

Infant, Child and Adolescent Well-Care Visits

Learn how to improve your HEDIS¹ rates and ensure healthy juvenile patients.

Measures



WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE

Measures members who had the following number of well-child visits with a primary care provider (PCP).²

- **Well-Child Visits in the First 15 Months:** children who turn 15 months of age during the measurement year with six or more well-child visits.
- **Well-Child Visits from Ages 15 Months — 30 Months:** children who turn 30 months of age during the measurement year with two or more well-child visits.



CHILD AND ADOLESCENT WELL-CARE VISITS

Measures 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.

Chart tips

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 (DHCS) requires documentation of the following items in the clinical medical record:

- 1) Health history
- 2) Physical development history
- 3) Mental development history
- 4) Physical exam
- 5) Health education/anticipatory guidance

¹ HEDIS – Healthcare Effectiveness Data and Information Set.

² NCQA. HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

**Best
practices
(first 30
months)**

- Schedule the recommended visits per the American Academy of Pediatrics age guidelines at: 3-5 days after birth, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and 24 months.³
- Schedule multiple infant well-child visits according to the periodicity schedule. Ensure the next well-child visit is scheduled anytime the infant is in the office.
- Infant well-child visits must be at least two weeks apart. Allow at least two weeks for makeup visits before the child turns 15 months 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.
- Use well-child visits to give recommended vaccinations.
- 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. Schedule the physical exam and vaccinations at another time.
- Make the most of any infant visit, healthy child or not, to educate parents on their child's health and provide children the needed health assessments, preventive care and screenings, such as developmental and lead screenings.

**Best
practices
(ages 3-21)**

- Schedule the required number of visits ahead of time, taking into account make-up visits and rescheduling. Allow two weeks for makeup visits before a child turns 15 months or 30 months.
- 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.
- Reach out and schedule appointments during convenient times for parents and their children. Take advantage of school breaks and holidays — such as summer and winter break — and offer extended/weekend hours.
- Educate parents.
- Use telehealth services to help complete well-care visits, especially for adolescents. Use appropriate telehealth codes or modifiers.
- 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 provided 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-care visit.
- Remember to bill and code for body mass index (BMI) percentiles.
- Ensure that electronic health records (EHRs) are being submitted with correct codes and that provider information is current.

³Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care, 2022.
https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.267491214.1831491544.1659380441-587873458.1645198406

(continued)

Code sets

Well-Child Visit Codes		
Description	CPT codes	ICD-10 codes
Office visit new patient	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	Health supervision for newborn under 8 days old: Z00.110
		Health supervision for newborn 8 to 28 days old: Z00.111
		Routine child health exam with abnormal findings: Z00.121
		Routine child health exam without abnormal findings: Z00.129
Office visit established patient	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	Health supervision for newborn under 8 days old: Z00.110
		Health supervision for newborn 8 to 28 days old: Z00.111
		Routine child health exam with abnormal findings: Z00.121
		Routine child health exam without abnormal findings: Z00.129

Well-Care Visit	Corresponding Codes
CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 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

Telehealth Codes
<ul style="list-style-type: none"> • Synchronous: modifier “95” or “GT” • POS service code “02” (Not applicable to FQHC’s, RHC’s, IHS)

Exclusions

Patients in hospice or using hospice services anytime during the measurement year and members who died anytime during the measurement year are excluded.

Well-Care Visit	Corresponding Codes
Hospice Encounter	HCPCS: G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003
Hospice Intervention	CPT: 99377, 99378 HCPCS: G0182

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