



Effectiveness of Care Measure

Child and Adolescent Well-Care Visits



Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about child and adolescent well-care visit measures and best practices.

Measures		<p>WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE</p> <p>Measures children turning 15 and 30 months during the measurement year, and evaluates if the member met the required number of comprehensive well-care visits with a primary care provider (PCP).¹</p> <ul style="list-style-type: none"> • For children in their 15 months of life: six well-child visits on different dates of service. • For children in their 15–30 months of life: two well-child visits on different dates of service.
		<p>CHILD AND ADOLESCENT WELL-CARE VISITS</p> <p>Measures children and adolescents turning 3–21 years of age during the measurement year and evaluates if a well-care visit was completed with a PCP or OB/GYN.</p>

Documentation that a comprehensive well-care visit was completed will support billing and coding practices. Use standard templates in the electronic health record and ensure coding function is available for the provider to bill the appropriate services.

Partial exams can meet the HEDIS administrative measure. For services completed through telehealth, require the member to follow up in-person for a physical exam at a later date of service.

The California Department of Health Care Services requires documentation of the following items in the clinical medical record:

Chart tips	Include all of these items in records	Records that do not count as compliant
1	Health history – Can include, but is not limited to, past illness (or lack of), surgery or hospitalization (or lack of these) and family health history.	Notes of allergies or medications or vaccine status alone. If all three are documented, it meets health history standard.
2	Physical development history – Includes age-appropriate milestones like motor development for infants and children; Tanner Stages, puberty, or smoking, illicit drug use, and alcohol use for adolescents.	Note of “appropriate age” without specific mention of development. Note of “well developed” alone.
3	Mental development history – Milestones can include appropriate communication and mental milestones for age; reading for enjoyment; doing well in school; loving, caring and supportive relations with family; sexual identity.	Note of “appropriate for age” without specific mention of development. Note of “neurological exam.”

¹NCQA. HEDIS MY 2020 and 2021 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2020.

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Child and Adolescent Well-Care Visits (continued)

Chart tips (continued)

Include all these items in records	Records that do not count as compliant
<p>4 Physical exam – Includes records of at least two body systems not related to the reason for the visit if the visit is for an acute or chronic condition.</p> <p>Note of “physical exam WNL” is acceptable.</p>	<p>Vital signs alone.</p> <p>Visits to an OB/GYN if the visit is limited to OB/GYN topics alone (for adolescent well visits).</p>
<p>5 Health education/anticipatory guidance – Given by the health care provider to parents or guardians in anticipation of emerging issues that a child or family may face.</p> <p>For example: Notes of tobacco screening, use or exposure; physical abuse or neglect; preventive teaching in anticipation of child’s development. Records must be age-specific.</p>	<p>Information regarding medication or vaccines, or their side effects.</p> <p>Teaching, advising or educating in response to a sick episode.</p>

Best practices (first 30 months)

- Use well-child visits to give recommended vaccinations.
- Schedule the recommended visits per the American Academy of Pediatrics age guidelines at: 2–5 days after birth, 1 month, 2 month, 4 month, 6 month, 9 month, 12 month, 15 month, 18 month and 24 months.
- Allow one or two weeks scheduling room for makeup visits before child turns 15 or 30 months.
- Inform caregivers about the importance of frequent well-child visits during the first 30 months.
- Pursue missed appointments with letters and reminder calls.
- Make outreach calls to members who are not on track to complete the recommended number of well-child visits by age 30 months.
- Use telehealth services to help complete the well-child visit. Vaccinations are administered in person.
- Make the most of any patient visit, healthy child or not, to educate parents on their child’s health and provide children the needed health assessments, preventive care and screenings.

Best practices (ages 3–21)

- Turn a sick visit into a well-care visit. Take advantage of a sick visit by giving a well-care visit as this might be the only time you see this patient during the measurement year.
- Add physical exams to sports physicals and bill for the sports physicals by capturing the ICD-10 code Z02.5.
- Capture nutrition and physical activity using the Staying Healthy Assessment form or providing anticipatory guidance. Bill the G0447 code or utilize ICD-10 Z71.82 for physical activity and ICD-10 Z71.3 for nutrition counseling along with the appropriate well-child visit.
- Remember to bill for body mass index (BMI) percentiles.
- Reach out and schedule appointments during suitable 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.
- Use telehealth services to help complete a well-care visit.

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Child and Adolescent Well-Care Visits (continued)

Codes sets	Well-care visit	Corresponding codes
	CPT	99381–99385, 99391–99395, 99461, S0302
	HCPCS	G0438, G0439
	ICD-10	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2
	Telehealth modifier	GQ (asynchronous), 95 (synchronous)
	Telehealth POS	02

Exclusions	Patients in hospice care are excluded.	
	Hospice	Corresponding codes
	Hospice encounter	HCPCS G9473–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046
	Hospice intervention	CPT 99377, 99378; HCPCS G0182