

Child and Adolescent Well-Care Visits (WCV)

New for 2023

Updated

- Members who died during the measurement year is now a required exclusion
- Rates include stratification by race and ethnicity



Yes!
Supplemental
Data Accepted

Definition

Percentage of members ages 3-21 years who had one or more comprehensive well-care visits with a primary care provider or OB-GYN during the measurement year.

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Exchange/Marketplace • Medicaid 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation • Select Medicaid State Reporting 	Administrative <ul style="list-style-type: none"> • Claim/Encounter Data

Codes

The following codes can be used to close HEDIS® numerator gaps in care; they are not intended to be a directive of your billing practice.

Well-Care Visits	
CPT®/CPT II	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461
HCPCS	G0438, G0439, S0302, S0610, S0612, S0613
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, Z76.1, Z76.2
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, 783260I003, 444971000124105, 446301000124108, 446381000124104, 669251000168104, 669261000168102, 669271000168108, 669281000168106

Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> • Members in hospice or using hospice services • Members who died 	- Any time during the measurement year

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Important Notes

The well-child visit must be done by a primary care provider, but it doesn't have to be with the member's assigned primary care provider.

School-based health clinic visits count for this measure if they're for a well-care exam **and** the physician completing the exam is a primary care provider.

Tips and Best Practices to Help Close This Care Opportunity:

- **Please check your Patient Care Opportunity Report (PCOR) often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- If provider is seeing a patient for Evaluation and Management (E/M) services and all well-child visit components are completed: Attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure
 - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed.
 - Modifier 59 is used to indicate that 2 or more procedures were performed at the same visit, but to different sites on the body.
- Helpful resources about the components of care are available at brightfutures.aap.org.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status. As part of UnitedHealthcare's clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.