

Child and Adolescent Well Visits



Measure Description:

- The percentage of children and adolescents ages 3-21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or obstetrician-gynecologist (OB/GYN) during the measurement year.
- The measure promotes preventive care to address physical, behavioral, and developmental needs, using administrative or hybrid data.
- This measure is identical to the CMS Child Core Set (WCV-CH) specification and the 2025 DOI Primary Care APM measure, with payment tied to the overall rate.
- Visits must be comprehensive and well-care (e.g., annual physical, sports physical if full) and can include telehealth.
- Reportable via claims or EHR, with emphasis on annual visits per Bright Futures guidelines.

Numerator:

- Children and adolescents in the denominator who had at least one well-care visit with a PCP or OB/GYN during CY2026.
- Visits must be coded as well-care and occur at least 14 days apart if multiple; sports or school physicals count if comprehensive.
- Rate calculated as the percentage of members with at least one visit, with payment based on the total rate for ages 3-21.

Denominator:

- All children and adolescents ages 3-21 as of December 31, 2026, who were enrolled in Medicaid during the measurement year.
- Members must have continuous enrollment for at least one day in CY2026 to be included in the denominator.
- No exclusions for specific conditions, but hospice care excludes members (see Exclusions section).

Services to Support Well Care Visits:

- Outpatient or preventive care visits with PCPs or OB/GYNs, where comprehensive well-care can be performed.
- School-based health centers or clinics for adolescent visits providing access in educational settings.
- Community health programs or home visiting services for outreach to families in underserved areas.
- Telehealth visits for well-care, especially for behavioral health or developmental assessments.
- Pharmacy services for related vaccinations or counseling during well-visits, though not direct for the measure.

Best Practices:

- Schedule annual well-care visits for ages 3-21 per AAP and Bright Futures guidelines, integrating reminders into EHR for due dates.
- Include sports or physical school as well-care if comprehensive, documenting all components (physical, behavioral, developmental) to count for compliance.
- Educate parents and adolescents on the importance of well-visits using the "Teach Back Method" to confirm understanding, such as asking them to repeat key health topics discussed.

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- Document visits in structured EHR fields with appropriate CPT and ICD-10 codes to facilitate data capture and hybrid reporting, avoiding vague notes.
- Partner with schools or community programs for groups well-visit clinics, targeting high-risk groups like teens with missed visits or chronic conditions.
- Conduct outreach to patients overdue for visits via phone, text, or portal messages, offering flexible scheduling or telehealth to reduce barriers.
- Common miss: Visits not coded as well-care — always use CPT 99382-99395 and ICD-10 Z00.129 for routine checks to ensure compliance.
- Submit claims promptly with CPT codes to ensure visits are captured in administrative data, reducing the need for chart reviews during audits.
- Monitor practice performance using EHR dashboards or RAE reports to identify gaps in rates and target interventions (e.g., higher misses in adolescents).
- Collaborate with RAE quality teams for resources like free well-visit kits, training on preventive care, or incentives to improve equity in access for children and teens.

CY 2026 Payment Thresholds

Level	Required Rate	Payout %	Description
Basecamp	≥41%	33%	Entry-level target for basic compliance; focus on reminders to achieve this.
Tree Line	≥48%	67%	Mid-level target; emphasize outreach for overdue patients.
Summit	≥55%	100%	High-performance target; use EHR tools and partnerships to maximize rates.

For the full list of codes, please see Appendix A on the following page.

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Appendix A

Codes to Identify Well Care Visits (CPT/HCPCS)	
Code	Description
99382	Initial comprehensive preventive medicine evaluation and management, age 1-4 years
99383	Initial comprehensive preventive medicine evaluation and management, age 5-11 years
99384	Initial comprehensive preventive medicine evaluation and management, age 12-17 years
99385	Initial comprehensive preventive medicine evaluation and management, age 18-39 years
99392	Periodic comprehensive preventive medicine reevaluation and management, age 1-4 years
99393	Periodic comprehensive preventive medicine reevaluation and management, age 5-11 years
99394	Periodic comprehensive preventive medicine reevaluation and management, age 12-17 years
99395	Periodic comprehensive preventive medicine reevaluation and management, age 18-39 years
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service
S0610	Annual gynecological examination, new patient
S0612	Annual gynecological examination, established patient
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation

Codes to Identify Well Care Visits (ICD-10)	
Code	Description
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.2	Encounter for examination for period of rapid growth in childhood
Z00.3	Encounter for examination for adolescent development state
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings
Z02.5	Encounter for examination for participation in sport
Z76.1	Encounter for health supervision and care of foundling
Z76.2	Encounter for health supervision and care of other healthy infant and child

Codes for Hospice Exclusions (UBREV)	
Code	Description
0651	Hospice routine home care (per diem)
0652	Hospice continuous home care (per hour)
0655	Hospice inpatient respite care (per diem)
0656	Hospice general inpatient care (non-respite) (per diem)
0657	Hospice physician services
0658	Hospice room and board nursing facility (per diem)
0659	Hospice other (per diem)