

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

New for 2025

Added

- Telehealth visits do not meet gap closure criteria



Yes!

Supplemental data accepted

Definition

Percentage of members who turned 15–30 months old during the measurement year and had the recommended number of well-child visits with a primary care provider.

- Children 0-15 months old during the measurement year: 6 or more well-child visits in the first 15 months of life
- Children 15-30 months old during the measurement year: 2 or more well-child visits between 15–30 months of age

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

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	
CPT®/CPT II	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
HCPCS	G0438, G0439, S0302, S0610, S0612, S0613
ICD-10 Diagnosis	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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Well-Child Visits in the First 30 Months of Life (W30) (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, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106

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

Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"> Members in hospice or using hospice services Members who died 	Any time during the measurement year

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.

- Visits billed with a code that indicates telehealth, online assessments or telephone visits will **not** meet gap closure criteria
- The Bright Futures/American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care, also known as the **Periodicity Schedule** outlines the schedule of screenings and assessments recommended at each well-child visit from infancy through adolescence. The benefit of preventive care is well published and based on our internal analytics. The following are some strategies that may be implemented to impact the well-child visit rate and provide an opportunity to identify and address concerns:
 - Use your Patient Care Opportunity Report (PCOR) on a monthly basis to focus outreach efforts on:
 - W30 0-15: Children ages 12-14 months and have completed only 5 well visits

- W30 15-30: Children ages 18-20 months and have completed 1 well-child visit
- Offer options such as extended hours in the evening, weekend appointments, walk-in clinicx 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.
- 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

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- 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://www.brightfutures.aap.org)
- Well-care visits can be accepted as supplemental data, reducing the need for some chart review. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- 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.

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