



# Coding for Success: Understanding WCV, WCC, and W30 HEDIS® Measures

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## Member Success Story: Children's Specialty Program

A young member was struggling to accept their co-occurring Type 1 Diabetes and Autism Spectrum Diagnoses, resulting in treatment non-compliance and multiple hospital admissions for Diabetic Ketoacidosis.

Care Manager, Andi Rake, RN, identified resources for the member's caregiver to ensure they felt empowered and supported. Andi activated the music and expressive arts value-added benefit for the member to support their behavioral and mental health.

The member's caregiver stated that after their session with the therapist ***"their eyes lit up – and that never happens."*** The member is showing notable improvement in their ability to open up about their diagnoses and to feel empowered towards managing their care.



# Pay-for-Performance (P4P) – SoonerSelect Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Glycemic Status Assessment for Patients with Diabetes (GSD) >8% (18-75 yrs)	38.90%	\$10.00	49.30%	\$20.00	55.70%	\$30.00
Controlling High Blood Pressure (CBP) (18-75 yrs)	52.00%	\$10.00	59.80%	\$20.00	68.60%	\$30.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	79.68%	\$10.00	84.43%	\$20.00	88.31%	\$30.00
Childhood Immunization Status (CIS) Combination Ten (10) (0-2yrs)	34.79%	\$10.00	42.09%	\$20.00	49.76%	\$30.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	35.04%	\$10.00	41.12%	\$20.00	48.42%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	55.72%	\$10.00	61.19%	\$20.00	67.56%	\$30.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	65.83%	\$10.00	72.24%	\$20.00	78.07%	\$30.00

Measure	Payout
Annual Preventive Visit (APV) 18 – 75 years old	\$ 20.00

# Pay-for-Performance (P4P) – Children’s Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	79.68%	\$10.00	84.43%	\$20.00	88.31%	\$30.00
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Measure	Payout
Annual Preventive Visit (APV) 18-26 yrs	\$ 20.00

# Pay-for-Performance (P4P) – Ambetter Measures

2025 Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Cervical Cancer Screening (CCS)	\$25	56.90%	65.00%
Colorectal Cancer Screening (COL)	\$25	56.90%	62.80%
Child and Adolescent Well-Care Visits (WCV)	\$25	50.50%	59.60%
Controlling High Blood Pressure (CBP)	\$25	67.80%	72.90%
Glycemic Status Assessment for Patients with Diabetes <9 (GSD)	\$25	72.50%	77.40%
Eye Exam for Patients with Diabetes (EED)	\$25	42.40%	52.90%
Patients with Diabetes Kidney Health Evaluation (KED)	\$25	46.70%	55.40%
Breast Cancer Screening (BCS)	\$25	71.50%	75.70%
Chlamydia Screening in Women (CHL)	\$25	43.80%	51.50%
Plan All-Cause Readmissions (PCR)	\$25	64.00%	55.50%



# Pay-for-Performance (P4Q) – Wellcare Measures

Program Measures	Amount Per
BCS – Breast Cancer Screening	\$50
CBP – Controlling High Blood Pressure	\$75
COA – Care for Older Adults – Functional Status*	\$25
COL – Colorectal Cancer Screen	\$50
EED – Diabetes – Dilated Eye Exam	\$25
FMC – F/U ED Multiple High Risk Chronic Conditions	\$50
GSD – Diabetes HbA1c $\leq 9$	\$75
KED – Kidney Health Evaluation for Patients with Diabetes	\$50
Medication Adherence – Blood Pressure Medications	\$50
Medication Adherence – Diabetes Medications	\$50
Medication Adherence – Statins	\$50
OMW – Osteoporosis Management in Women Who Had Fracture	\$50
SPC – Statin Therapy for Patients with CVD	\$25
SUPD – Statin Use in Persons With Diabetes	\$25
TRC – Medication Reconciliation Post Discharge	\$25

*\*Special Needs Plan (SNP) members only.*

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# Key Components & Proper Coding for WCV HEDIS® Measure

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# Understanding the WCV HEDIS® Measure & Proper Coding

## Measure Name:

- WCV – Well-Child Visits for Children and Adolescents

## Target Population:

- Children and adolescents ages 3–21 during the measurement year

## Measure Requirement:

- ✓ At least one comprehensive well-child visit with a primary care provider (PCP) or OB/GYN during the measurement year

## Why It Matters:

- Promotes preventive care, growth and developmental screening, and to provide immunizations and anticipatory guidance on nutrition, physical activity, and safety.
- Establishing annual visits early in childhood builds lifelong habits of preventive care.
- Impacts **HEDIS® compliance, quality reporting, and member incentives.**



# Understanding the WCV HEDIS® Measure & Proper Coding

## Coding Requirements (Must Be Documented & Coded\*):

ICD-10 Diagnosis Codes:

- **Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.2**

CPT Codes:

- **99382–99385, 99392–99395**

HCPCS Codes:

- **G0438, G0439, S0302, S0610, S0612, S0613**

*\*Codes subject to change.*

# Understanding the WCV HEDIS® Measure & Proper Coding

## Coding Tips:

1. Well Check Identifier. Ensure documentation supports a full well-child exam.
    - **Z00.121** (with abnormal findings)
    - **Z00.129** (without abnormal findings)
  2. Sick Visit Modifier
    - **Modifier 25** on the sick visit code (e.g., 99213–25) \*
    - When a separate issue is treated during a well-child visit, both the preventive visit (e.g., 99393 + Z00.121) for the Well-child visit and the sick visit are documented, billed, and reimbursed correctly.
- \*Refer to payment model for reimbursement rates when using modifier 25.
3. Telehealth well visits are no longer allowed to close this care gap.

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# Key Components & Proper Coding for WCC HEDIS<sup>®</sup> Measure

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# Understanding the WCC HEDIS® Measure & Proper Coding

## Measure Name:

- WCC – Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

## Target Population:

- Children and adolescents ages 3–17 who had **at least one** outpatient visit with a PCP or OB/GYN during the measurement year

## Measure Requirements:

- ✓ **BMI Percentile** (not just BMI value)
  - Must include height, weight, and **BMI percentile** or **BMI percentile plotted on age-growth chart**
- ✓ **Nutrition Counseling**
  - Document discussions such as healthy eating habits or diet plans
- ✓ **Physical Activity Counseling**
  - Document conversations about exercise, screen time, or active play

## Why It Matters:

- Ensures comprehensive care and preventive counseling, and helps providers identify and address obesity risk factors early and identify most at-risk population to apply value-added benefits to them.
- Impacts **HEDIS® compliance, quality reporting, and P4P incentives**

# Understanding the WCC HEDIS® Measure & Proper Coding

## Coding Requirements (Must Be Documented & Coded\*):

### BMI Percentile

- **ICD-10: Z68.51–Z68.54**

### Nutrition Counseling

- **ICD-10: Z71.3**
- **CPT: 97802–97804**
- **HCPCS: G0270, G0271, G0447, S9449, S9452, S9470**

### Physical Activity Counseling

- **ICD-10: Z02.5, Z71.82**
- **HCPCS: G0447, S9451**

*\*Codes subject to change.*

# Understanding the WCC HEDIS® Measure & Proper Coding

## Coding Tips:

1. Well Check Identifier. Ensure documentation supports BMI percentile, nutrition, physical activity.
  - **Z68.51–Z68.54** (BMI Percentile)
  - **Z71.3** (Nutrition Counseling)
  - **Z71.82** (Physical Activity Counseling)
2. Sick Visit Modifier
  - **Modifier 25** on the sick visit code (e.g., 99213–25) \*
  - When a separate issue is treated during a well-child visit, both the preventive visit (e.g., 99393 + Z00.121 + Z68.54, + Z271.3 + Z71.82) for the Well-child visit, BMI percentile, nutrition, and physical activity counseling and the sick visit are documented, billed, and reimbursed correctly.

\*Refer to payment model for reimbursement rates when using modifier 25.



# Well-Child Visit Medical Record Review – 1/24/25

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24B)										ICD-10	0				
A	Z00129			B				C				D			
E				F				G				H			
I				J				K				L			
24. A. DATE(S) OF SERVICE												B. PLACE OF SERVICE	C. EMO	D. PROCEDURES, SERVICES, OR SUPPLIES (English Unusual Circumstances)	E. DIAGNOSIS POINTER
From To															
MM	DD	YY	MM	DD	YY			OPT/HCP/CS	MODIFIER						
01	24	25				11		99393					A		
1															
2															
3															
4															
5															
6															
25. FEDERAL TAX I.D. NUMBER										SSN EIN		26. PATIENT'S ACCOUNT NO		27. ACCEPT ASSIGNMENT?	

## Progress Notes

MD (Resident) • Family Medicine

Mickey Mouse is an 8 y.o. male here today for a 8 year WCC. He has a history of moderate persistent asthma controlled with daily Symbicort and PRN albuterol. He also has a history of ADHD, ODD and is scheduled for neuropsych testing next month.

## NUTRITION

Growth curve discussed

Picky eater but parents insist on balanced nutrition overall, Discussed encouraging a wide variety of foods to ensure balanced diet, Eat meals as as a family

## PHYSICAL ACTIVITY

90 minutes per day

8 year old WCC. Discussed safety, nutrition, and development. Development is appropriate. Return for 9 year WCC.

## Today's Visit

You saw on Friday January 24, 2025 for: Well Child.

Blood Pressure  
107/62

Weight  
61 lb 8 oz (66th percentile)

Temperature (Temporal)  
98.1 °F

BMI  
16.62 (67th percentile)

Height  
4' 3" (55th percentile)

Pulse  
94

Percentiles calculated using: CDC (Boys, 2-20 Years)





# Well-Child Visit Medical Record Review – 1/24/25

## WCC HEDIS® Measure Components:

### ✓ BMI Percentile Documented

- Height and weight recorded
- BMI percentile documented (age- and sex-specific)

### ✓ Nutrition Counseling Provided

- Documented counseling:  
*"Discussed encouraging a wide variety of foods to ensure balanced diet. Eat meals as a family."*

### ✓ Physical Activity Counseling Provided

- Documented counseling:  
*"90 minutes per day."*

## Key Finding:

- ✓ All three WCC components were addressed and documented in the visit note.

## Opportunity for Improvement:

✗ Although documentation meets clinical criteria, **Z-codes (Z68.5x, Z71.3, Z71.82)** were **not included on the claim**, which affects WCC care gap not being closed and the P4P incentive not being earned.



# Well-Child Visit Medical Record Review – 1/30/25

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24B))										ICD-10					
A	Z00129			B				C				D			
E				F				G				H			
I				J				K				L			

24. A	DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	
	From MM	DD	YY	To MM	DD	YY			OPT/HCPCS	MODIFIER				
1	01	30	25				22		99392					A
2														
3														
4														
5														
6														

25. FEDERAL TAX I.D. NUMBER	SSN / EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT?
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## Pediatrics Well Child Exam

### Assessment / Plan

Donald Duck a 4 y.o. male here for a 4 year old well child exam.

- Growth: normal
- Development: appropriate for age. Except speech not understandable for age
- Immunizations today: age appropriate vaccines ordered today
- Anticipatory guidance discussed. Gave handout on well-child issues at this age.
- Screening / Preventative:
  - Fluoride: Not Ordered.
- Follow-up at 5 years of age for next well child visit, or sooner as needed.

### Diet/Nutrition/Exercise

Current diet:

varied

Milk per day:

2 cups

Picky Eater?

No

### Screening

#### Hearing/Vision

No results found.

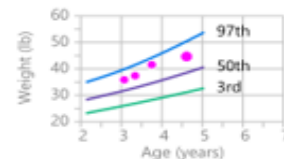
### Today's Visit

You saw \_\_\_\_\_ years of age.

NP on Thursday January 30, 2025. The following issue was addressed: Encounter for well child visit at 4



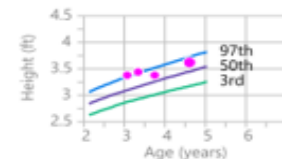
Weight  
44 lb 12.1 oz (86th percentile)



Reference: CDC (Boys, 2-20 Years)



Height  
3' 7.9" (88th percentile)



Reference: CDC (Boys, 2-20 Years)



Blood Pressure  
102/66



BMI  
16.33 (75th percentile)



# Well-Child Visit Medical Record Review – 1/30/25

## WCC HEDIS® Measure Components:

### ✓ BMI Percentile Documented

- Height and weight recorded
- BMI percentile documented (age- and sex-specific)

### ✓ Nutrition Counseling Provided

- Documented counseling:  
*"Current Diet: Varied, Milk per day: 2 cups, Picky eater? No"*

### ✗ Physical Activity Counseling Provided

- Documented counseling:  
Not Documented

## Key Finding:

- ✗ WCC measure not met – missing documentation of physical activity counseling.

## Opportunity for Improvement:

- Include physical activity discussion and document clearly.
- Z-codes for BMI percentile (Z68.5x) and nutrition counseling (Z71.3) were **not included on the claim.**



# Well-Child Visit Medical Record Review – 1/10/25

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please A-L to service the below (245))										ICD-10	0		
A. Z00121		B. J4530		C. M41125		D. Z6852							
E. Z713		F. Z7182		G.		H.							
I.		J.		K.		L.							
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE	C. D. PROCEDURES, SERVICES, OR SUPPLIES (Begin Usual Circumstances)	E. DIAGNOSIS POINTER	
From To										EMG	OPT+PCPS	MODIFIER	
MM	DD	YY	MM	DD	YY								
01	10	25				11		99394				ABCD	
01	10	25				11		99213	25			ABCD	
01	10	25				11		3078F				A	
01	10	25				11		3074F				A	
01	10	25				11		3008F				A	
25. FEDERAL TAX I.D. NUMBER										GIN EIN	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For 245, 246, 247, 248)

## Progress Notes

(Physician) • Pediatrics

### Subjective

Minnie Mouse is a 14 y.o. female who is brought in for this well child visit.

### Well Child Assessment:

History was provided by the father. Minnie lives with her mother and father (split 50/50).

#### Nutrition

Types of intake include cereals, cow's milk, eggs, fruits, meats, vegetables and junk food.

#### Dental

The patient has a dental home. The patient brushes teeth regularly.

Discussed rule of 2's and appropriate use of maintenance and rescue inhalers.

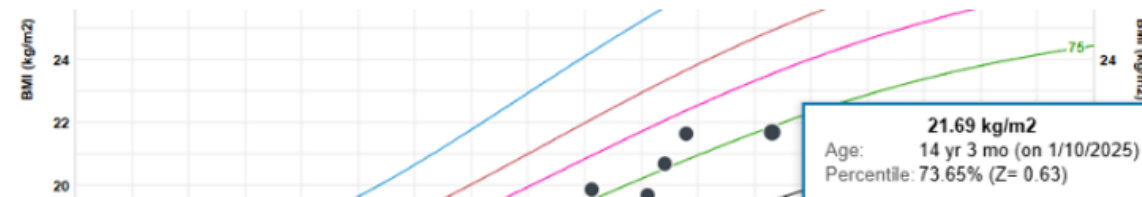
1. Anticipatory guidance discussed.

gave handout on well child issues at this age

2. Weight management: The patient was counseled regarding nutrition and physical activity.

## Additional Documentation

Vitals: BP 96/64 Pulse 72 Temp 36.7 °C (98.1 °F) (Temporal) Ht 1.5 m (4' 11.06") Wt 48.8 kg (107 lb 9.6 oz)  
SpO2 98% BMI 21.69 kg/m<sup>2</sup> BSA 1.43 m<sup>2</sup>





# Well-Child Visit Medical Record Review – 1/10/25

## WCC HEDIS® Measure Components:



### BMI Percentile Documented

- Height and weight recorded
- BMI percentile documented (age- and sex-specific)



### Nutrition Counseling Provided

- Documented counseling:  
*“Discussed encouraging a wide variety of foods to ensure balanced diet. Eat meals as a family.”*



### Physical Activity Counseling Provided

- Documented counseling:  
*“90 minutes per day.”*

## Key Finding:



WCC HEDIS® measure gap successfully closed and P4P incentive earned.

- Visit meets both **clinical documentation** and **coding requirements**.
- Supports **P4P incentive eligibility** and accurate **quality reporting**.

# Proper Coding Matters: WCV vs. WCC Compliance & P4P Impact



## What's Going Wrong?

- Providers are documenting BMI percentile, nutrition, and physical activity but not coding them.
- Missing Z-codes and procedure codes = missed opportunity to close WCC.



## Key Takeaway:

- Proper coding and documentation during the well-child visit can **significantly increase** quality performance and **boost P4P earnings**.
- The compliance rates for WCV and WCC should ideally be equal.

# P4P Coding Missed Opportunity Example

Measure	Compliant Members without Chart Review	Compliant Members with Chart Review	P4P without Chart Review	P4P with Chart Review
W15	98	229	\$980.00	\$6,870.00
W30	52	143	\$520.00	\$4,290.00
WCC	237	438	\$2,370.00	\$13,140.00



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# Key Components & Proper Coding for W30 HEDIS<sup>®</sup> Measure

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# Understanding the W30 HEDIS® Measure & Proper Coding

## Measure Name:

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

## Target Population:

- Children who turn **15 months** or **30 months** during the measurement year

## Measure Requirements:

- ✓ 0–15 months: **At least six** well-child visits by the child's 15-month birthday
- ✓ 15–30 months: **At least two** well-child visits between the child's 15- and 30-month birthdays

## Why It Matters:

- Supports early childhood growth and development, immunization administrations, lead screening and testing, and preventive care.
- Timely visits help identify concerns before they become serious issues.
- Impacts **HEDIS® compliance, quality reporting, P4P incentives, and member incentives.**

# Understanding the W30 HEDIS® Measure & Proper Coding

## Coding Requirements (Must Be Documented & Coded\*):

ICD-10 Diagnosis Codes:

- **Z00.110, Z00.111, Z00.121, Z00.129**

CPT Codes:

- **99381, 99382, 99391, 99392, 99461**

HCPCS Codes:

- **G0438, G0439, S0302**

*\*Codes subject to change.*

# Understanding the W30 HEDIS® Measure & Proper Coding

## Coding Tips:

1. Use Z codes to close the care gap. Ensure documentation supports a full well-child exam.
  - **Z00.110** (newborn – under 8 days)
  - **Z00.110** (8 days – 28 days old)
  - **Z00.121** (with abnormal findings)
  - **Z00.129** (without abnormal findings)
2. Sick Visit Modifier
  - **Modifier 25** on the sick visit code (e.g., 99213–25) \*
  - When a separate issue is treated during a well-child visit, both the preventive visit (e.g., 99393 + Z00.110) for the Well-child visit and the sick visit are documented, billed, and reimbursed correctly.

\*Refer to payment model for reimbursement rates when using modifier 25.
3. Telehealth well visits are no longer allowed to close this care gap.

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# Summary & Resources

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# Summary Coding for Success: WCV, WCC, and W30

## Key Takeaways:

1. Document a full Well-Child Visit when applicable.
2. Z Codes help capture preventive care for quality measures.
3. Use Modifier 25 to bill for separate sick visits.
4. For P4P incentive, documentation alone isn't enough, it must be coded properly.\*






\*OCH reviews less than 10% of all charts. That means if you're not coding it, you're not getting credit — even if it's documented in the chart.

5. Build EHR templates that automatically include all applicable codes when a well visit is selected.
6. Regularly review coding updates and examples with your team to stay current and avoid omissions.
7. Telehealth no longer qualifies for W30 and WCV.

# HEDIS® Pediatric Pocket Guide: 2025 Measurement Year

Pediatric Pocket Guide with codes are available on Oklahoma Complete Health Website:

<https://www.oklahomacompletehealth.com/providers/resources/forms-resources.html>

HEDIS® Pediatric Pocket Guide: 2025 Measurement Year		
For a complete list of codes, please visit the NCQA website at <a href="https://www.ncqa.org">ncqa.org</a> , or see the HEDIS value sets. The following is a subset only of the NCQA approved codes.		
 <b>All Well-Child Visits</b>		
<b>Must include the following:</b> Documentation of a visit with an acceptable provider type, the date of the visit, and services to validate a well-child visit was performed.		
Measure	Best Practice	Codes
(W30) Well-Child Visits in the First 30 Months of Life (0–30 months) <sup>1,2</sup>	<b>Well-Child Visits in the First 15 Months.</b> For children who turned 15 months old during the measurement year: Six or more well-child visits. <b>Well-Child Visits for 15–30 Months of Age.</b> For children who turned 30 months of age during the measurement year: Two or more well-child visits.	99381, 99382, 99391, 99392, 99461, G0438, G0439, S0302, Z00.110, Z00.111, Z00.121, Z00.129
(WCV) Child and Adolescent Well-Care Visits (3–21 years of age) <sup>1,2</sup>	One or more comprehensive well-care visits with a PCP or OB/GYN within the measurement year. Visits occurring anytime in the measurement year, including prior to or after the patient's birthday, close the gap.	99382–99385, 99391–99395, G0438, G0439, S0302, S0610, S0612, S0613, Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.2
 <b>Respiratory Conditions</b>		
Measure	Best Practice	Codes
(CWP) Appropriate Testing for Pharyngitis <sup>1,2</sup>	Episodes for members <b>3 years of age and older</b> where the member is: <ul style="list-style-type: none"><li>• Diagnosed with pharyngitis</li><li>• Dispensed an antibiotic</li><li>• <b>Received a group A strep test</b></li></ul> <b>Note:</b> Test for Group A Strep before dispensing an antibiotic.	<b>Group A Strep Test:</b> 87070, 87071, 87081, 87430, 87650–87652, 87880  <b>Pharyngitis:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
 <b>Weight Assessment and Counseling for Nutrition &amp; Physical Activity</b>		
Measure	Best Practice	Codes
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (3–17 years of age) <sup>1,2</sup>	Visit with PCP or OB/GYN in measurement year with documentation of or claim for discussion of BMI percentile, AND nutrition and diet, AND physical activity.	BMI: Z68.51, Z68.52, Z68.53, Z68.54 Nut: 97802–97804, G0270, G0271, G0447, S9449, S9452, S9470 PA: G0447, S9451, Z02.5, Z71.82
<b>Lines of Business:</b> <sup>1</sup> Medicaid <sup>2</sup> Marketplace		
HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).		
<b>OklahomaCompleteHealth.com</b>		
Oklahoma Complete Health and Ambetter are affiliated products serving Medicaid and Health Insurance Marketplace members, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.		
 		



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# Questions?

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