Well-Child Visits in the First 30 Months of Life (W30)
HEDIS Tip Sheet MY 2025

Measure definition	Plans(s)	Quality Program(s)	Collection and Reporting
The percentage of members who had the following number of well-child visits with a PCP during the last 15 months The following rates are reported: • Well-child visits in the first 15 months (children who turned 15 months old during the measurement year) – Six or more well-child visits • Well-child visits for ages 15-30 months (Children who turned 30 months old during the measurement year) – Two or more well-child visits	Marketplace Medicaid	CMS Quality Rating System NCQA Accreditation Select Medicaid State Reporting	Administrative: Claim/Encounter Data

Best practices for quality of care

- Use the EMR to trigger reminders for well-child visits.
- Bright Futures/American Academy of Pediatrics (AAP) has published the Recommendations for Preventive Pediatric Health Care. This preventive care/periodicity schedule outlines the schedule of recommended screenings and assessments that should be completed at each well-child visit from birth through adolescence.
- Well-child visits must be with a PCP, but it does not have to be the assigned practitioner.
- For members who are off-track, schedule a catch-up well-child visit appointment for each required evaluation.
- Though capturing these components during sick visits will not count toward the measure, take advantage of every visit, including sick visits, to capture the components of this measure as a best practice for patient care.
- Well-child visits can be performed at any time during the measurement year and consists of:
    - Health history
    - A physical exam
    - Health education/anticipatory guidance
    - Physical/mental developmental history

Quality score improvement tips

- Use the most appropriate ICD-10 and CPT codes to validate the well-child visit and provide all relevant documentation about the visit.
- Telehealth visits will no longer meet gap closure criteria.
- Well-child visits must be at least 14 days apart to count.

Exclusions

- Members who used hospice services or elected to use a hospice benefit anytime during the measurement year.
- Members who died anytime during the measurement year.

Numerator codes

The following codes can be used to close HEDIS gaps in care. This list is not all inclusive or meant to direct your billing practices. CPT II codes can be accepted as supplemental data, reducing the need for chart collection and review during the HEDIS hybrid season. For more information, please refer to the American Academy of Professional Coders (AAPC).

CODES		DESCRIPTIONS
ICD-10	Z00.110	Health examination for newborn under 8 days old
ICD-10	Z00.111	Health examination for newborn 8 to 28 days old
ICD 10	Z00.121	Encounter for routine child health examination with abnormal findings (28 days – 17)
ICD 10	Z00.129	Encounter for routine child health examination without abnormal findings (28 days – 17)
ICD 10	Z00.2	Examination for a period of rapid growth in childhood (0 – 17)
HCPCS	S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service
CPT/CPTII	99381 – 99385	New Patient Preventive
CPT/CPTII	99391 - 99395	Established Preventive
CPT/CPTII	99461	Initial care per day, for E/M of normal newborn infant

How WellSense can help

HEDIS tip sheets are designed to help WellSense providers improve and report the quality of care delivered to WellSense members across key metrics.

If you have questions around HEDIS documentation and quality measures, please email the Quality Team at WS_Quality_Dept@wellsense.org.