



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 had the following number of well-child visits with a Primary Care Physician

SERVICE DATE RANGE

during the last 15 months.

The following rates are reported:

- Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.
- Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

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 Physician 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 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 for more information about Well-Child visits.

REQUIREMENTS

Visit code, provider type and service date

SERVICE DATE RANGE

Measurement year

REQUIRED EXCLUSIONS

- Members in hospice or using hospice services during the measurement year
- Members who have died during the measurement year



Important Notes

The well-child visit must be done by a Primary Care Physician, but it does not have to be with the member's assigned Primary Care Physician. 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

CPT® / CPT® II

ICD 10

Well Care Visits	99381, 99382, 99383, 99384, 99385, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 ICD 10: 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
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*Codes are not all inclusive

**Claims data only, cannot accept data through any other supplemental sources such as data feeds and medical record collection methods.

REFERENCES

Child and adolescent well-care visits. NCQA. (2024a, April 11). <https://www.ncqa.org/hedis/measures/child-and-adolescent-well-care-visits/>

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