

Child and Adolescent Well-Care Visits (WCV)

A new measure effective 2020 that combines Well-Child Visits in Years 3–6 of Life (W34) and Adolescent Well-Care (AWC)

Patient Profile

MVP members 3–21 years of age who have had one or more comprehensive well-care visits during the current calendar year.

- Visit must occur with a Primary Care Provider (PCP) or an OB/GYN provider.
- **Telehealth services can be used for this measure.**
- Documentation in the medical record must include all of the following:
 - A health history
 - A physical developmental history
 - A mental developmental history
 - A physical exam
 - Health Education/Anticipatory Guidance
- A well-care visit may be conducted during a sick visit as long as the documentation not only addresses the intent of the visit, but also that the preventive service was one with all the required elements documented.
- Visits to school-based clinics with providers whom the organization would consider PCPs may be counted if documentation of a well-care exam is available in the medical record.

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 a 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.
- Health Education/Anticipatory Guidance should be discussed and documented during visits. Examples include bicycle and car safety, and setting limits. 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** 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 is seen 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.

2021 Coding for Well-Child Visits for WCV Measure

Codes for WCV Measure	Use of the following codes will make the member a pass for this measure
Telehealth Modifier	Modifier: 95, GT
Telehealth POS	POS: 02
Well-Care	CPT: 99381–99385, 99391–99395, 9946
	HCPCS: G0438, G0439
	ICD-10 CM: Z00.00–Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0–Z02.6, Z02.71, Z02.79, Z02.81–Z02.83, Z02.89, Z02.9, Z76.1, Z76.2
Exclusion from WCV Measure	Use of the following codes will exclude the member from passing this measure
Hospice Encounter	HCPCS: G9474–G9479, Q5003–Q5008, Q5010, S9126, T2042–T2046
	UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650, 0651, 0652, 0655–0659
Hospice Intervention	CPT: 99377, 99378
	HCPCS: G08182