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2026 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.



2026 Pay-for-Performance (P4P) PCP – 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)	56.69%	\$40.00	63.75%	\$80.00	74.62%	\$100.00
Controlling High Blood Pressure (CBP) (18-75 yrs)	63.87%	\$40.00	70.56%	\$80.00	74.62%	\$100.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) (3-17 yrs)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three (3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	34.30%	\$40.00	41.61%	\$80.00	48.66%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	46.98%	\$40.00	57.15%	\$80.00	63.29%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	59.69%	\$40.00	66.79%	\$80.00	71.93%	\$100.00
Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18 – 75 years old	\$ 40.00

2026 Pay-for-Performance (P4P) PCP – 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)	55.41%	\$40.00	61.47%	\$80.00	67.63%	\$100.00
Childhood Immunization Status (CIS) Combination Three 3) (0-2yrs)	62.04%	\$40.00	67.40%	\$80.00	69.76%	\$100.00
Immunizations for Adolescents (IMA) Combination Two (2) (9-13 yrs)	34.30%	\$40.00	41.61%	\$80.00	48.66%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (First 15 Mo)	46.98%	\$40.00	57.15%	\$80.00	63.29%	\$100.00
Well-Child Visits in the First Thirty (30) Months of Life (W30) (15 - 30 Mo)	59.69%	\$40.00	66.79%	\$80.00	71.93%	\$100.00
Children and Adolescent Well-Care Visit (WCV) (3 -21 yrs)	55.41%	\$40.00		N/A		N/A

Measure	Payout
Annual Preventive Visit (APV) 18-26 yrs	\$ 40.00

New 2026 Pay-for-Performance (P4P) PCP and OB/GYN – SoonerSelect and Children's Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	77.83%	\$40.00	84.67%	\$80.00	88.85%	\$100.00
Prenatal and Postpartum Care (PPC) – Timeliness of Postpartum Care	75.99%	\$40.00	81.92%	\$80.00	86.10%	\$100.00

New 2026 Pay-for-Performance (P4P) Behavioral Health Provider – SoonerSelect and Children's Specialty Program Measures

Measure	50th Percentile	50th Percentile Payout	75th Percentile	75th Percentile Payout	90th Percentile	90th Percentile Payout
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 7 Day	27.78%	\$40.00	36.64%	\$80.00	46.72%	\$100.00
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 yrs and older (FUM) 30 Day	56.44%	\$40.00	67.18%	\$80.00	77.60%	\$100.00
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	43.54%	\$40.00	54.35%	\$80.00	60.22%	\$100.00
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	49.74%	\$40.00	58.97%	\$80.00	66.60%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 7 Day	26.98%	\$40.00	35.33%	\$80.00	45.54%	\$100.00
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) 30 Day	52.74%	\$40.00	52.91%	\$80.00	59.86%	\$100.00

2026 Pay-for-Performance (P4P) – Ambetter Measures

2026 Measure List	Measure Incentive	Target 1 Pays 75% of Incentive	Target 2 Pays 100% of Incentive
Breast Cancer Screening (BCS-E)	\$25.00	73.20%	77.10%
Cervical Cancer Screening (CCS-E)	\$25.00	47.30%	57.50%
Child and Adolescent Well-Care Visits (WCV)	\$25.00	49.50%	60.30%
Chlamydia Screening in Women (CHL)	\$25.00	45.70%	52.80%
Colorectal Cancer Screening (COL-E)	\$25.00	54.10%	60.80%
Blood Pressure Control for Patients with Hypertension (BPC-E)	\$25.00	68.10%	73.80%
Eye Exam for Patients with Diabetes (EED)	\$25.00	44.60%	53.30%
Glycemic Status Assessment for Patients with Diabetes (<9) (GSD)	\$25.00	73.50%	79.10%
Kidney Health Evaluation for Patients with Diabetes (KED)	\$25.00	49.90%	56.90%
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)*	\$25.00	42.30%	50.40%

2026 Partnership for Quality (P4Q) – Wellcare Measures

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Annual Preventive Visit (APV)	\$25	\$25	\$50	Annual Wellness Visit and/or Routine Physical Exam
Breast Cancer Screening (BCS)	\$50	\$10	\$60	Mammogram
Controlling High Blood Pressure (CBP)	\$100	\$25	\$125	Documented blood pressure reading
Colorectal Cancer Screen (COL)	\$50	\$10	\$60	Fit kit, colonoscopy, CT colonography
Diabetes – Dilated Eye Exam (EED)	\$25	\$10	\$35	Comprehensive eye exam or retinal screening with proper diagnosis codes

Measure	P4Q Amount per Member	P4Q Amount per Clinical Priority Member	Combined P4Q and Clinical Priority Member Earning Potential	Common Ways to Close the Gap
Diabetes HbA1C ≤ 9 (GSD)	\$100	\$25	\$125	Blood test
Kidney Health Evaluation for Patients with Diabetes (KED)	\$50	\$10	\$60	Urine screening and blood test
Medication Adherence – Blood Pressure Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Diabetes Medications	\$35	N/A	\$35	Medication regimen
Medication Adherence – Statins	\$35	N/A	\$35	Medication regimen
Osteoporosis Management in Women with Fracture (OMW)	\$50	\$10	\$60	BMD, osteoporosis medication therapy or long-acting osteoporosis medications
Statin Therapy for Patients with CVD (SPC)	\$35	\$10	\$45	Medication regimen
Statin Use in Persons with Diabetes (SUPD)	\$35	\$10	\$45	Medication regimen
Medication Reconciliation Post Discharge (TRC)	\$50	\$10	\$60	Medication reconciliation encounter/intervention: 99483, CPT II Code 1111F



Clinical Priority Members

Clinical Priority Members may require a greater level of medical attention due to chronic illnesses, disabilities, age, or other factors that necessitate the need for more frequent provider visits, specialized treatments and chronic care support. These members will be indicated in Gap in Care Reports beginning in March 2026. For questions, please reach out to your Provider Representative.

Key Components & Proper Coding for WCV HEDIS® Measure

Understanding the WCV HEDIS® Measure & Proper Coding

Measure Name:

- WCV – Children and Adolescents Well-Child Visits

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-CM Codes (one code needed to close care gap):

- 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 gyn examination (general) (routine) with abnormal findings
- Z01.419 – Encounter for gyn examination (general) (routine) without abnormal findings
- Z02.5 – Encounter for examination for participation in sport
- Z76.2 – Encounter for health supervision and care of other healthy infant and child

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

WCV Medical Record Example

The claim shown below is an example from 2026 for training purposes. For 2026, only claims with service dates in 2026 will be counted for WCV.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.
A	Z00129	Well-child	Z6852	C	Z713	D	Z7182			0
E	Z23			G		H				
I				K		L				

24. A.	DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS
	From	To				
	MM	DD	YY	EMG	OPT/HCPCS	PCINTER
1	PREV VISIT EST AGE 5-11					
	01	06	26	11	99393	25 ABCD
2	ASQ AGES & STAGES QUESTIONNAIRE; 9, 18, 24 MONTHS					
	01	06	26	11	96110	A
3	ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSE					
	01	06	26	11	96160	59 A
4						
5						
6						

Chief Complaint

- Well Child Visit
- Flu Vaccine

History Of Present Illness

The patient, is a 5 year old male who is brought to the office by his mother for a well child visit.

Interval History & Concerns

Interval problems and concerns: possible allergy No chronic illnesses are reported. No Significant Medical History

Nutrition:

He is eating 3 meals and 2-3 snacks per day. He eats a variety of foods and is only willing to eat certain foods. He drinks whole milk. He is sleeping continuously for up to 8-9 hours at night.

Development:

The child has achieved all developmental milestones including: balances on one foot, counts to 10, draws a person with 6 parts, hops on one foot, names more than 4 colors, prints letters, skips, and ties shoes. He is in pre-K and homeschooled.. He spends 3 hours of screen time per day.

Vitals

Date	Time	BP	Position	Site	Cuff L/R Size	HR	RR	TEMP (F)	WT (kg)	HT (cm)	BMI kg/m ²	BSA m ²	O2 Sat
01/06/2026	08:24 AM	98/54	Sitting			113 - R	24	98	21.5	112	17.14	0.82	98 %

Assessment

- (1) Well Child Exam w/o Abnormal Findings V20.2/Z00.129
- (2) Dietary counseling V65.3/Z71.3
- (3) Exercise counseling V65.41/Z71.82
- (4) BMI, pediatric 5% - <85% V85.52/Z68.52
- (5) Encounter for administration of vaccine V05.9/Z23
- (6) Sensory processing difficulty 315.8/F88
- (7) Behavior causing concern in biological child V40.9/R46.89

Plan

- Immunization Administration, Initial Injection (VFC) (90471) - V05.9/Z23 - 01/06/2026 - Hold lab results until reviewed :No
- Flucelvac 2526, VFC (VFCF2526) - V05.9/Z23 - 01/06/2026 - Hold lab results until reviewed :No
- PREVENTATIVE INSTRUCTIONS-----
- Advised parents to spend time talking, reading, playing, and participating in activities with child.
- Discussed bicycle safety: wear bicycle helmets whenever riding, parents should set a good example.
- Encouraged activities with other children.
- Encouraged physical activity, parents should serve as role models.
- Recommended 3 meals plus 2 snacks per day.

Electronically Signed by: APRN -Author on January 6, 2026 09:29:47 AM

Date	Stature	Weight	BMI	BMI %
1/6/2026	112 cm/44.09 in	21.5 kg/47lbs 6oz	17.14 kg/m2	88.7

WCV Medical Record Example – Best Practice Observed

WCV HEDIS® Measure Components:

Comprehensive well-child visit for

- Covered physical, health history, counseling, and future care
- *“possible allergy, no chronic illness reported, no significant medical history”*
- *“achieved all development milestones”*

Key Finding:

Well-child exam correctly documented and coded on the claim using ICD-10-CM code:

- Z00.129 – Encounter for routine child health examination without abnormal findings

Best Practice Observed:

WCV HEDIS® measure gap successfully closed.

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

Understanding the WCV HEDIS® Measure & Proper Coding

Coding Tips:

1. Well Check Identifier. Ensure documentation supports a full well-child exam. Most frequently used codes:
 - **Z00.121** (with abnormal findings)
 - **Z00.129** (without abnormal findings)
2. Sick Visit Modifier
 - Use Modifier 25* on the sick visit code to indicate that a significant, separately identifiable evaluation and management service was provided in addition to the preventive service.
 - Document both the preventive components (such as the well-child exam, BMI percentile, nutrition counseling, and physical activity counseling) and the sick visit details
 - Example codes** to use: 99213–25 + 99393 + Z00.121
3. Telehealth well visits are no longer allowed to close WCV care gap.

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

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.

Key Components & Proper Coding for WCC HEDIS® Measure

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, active play time, or sports activities

Why It Matters:

- Ensures comprehensive care and preventive counseling which 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**):

ICD-10-CM Codes (needed to close care gap):

BMI Percentile

- Z68.51 – Body mass index [BMI] pediatric, less than 5th percentile for age
- Z68.52 – Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age
- Z68.53 – Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age
- Z68.54 – Body mass index [BMI] pediatric, 95th percentile for age to less than 120% of the 95th percentile for age

Nutrition Counseling

- Z71.3 – Dietary counseling and surveillance

Physical Activity Counseling

- Z02.5 – Encounter for examination for participation in sport
- Z71.82 – Exercise counseling

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

WCC Medical Record Example #1

The claim shown below is an example from 2026 for training purposes. For 2026, only claims with service dates in 2026 will be counted for WCC.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	
A	Z00129			Well-child			C	L	D		0
E							G	L	H		
I							K	L	L		
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER	
MM	DD	YY	MM	DD	YY		CPT/HCPCS	MODIFIER			
01	05	26				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? (For your claim use only)		

Chief Complaint
Patient presents with
• Well Child

History was provided by the mother.
[redacted] is here for her well child visit and unclothed exam.

History of Present Illness
[redacted] is a 7-year-old child who is here for a well-child visit accompanied by their mother. There are no significant health concerns reported. The child has no issues with hearing or vision, and there are no complaints of snoring, sleepwalking, bedwetting, or nightmares. The patient maintains a balanced diet but is selective with meats, opting instead for cottage cheese and boiled eggs as substitutes. Their primary beverage is water, though they occasionally drink root beer or tea and have recently developed a preference for milk. The child enjoys fruits such as peaches, grapes, and bananas. They are homeschooled in the first grade and are performing well academically, demonstrating good focus and progress in reading without any behavioral concerns. The patient is physically active and engages in outdoor play. There has been no recent dental visit due to a change in provider. The child has no complaints of ear or throat discomfort, experiences regular bowel movements without constipation, and has no history of asthma.

Review of Nutrition:
Balanced diet? yes

Developmental Milestones:
Developmental questions have been answered in the visit navigator.

Vitals:
01/05/26 1520
BP: 100/60
Pulse: 95
Resp: 24
SpO2: 95%
Weight: 38.6 kg (85 lb)
Height: 49.61" (126 cm)
99 %ile (122% of 95%ile) based on CDC (Girls, 2-20 Years) BMI-for-age based on BMI available on 1/5/2026.

Assessment:
Encounter Diagnosis
Name Primary?
• Encounter for routine child health examination without abnormal findings Yes
1. Anticipatory guidance:
- Brush teeth, limit all-screen time, stranger danger, water safety, lifejackets, helmets, seatbelts etc.
2. Laboratory screening
Hyperlipidemia screening: :screening not indicated at this visit
3. Immunizations today: see immunization orders in EMR
Appropriate VIS given at today's visit.
Signed by [redacted], PA on 1/5/26 at 15:49

WCC Medical Record Example #1 – Opportunity for Improvement

WCC HEDIS® Measure Components:

✓ BMI Percentile Documented

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

✓ Nutrition Counseling Provided

- Documented counseling:
“Balanced Diet? yes”

✓ Physical Activity Counseling Provided

- Documented counseling:
“The patient is physically active and engages in outdoor play”

Key Finding:

✗ ICD-10-CM codes for WCC were not submitted on claim:

- BMI % (Z68.54), Physical Activity Counseling (Z71.82) and Nutrition Counseling (Z71.3)

Opportunity for Improvement:

 Although the documentation satisfies HEDIS clinical requirements, the absence of ICD-10-CM codes Z codes on the claim prevents closure of the WCC care gap and remains noncompliant.

WCC Medical Record Example #2

The claim shown below is an example from 2026 for training purposes. For 2026, only claims with service dates in 2026 will be counted for WCC.

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E	Z23		F			G		Counseling		Nutrition			
I			J			K							
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)	E. DIAGNOSIS POINTER
MM	DD	YY	MM	DD	YY								
PREV VISIT EST AGE 5-11													
01	06	26				11		99393	25			ABCD	
ASQ AGES & STAGES QUESTIONNAIRE; 9, 18, 24 MONTHS													
01	06	26				11		96110				A	
ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSE													
01	06	26				11		96160	59			A	

Chief Complaint

- Well Child Visit
- Flu Vaccine

History Of Present Illness

The patient, is a 5 year old, male who is brought to the office by his mother for a well child visit.

Interval History & Concerns

Interval problems and concerns: possible allergy. No chronic illnesses are reported. No Significant Medical History

Nutrition:
He is eating 3 meals and 2-3 snacks per day. He eats a variety of foods and is only willing to eat certain foods. He drinks whole milk. He is sleeping continuously for up to 8-9 hours at night.

Development:
The child has achieved all developmental milestones including: balances on one foot, counts to 10, draws a person with 6 parts, hops on one foot, names more than 4 colors, prints letters, skips, and ties shoes. He is in pre-K and homeschooled.. He spends 3 hours of screen time per day.

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- (3) Exercise counseling V65.41/Z71.82
- (4) BMI, pediatric 5% - <85% V85.52/Z68.52
- (5) Encounter for administration of vaccine V05.9/Z23
- (6) Sensory processing difficulty 315.8/F88
- (7) Behavior causing concern in biological child V40.9/R46.89

Plan

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- PREVENTATIVE INSTRUCTIONS-----
- Advised parents to spend time talking, reading, playing, and participating in activities with child.
- Discussed bicycle safety: wear bicycle helmets whenever riding, parents should set a good example.
- Encouraged activities with other children.
- Encouraged physical activity, parents should serve as role models.
- Recommended 3 meals plus 2 snacks per day.

Electronically Signed by: APRN -Author on January 6, 2026 09:29:47 AM

Date	Stature	Weight	BMI	BMI %
1/6/2026	112 cm/44.09 in	21.5 kg/47lbs 6oz	17.14 kg/m2	88.7

WCC Medical Record Example #2 – Best Practice Observed

WCC HEDIS® Measure Components:

- ✓ **BMI Percentile Documented**
 - Height and weight recorded
 - BMI percentile documented
- ✓ **Nutrition Counseling Provided**
 - Documented counseling:
“Recommended 3 meals plus 2 snacks per day”
- ✓ **Physical Activity Counseling Provided**
 - Documented counseling:
“Encouraged physical activity, parents should serve as role models”

Best Practice Observed:

-  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**.

Examples of Nutrition and Physical Activity Counseling



- ✓ Recommend 3 meals plus 2 snack per day
- ✓ Instructed on nutrition
- ✓ Parents advised on weight management
- ✓ Childhood obesity discussed
- ✗ Well-nourished
- ✗ Good appetite



- ✓ Active play time
- ✓ Participates in sports (basketball, soccer)
- ✓ Encourage outdoor play for 1 hour per day
- ✓ Encouraged physical activity
- ✗ Advised parents to spend time reading, playing, and participating in activities with child.
- ✗ Encouraged activities with other children

Understanding the WCC HEDIS® Measure & Proper Coding

Coding Tips:

1. Ensure documentation supports BMI percentile, nutrition, physical activity.
 - **Z68.51–Z68.56** (BMI Percentile)
 - **Z71.3** (Nutrition Counseling)
 - **Z71.82** (Physical Activity Counseling)
2. Sick Visit Modifier
 - Use Modifier 25* on the sick visit code to indicate that a significant, separately identifiable evaluation and management service was provided in addition to the preventive service.
 - Document both the preventive components (such as the well-child exam, BMI percentile, nutrition counseling, and physical activity counseling) and the sick visit details
 - Example codes** to use: 99213–25 + 99393 + Z00.121 + Z68.54, + Z271.3 + Z71.82

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

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.

Key Components & Proper Coding for W30 HEDIS® Measure

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 before the 15-month birthday
- ✓ 15–30 months: **At least two** well-child visits between the child’s 15 months and 30 months birthday

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: (one code needed to close care gap):

- Z00.110 – Health examination for newborn under 8 days old
- Z00.111 – Health examination for newborn 8 to 28 days old
- 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
- 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 listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.*

***Codes subject to change.*

W30 Medical Record Example

The claims shown below are an example for training purposes. For 2026, claims with service dates in 2025 and 2026 will be counted for W15 & W30 based on the child's age at the time of well-child visit.

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	
Z00129 Well-child										0	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER											
MM	DD	YY	MM	DD	YY						
01	06	26				11		99392			A

Progress Notes [Redacted], APRN-CNP (Nurse Practitioner) • NURSE PRACTITIONER

Subjective:

[Redacted] is a 17 m.o. male who is seen today for well child visit.

Current concerns on the part of guardian include none.

Developmental Milestones:

Developmental questions have been answered in the visit navigator.

[Exam found to be normal, need to document abnormal findings]

Exam performed: unclothed

Assessment:

Healthy exam.

None

Plan:

- Anticipatory guidance:
Avoid Choke Foods, Brush Teeth, Fluoride, Healthy Food Choices, Experimentation, and Limit TV

All Flowsheet Templates (all recorded)

18 months

[Redacted] APRN-CNP at 1/6/2026 11:20 AM

Status: Signed

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.	
Z00129 Well-child Z23										0	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER											
MM	DD	YY	MM	DD	YY						
10	22	25				11		90677			AB
PR IM ADM PRQ ID SUBQ/IM NJXS 1 VACCINE											
10	22	25				11		90471			AB

Progress Notes [Redacted], APRN-CNP (Nurse Practitioner) • NURSE PRACTITIONER

Subjective:

[Redacted] a 15 m.o. male who is seen today for well child visit.

Current concerns on the part of guardian include none.

Developmental Milestones:

Developmental questions have been answered in the visit navigator.

[Exam found to be normal, need to document abnormal findings]

Exam performed: unclothed

Assessment:

Healthy exam.

None

Plan:

- Anticipatory guidance:
Avoid Choke Foods, Brush Teeth, Fluoride, Healthy Food Choices, Experimentation, Limit TV, No Bottle in Bed, Self-care, Self-quieting, Self-feed, Drink from Cup, and Toilet Training

All Flowsheet Templates (all recorded)

15 months

[Redacted], APRN-CNP at 10/22/2025 3:26 PM

Status: Signed

W30 Medical Record Example – Best Practice Observed

W30 HEDIS® Measure Components:

- ✓ **Comprehensive well-child visits at 15 months and 17 months for child turning 30 months in 2026**
 - Covered physical, health history, counseling, and future care
 - *“current concerns on the part of the guardian include none ”,*
 - *“Developmental questions have been answered in the visit navigator”*
 - *“Avoid Choke Foods, Brush Teeth, Fluoride, Healthy Food Choices, Experimentation, and Limit TV”*

Key Finding:

- ✓ Well-child exam correctly documented for both visits and coded on the claim using ICD-10-CM:
 - Z00.129 – Encounter for routine child health examination without abnormal findings

Best Practice Observed:

-  W30 HEDIS® measure gap successfully closed.
 - Visit meets both **clinical documentation** and **coding requirements**.
 - Supports accurate **quality reporting**.

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. Most frequently used codes:
 - **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
 - Use Modifier 25* on the sick visit code to indicate that a significant, separately identifiable evaluation and management service was provided in addition to the preventive service.
 - Document both the preventive components such as the well-child exam, and the sick visit details.
 - Example codes** to use: 99213–25+ 99392 + Z00.129
3. Telehealth well visits are no longer allowed to close W30 care gap.

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

**Codes listed are for informational purposes related to quality reporting and should not be used as a substitute for comprehensive billing and coding guidance.

Summary & Resources

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.*
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.

*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.

Quick Reference Guide HEDIS®

Quick Reference
Guide HEDIS®
with codes are
available on
Oklahoma
Complete Health
Website:

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

Quick Reference Guide HEDIS®

FOR MORE INFORMATION, VISIT [NCQA.ORG](https://www.ncqa.org)

Medicaid | Medicare | Marketplace



oklahoma
complete health™

HEDIS® Pediatric Pocket Guide

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 ncqa.org , or see the HEDIS value sets. The following is a subset only of the NCQA approved codes.		
All Well-Child Visits		
Must include the following: 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) ^{1,2}	<p>Well-Child Visits in the First 15 Months. For children who turned 15 months old during the measurement year: Six or more well-child visits.</p> <p>Well-Child Visits for 15–30 Months of Age. For children who turned 30 months of age during the measurement year: Two or more well-child visits.</p>	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) ^{1,2}	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
Respiratory Conditions		
Measure	Best Practice	Codes
(CWP) Appropriate Testing for Pharyngitis ^{1,2}	<p>Episodes for members 3 years of age and older where the member is:</p> <ul style="list-style-type: none"> • Diagnosed with pharyngitis • Dispensed an antibiotic • Received a group A strep test <p>Note: Test for Group A Strep before dispensing an antibiotic.</p>	<p>Group A Strep Test: 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p>Pharyngitis: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p>
Weight Assessment and Counseling for Nutrition & Physical Activity		
Measure	Best Practice	Codes
(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (3–17 years of age) ^{1,2}	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

Lines of Business:

- ¹Medicaid
- ²Marketplace

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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Feedback Survey



Coding for Success Feedback Survey - Child Wellness Visit HEDIS® Measures

Thank you for your participation. The purpose of this questionnaire is to collect your feedback, which will help us improve this event in the future. All information will remain confidential.



AAPC CEU Approved Certificate Index# OCH051525300A

Oklahoma Complete Health

Certificate of Approval

Name

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




Index # OCH051525300A

This Index # is valid for education purchased prior to
5/30/2026

Date

This program meets AAPC guidelines for 1.0 CEUs. Can be split between Core A, CEMC, CPEDC, CPCO, CPMA, CIC and CRC for continuing education units.

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Questions?

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