



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

The Well-Child Visits in the First 30 Months of Life measure evaluates children 15-30 months of age that had the recommended well-child visits with a PCP:

- Children who turned 15 months old during the measurement year with six or more well-child visits from 0-15 months of age
- Children who turned 30 months old during the measurement year with two or more well-child visits from 15 – 30 months of age

Product lines	Quality programs impacted	Collection and reporting method
<ul style="list-style-type: none"> • Commercial • Medicaid 	<ul style="list-style-type: none"> • NCQA Health Plan Ratings • State Performance Measure (first 15 months rate only) 	<ul style="list-style-type: none"> • Administrative • Claim data

Numerator compliance	Patients with six or more well-child visits with a PCP on different dates of service on or before the 15-month birthday.		
	Patients with two or more well-child visits with a PCP on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday.		
Denominator Eligibility Criteria	Patients who are 31 days old through 15 months of age and turn 15 months old during the measurement year. Calculate the 15-month birthday as the first birthday plus 90 days.		
	Patients who are 15 months plus 1 day old through 30 months of age and turn 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days.		
Time period	Patients turning 15 months in 2026		
	Patients turning 30 months in 2026		
Billing codes	Description	Code type	Codes
	Well-child visits	CPT	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
		HCPCS	G0438, G0439, S0302, S0610, S0612, S0613
		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, 1269518002, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106
	Encounter for well care	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
Required exclusions	Patients who use hospice services or elect to use hospice benefit any time during the measurement year or elect to use a hospice benefit any time during the measurement year	
Frequency/occurrence	6+ visits in first 15 months of life 2+ visits 15-30 months	
Test, service or procedure to close care opportunity	Documentation MUST include ALL the following:	
	Physical exam	
	Health history – assessment of patient’s history of disease or illness and family health history	
	Physical development – assessment of specific age-appropriate physical development milestones	
	Mental development – assessment of specific age-appropriate mental developmental milestones	
Medical record documentation (including but not limited to)	Well child forms	
	Health history and physical	
	Progress notes	
	Growth charts	
	Mental developmental history	
	Physical developmental history	
	Submit medical record documentation to Priority Health HEDIS department <ul style="list-style-type: none"> • Electronically uploading medical records – contact HEDIS@PriorityHealth.com to get a file set up or for more information • Email: HEDIS@PriorityHealth.com • Fax: 616.975.8897 • Mail: HEDIS at 1231 E Beltline, NE Mail Stop 1280, Grand Rapids, MI, 49525 	
Common chart deficiencies	All components of a well-child visit are not documented in the medical record, including: <ul style="list-style-type: none"> ✓ Physical exam ✓ Health history ✓ Physical development ✓ Mental development ✓ Anticipatory guidance 	

Tips and best practices

- Check your Gaps in Care Report to identify your patients with open care opportunities
- Take advantage of every office visit (including sick visits and sports physicals) to provide an ambulatory or preventive care visit and submit the appropriate codes by documenting the components of care for a well-child visit can be completed at any time during the measurement year at any appointment – not just a well-child visits – and on different dates of service
- Create a template with a checklist for well-child visits to ensure compliance or utilize standardized templates in electronic health records (EHR/EMRs)
- If provider is seeing a patient for Evaluation and Management (E/M) service and all well-child visit components are completed, attach modifier 25 to the well-child CPT code so it is reviewed as a significant, separately identifiable procedure
- All office visits can be accepted as supplemental data

Remember to always include a date of service and document these components of care:

- **Physical exam**
 - Vital signs alone are not enough to meet compliance
- **Health history:** Assessment of history of disease or illness
 - Notation of allergies, medication, or immunizations alone won't meet compliance; documenting all three will meet compliance
- **Physical developmental history:** Assessment of physical developmental milestones and progress toward developing the skills needed to become a healthy child
 - Notation of Tanner stage or scale won't meet compliance
 - "Appropriate for age" without a specific reference to development won't meet compliance
- **Mental developmental history:** Assessment of mental developmental milestone and progress toward developing the skills needed to become a healthy child
 - Notation of "appropriately responsive for age" or "well developed" alone will not meet compliance
- **Anticipatory guidance/health education:** Given to parents or guardians to educate them on emerging issues, expectations, and things to watch for at the child's age
 - Information about medications or immunization or their side effects won't meet compliance

Examples of evaluations to help complete each component of care

Physical exam	Health history	Physical development	Mental development	Anticipatory guidance
Assessment of multiple body systems	Birth history	Follow parents with eyes	Coos, babbles	Safety (water, child proofing, fire/gun)
Auscultation of heart and lung sounds	Medical, surgical history	Sits, crawls, walks	Easily consoled	Nutrition, weaning from bottle or breast
Measurements of weight and length	History or absence of illness	Standing up	Fears strangers, experiences separation anxiety	Development milestones

Vital signs	Immunization History +	Turns face to side when on stomach	Looks for toys that fall out of sight	Sleep patterns
	Medications +	Holding up head	Waving hello/bye	Car seats
	Frequency/Occurrence of feeding +	Drinking from cup	Counting	Exposure to secondhand smoke
	Allergies +	Building with blocks	Joins sentences	Oral health

+ Three or more of these components are required to constitute a comprehensive health history.