

## Well-Child Visits in Years Three, Four, Five, and Six of Life (W34) and Weight Assessment and Counseling for Children and Adolescents (WCC)

### Patient Profile for Well-Child Visits in Years Three, Four, Five, and Six of Life (W34)

MVP members 3–6 years of age who have had one or more well-child visits with a PCP during the current calendar year. Preventive services may be rendered on visits other than well-child visits, but services specific to the assessment or treatment of an acute or chronic condition alone do not count toward the measure.

An example would be the patient who presents for an otitis sick visit. The interim history and physical assessment are limited to the complaint. There is no developmental assessment, and the anticipatory guidance relates only to the illness.

### Patient Profile for Weight Assessment and Counseling for Children and Adolescents (WCC)

MVP members 3–6 years of age who have had an outpatient visit with a PCP and showed evidence of the following during the calendar year.

- BMI percentile documentation\* including height and weight.
- Counseling for nutrition, or referral for nutrition education and weight or obesity counseling.
- Counseling or referral for physical activity and weight or obesity counseling.

\*BMI norms for youth vary with age and gender. Therefore, this measure evaluates whether BMI percentile is assessed, rather than an absolute BMI value. Either of the following meets the criteria for BMI percentile: (a) BMI percentile documented as a value (e.g., 85th percentile) or (b) BMI percentile plotted on an age-growth chart. Ranges and thresholds do not meet the criteria for this indicator. A distinct BMI percentile is required for measure compliance.



### How to Implement Best Practices and Improve Performance

- View each encounter as an opportunity to discuss wellness and provide preventive services, such as delinquent immunizations. This is especially helpful for parents whose compliance with medical care cannot be ensured. For these patients, providers should also consider incorporating well components with sick visits.
- Document a well-rounded interim history (or complete history at an initial visit) or complete birth history at the initial visit. Examples include patient and parent concerns, feeding, elimination, sleep, and behavior patterns since last visit. This must occur at least once during the calendar year.
- Document a developmental assessment, both physical and mental. Examples include “*Development is Appropriate for Age*” or “*Normal Development*”. In addition, you should make reference to cognitive behaviors, communication skills, and physical abilities. This must be done at least once during the calendar year.
- Make sure to conduct a yearly physical exam that includes most, or all of the major body systems.
- Anticipatory Guidance/Health Education should be discussed and documented during visits. Examples for the W34 measure include bicycle and car safety, and setting limits. Examples for the WCC measure include active play, family walks, physical activity behaviors and routines, participation in sports such as gymnastics, martial arts, or dance, and screen time limits. You should also discuss nutritional topics such as eating patterns, typical meals and snacks, healthy diets, and avoiding junk foods. This must be done at least once during the calendar year.

The services may occur over multiple visits, as long as each of these components is met by a PCP at least once during the calendar year. (This can include school-based clinic visits).

- Visit [Brightfutures.org](http://Brightfutures.org) for Best Practices related to preventive visits for infants, children, or adolescents. Using well-visit templates will satisfy all components of the measure.



## How Scheduling Staff Can Collaborate to Implement Best Practices and Improve Performance

- When a child comes for sick visits in-between preventive visits, please remind the parent(s) or guardian(s) about the importance of keeping the preventive appointments, even if they may be in close proximity.
- In addition, remind parent(s) or guardian(s) that there is no co-pay for preventive services or health maintenance visits.

*Information related to all 2019 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.*

## Billing Codes for the W34 Measure

### CPT Codes

99381-99385, 99391- 99395, 99461

### HCPCS Codes

G0438, G0439

### ICD-10 Diagnosis Codes

Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9

## Billing Codes for the WCC Measure

### CPT Codes

Nutrition Counseling: 97802, 97803, 97804

### HCPCS Codes

Nutrition Counseling: G0270, G0271, G0447, S9449, S9452  
Physical Activity: G0447, S9451

### ICD-10 Codes

BMI Percentile: Z68.51  
BMI < 5th percentile: Z68.52  
BMI 5th to 85th percentile: Z68.53  
BMI 85th to 95th percentile: Z68.54  
BMI >95th percentile:  
Dietary Surveillance and Counseling: Z71.3  
Physical Activity: Z02.5