

# Child and Adolescent Well-care visits (WCV)

## New for 2025

### Updated

- Telehealth well visits were removed from gap closure criteria



**Yes!**

Supplemental data accepted

## Definition

Percentage of members ages 3-21 years who had one or more comprehensive Well-care visits with a primary care provider or OB-GYN during the measurement year.

Plans(s) affected	Quality program(s) affected	Collection and reporting method
<ul style="list-style-type: none"> <li>• Commercial</li> <li>• Exchange/Marketplace</li> <li>• Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>• CMS Quality Rating System</li> <li>• Select Medicaid state reporting</li> </ul>	<p><b>Administrative</b></p> <ul style="list-style-type: none"> <li>• Claim/encounter data</li> </ul>

## Codes

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.

Well-care visits	
<b>CPT®/CPT II</b>	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
<b>HCPCS</b>	G0438, G0439, S0302, S0610, S0612, S0613
<b>ICD-10 Diagnosis</b>	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2

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# Child and Adolescent Well-care visits (WCV) (cont.)

## Well-care visits

### SNOMED

103740001, 170099002, 170107008, 170114005, 170123008, 170132005, 170141000, 170150003, 170159002, 170168000, 170250008, 170254004, 170263002, 170272005, 170281004, 170290006, 170300004, 170309003, 171387006, 171394009, 171395005, 171409007, 171410002, 171416008, 171417004, 243788004, 268563000, 270356004, 401140000, 410620009, 410621008, 410622001, 410623006, 410624000, 410625004, 410626003, 410627007, 410628002, 410629005, 410630000, 410631001, 410632008, 410633003, 410634009, 410635005, 410636006, 410637002, 410638007, 410639004, 410640002, 410641003, 410642005, 410643000, 410644006, 410645007, 410646008, 410647004, 410648009, 410649001, 410650001, 442162000, 783260003, 1269517007, 1269518002, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106

## Required exclusion(s)

### Exclusion

- Members in hospice or using hospice services
- Members who died

### Time frame

Any time during the measurement year



## Important notes

- The well-child visit must be done by a primary care provider, but it doesn't have to be with the member's assigned primary care provider
- School-based health clinic visits count for this measure if they're for a well-care exam **and** the physician completing the exam is a primary care provider
- A sports physical does not qualify for a well-care visit because it does not include required components for a well-care exam such as the health history, preventive care, behavioral and development screenings

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# Child and Adolescent Well-care visits (WCV) (cont.)

## Tips and best practices to help close this care opportunity:

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.**

If you have questions, your UnitedHealthcare representative can help.

- If provider is seeing a patient for Evaluation and Management (E/M) services and all well-child visit components are completed, attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure
  - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed
  - Modifier 59 is used to indicate that 2 or more procedures were performed at the same visit, but to different sites on the body
- Helpful resources about the components of care are available at [brightfutures.aap.org](https://brightfutures.aap.org)
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
  - As part of the UnitedHealthcare clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your

information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.

- **The America's Health Rankings® 2024 Health of Women and Children Report** stated that mortality increased by 14% in children ages 1-19 between 2017-2019 and 2020-2022, with an increase of 7% among children ages 5-14. In addition, mental health conditions increased by 12% in children ages 3-17 between 2020-2021 and 2022-2023. Early identification of risk factors and health concerns are key in promoting better health outcomes for this population. Based on internal analytic a significant drop in well-child visits after age 3 has been identified. Below are some strategies that may be implemented to impact the well-child visit rate and provide an opportunity to identify and address any concerns.
  - Partner with your UnitedHealthcare representative to identify a targeted population for outreach such as those children who had a well-child visit in the previous year but are overdue this year
  - Use your Patient Care Opportunity Report (PCOR) on a quarterly basis to identify the children who need a well-child visit and cross reference with children who do not already have appointments and perform outreach to get those children scheduled

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# Child and Adolescent Well-care visits (WCV) (cont.)

## Tips and best practices to help close this care opportunity:

- Offer options such as extended hours in the evening, weekend appointments, walk-in clinics or block scheduling for families to help accommodate working parents/caregivers and school hours to alleviate the burden of managing multiple appointments and competing time commitments
- Partner with your UnitedHealthcare representative to see if there are options to assist those families who frequently have to cancel due to transportation issues or other barriers to care, social determinants of health, etc.

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