

Child and Adolescent Well-Care Visits (W30 and WCV)

Based on age, completing the appropriate number of well-child/care visits, defined as:

Age	Well-Visit Guidance
0-15 months	6 or more well-child visits with a PCP within the first 15 months of life, at least 15 days apart
15-30 months	2 or more well-child visits with a PCP between 15 – 30 months of age
3-21 years	At least 1 well-care visit with a PCP or OB/GYN during the measurement year (annual basis)

Relevant Codes

The following codes may support gap closure through claims. Compliance depends on meeting HEDIS-defined criteria, including timing, documentation, and qualifying services—not code submission alone.

Code	Description
99381, 99391, 99461	0-12 months well-child visit
99382, 99392	1-4 years of age well-child visit
99383, 99393	5-11 years of age well-child visit
99384, 99394	12-17 years of age well-child visits
99385, 99395	18 years and older well-child visit
G0438, G0439	Well-Child/Adolescent Visit
S0610, S0612, S0613 (HCPCS)	Annual Gyno exam
Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2, Z01.419, Z01.411 (ICD-10)	Well-Child/Adolescent Visit

Documentation Requirements

- Appropriate documentation for each of the components of a well-visit. The components of a well-child visit include, but are not limited to, an initial/interval medical history, physical exam, developmental assessment, immunization and anticipatory guidance (see [American Academy of Pediatrics Bright Futures](#) for further details).
- A well-care visit code must be submitted to close the measure.
- Visit must occur with a Primary Care Provider (or OB/GYN).
- In-person visits are required. Telehealth visits are no longer accepted.
- Each visit must occur on different dates of service.
- Preventive services count toward the measure, regardless of the primary reason for visit.
- This measure must be closed via claims; medical records are only reviewed for audit purposes.

Common Documentation Insufficiencies

- **Medical history:** allergies, medications, AND immunizations must be documented.
- **Physical exam:** verbiage of “appropriate for age”, or Tanner stage/scale alone does not meet measure.
- **Developmental assessment:** verbiage of “appropriate for age”, “well developed”, “neurological exam” alone do not meet the measure.
- **Physical Exam:** vital signs alone do not meet the measure.
- **Immunization and anticipatory guidance (health education):** information on medications and immunization side effects alone does not meet the measure.

Best Practices

- Ensure workflows are in place to notify the care team before a patient becomes overdue for a visit; have patients complete their required visits prior to the end of year or designated age.
- Make follow-up phone calls if patients have not made appointments to be seen. Utilize care gap lists to identify non-compliant patients.
- Educate parents on the benefits of well-care visits and risks of not having their children seen regularly.
- Ensure well visit templates capture all required components, utilize proper codes, and complete needed well-visits during sick visits, as appropriate.