1, Z76.2



### Required Exclusions:

Members in hospice or using hospice services

Members who died

**Timeframe:** Any time during the measurement year

## REFERENCES

Child and adolescent well-care visits. NCQA. (2023, January 23). Retrieved March 10, 2023, from [www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/](http://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/)

Bright Futures. 2021. [www.brightfutures.aap.org/](http://www.brightfutures.aap.org/)

Lipkin, Paul H., Michelle M. Macias, Section on Developmental and Behavioral Pediatrics Council on Children with Disabilities, Kenneth W. Norwood Jr, Timothy J. Brei, Lynn F. Davidson, Beth Ellen Davis, et al. 2020. "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening." *Pediatrics* 145 (1): e20193449. [www.doi.org/10.1542/peds.2019-3449](http://www.doi.org/10.1542/peds.2019-3449)

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