

## HEDIS® Toolkit

### Well-Child Visits in the First 30 Months of Life (W30) Child and Adolescent Well-Care Visits (WCV)



#### Who is eligible?

All children, adolescents, and young adults who are in their respective age ranges.

#### Why it matters?

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 influence health and development and they are a critical opportunity for screening and counseling.<sup>1</sup>

#### Measure Description

This measure is based on the American Academy of Pediatrics Bright Futures guidelines for Health Supervision of Infants, Children, and Adolescents.<sup>1</sup> In addition to the Bright Future Guidelines, the AAP publishes a recommended schedule of screenings and assessments, known as the periodicity schedule, that outlines what to do at every visit, from infancy to adolescence.<sup>2</sup> Bright Futures recommends more frequent well-child visits in the first years of life and one or more well-child visits from age 3–21. They recommend that the well-child visits include, but are not limited to, an initial/interval medical history, physical exam, developmental assessment, immunization and anticipatory guidance.

#### Well-Child Visits in the First 30 Months of Life (W30)

The percentage of members who had the following number of well child visits with a PCP during the last 15 months. The following rates are reported:

1. Well-Child Visits in the First 15 Months: Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. 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)

The percentage of members 3–21 years of age who had at least one comprehensive well care visit with a PCP or an OB/GYN practitioner during the measurement year.

#### Measurement Tips

- Visits must be with a primary care provider (PCP).
- There must be at least two weeks between each well-child visit.
- Assessment or treatment of an acute or chronic condition do not count towards the measure.
- Sick visits may present an opportunity to complete a well-visit if clinically appropriate (see *sections below for further information*).

**NOTE:** As of Measurement Year 2025 (MY25), telehealth visits are no longer eligible visits.

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#### Best Practices

- Provide reminder calls or texts before appointments and after missed appointment to reschedule.
- Schedule appointments in advance or at the end of each appointment to allow for availability.
- Consider extending standard office hours into the evening, early morning or weekends and explore methods to ensure parents or guardians are aware of available hours.
- Educate expecting parents on the well-child periodicity schedule prior to delivery.
- Schedule catch-up well-child visits for members who are off-track as needed.
- Encourage parents or guardians to utilize patient portal platforms such as MyChart to schedule appointments, keep track of visits, communicate with their PCP, and update health information.
- Utilize [Texas Health Steps \(THSteps\) resources](#) such as the [THSteps Periodicity Schedule](#) and [THSteps Anticipatory Guidance Provider Guide](#).

#### Claims Codes

The following federal and state mandated components must be documented in the member's medical record for the well-child visit to be considered complete:

- Comprehensive health and developmental history, including physical and mental health development
- Comprehensive unclothed physical examination
- Immunizations appropriate for age and health history
- Laboratory tests appropriate to age and risk, including lead toxicity and specific federally-mandated ages
- Health education including anticipatory guidance
- Dental referral

**NOTE:** The member's medical record must include documentation to support the rationale a component was not completed, and a plan to complete the component(s) if not due to parent or caregiver concern or reasons of conscience, including religious beliefs. Please refer to the [Texas Medicaid Provider Procedures Manual](#) for additional information and guidance.

#### Well-Child Visits in the First 30 Months of Life (W30)

Age Range	CPT Codes (New Patients)	CPT Codes (Established Patients)	ICD-10 Diagnosis Codes
0-7 Days	99381	99391	Z00.110
8-28 Days	99381	99391	Z00.111
29-364 Days	99381	99391	Z00.121*, Z00.129†
12-30 Months	99382	99392	Z00.121*, Z00.129†

\* With abnormal findings. † Without abnormal findings.

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### Child and Adolescent Well-Care Visits (WCV)

Age Range	CPT Codes (New Patients)	CPT Codes (Established Patients)	ICD-10 Diagnosis Codes
3-4 Years	99382	99392	Z00.121*, Z00.129†
5-11 Years	99383	99393	Z00.121*, Z00.129†
12-17 Years	99384	99394	Z00.121*, Z00.129†
18-21 years	99385	99395	Z00.121*, Z00.129†

\* With abnormal findings. † Without abnormal findings.

**Note:** Both CPT and appropriate ICD-10 codes must be present for claim to be paid. Claims should be billed using the child's Medicaid number.

### How can providers turn a sick visit into a well visit?

- Sick visits, weight checks, and physicals do not themselves count towards the measure. However, these encounters present an opportunity to complete well-child visits.
- Claims can be submitted for both a sick visit and a preventative well-child visit for the same date of service by adding modifier 25 to the claim.

### Examples of Proper Coding

E/M Description & Age Range	Well-Child Visit Diagnosis Code (in the Primary Position)	Well-Child Visit E/M Code	Allowable Sick Visit With Modifier 25 (when billed with a well-child visit)
New Patient 3-4 Years	Z00.121	99382	99202-25
Established Patient 3-4 Years	Z00.121	99392	99212-25
Established Patient 12-17 Years	Z00.129	99394	99213-25

\* With abnormal findings. † Without abnormal findings.

### Documentation Tips

- Modifiers 25 must be billed in the first modifier position with the applicable evaluation and management (E/M) code for the allowed sick visit – the sick visit will be denied if Modifier 25 is not billed in the first position.
- Appropriate diagnosis codes must be billed for the respective well-child visit and sick visit.
- Proper medical record documentation is required to support the CPT codes and the E/M codes billed. This documentation should be able to be split into two separate notes supporting both E/M services billed for the visit.

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### Additional Resources

#### Provider Resources

- [Clinical Practice Guidelines](#)
- [American Academy of Pediatrics Bright Futures Resources](#)
- [NCQA Well-Child Visits in the First 30 Months of Life \(W30\)](#)
- [NCQA Child and Adolescent Well-Care Visits \(WCV\)](#)

#### Members Resources

- [TCHP Transportation Assistance](#)
- [TCHP Healthy Rewards Program](#)
  - ◇ [Well-Child Checkups Reward](#)
  - ◇ [Young Adult Wellness Visit Reward](#)

<sup>1</sup> Hagan, J.F., J.S. Shaw, and P.M. Duncan, eds. 2017. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. Fourth edition. Elk Grove Village, IL: Bright Futures/American Academy of Pediatrics.

<sup>2</sup> Bright Futures & American Academy of Pediatrics. 2020. *Periodicity Schedule—Recommendations for Preventive Pediatric Health Care*. <https://www.hhs.texas.gov/providers/health-services-providers/texas-health-steps/medical-providers>