

Well-Child Visits in the First 15 Months of Life (W15)

Patient Profile

MVP members who turned 15 months old during the measurement year and who have had six or more comprehensive well-child visits with a Primary Care Provider (PCP) by their 15-month birthday.

- The well-child visit must occur with a PCP, but the PCP does not have to be the provider assigned to the child.
- Telehealth services may be used for this measure.
- Documentation must include evidence of a health, physical developmental, and a mental developmental history. It must also include a complete physical exam, if the visit was originally for a sick visit the physical exam must be comprehensive, and not just pertaining to the reason for the sick visit. Lastly, the documentation must include Health Education/Anticipatory Guidance and to whom received the information. Remember that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.

How to Implement Best Practices and Improve Performance

View each contact with a patient as an opportunity to discuss wellness and provide preventive services, such as delinquent immunizations. This is especially helpful to parents or guardians 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 birth history at the initial visit.) Examples include *parents or guardian concerns such as feeding, elimination, and sleep and behavior patterns since the last visit*. This must be done six or more times by the 15-month birthday.
- 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 six or more times by the 15-month birthday.
- A Physical Exam that includes most, or all, of the major body systems. This must be done six or more times by the 15-month birthday.
- Health Education/Anticipatory Guidance should be documented during any discussion. In addition, provide printed materials during visits. Examples may include materials on nutritional guidance, infant safety, what to expect, physical abilities for age, and setting limits. This must be done six or more times by the 15-month birthday.
- Services may occur over multiple visits, as long as each of these four components is met by a PCP six or more times by the date of the 15-month birthday.
- Visit [Brightfutures.org](https://www.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.

2020 Coding for Well-Child Visits in the First 15 Months of Life (W15)	
Codes for W15	Use of these codes will make the member a pass for W15
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 W15	Use of these codes will exclude member from W15
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-46
	UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-78
	HCPCS: G08182