Quality Spotlight 2026

Pediatric Wellness Visits

CQ-VBR Measures
MY2026 Measurement Period; September 1, 2027 - August 31, 2028 VBR Period

Blue Cross Blue Shield Blue Care Network of Michigan

Category	Measure	Adult Practices		Family Practices		Pediatric Practices
		CQ VBR and PCMH Commercial	CQ VBR Medicare	CQ VBR and PCMH Commercial	CQ VBR Medicare	CQ VBR and PCMH Commercial
Adult Prevention and Screening Measures	Adult Immunization Status - Influenza	√		√		
	Breast Cancer Screening	√	√	√	√	
	Cervical Cancer Screening	√		√		
	Chlamydia Screening in Women	√		√		
	Colorectal Cancer Screening	√	√	√	√	
Pediatric Prevention and Screening Measures	Child and Adolescent Well-Care Visits			√		√
	Childhood Immunization Status - Combo 10			√		√
	Childhood Immunization Status - Flu			√		√
	Immunizations for Adolescents - Combo 2			√		√
	Immunizations for Adolescents - HPV			√		√
	Weight Assessment and Counseling for Children - BMI percentile			√		√
	Well-Child Visits First 15 months			√		√
	Well-Child Visits - Well Visits 15 - 30 months			√		√

Commonalities of Pediatric Measures for Various Payers

- **Priority Health**
  - Child & Adolescent Well Child Visits
  - Well Child Visits 15months & 15-30 months
- **HAP**
  - Child & Adolescent Well Child Visits
  - Well Child Visits 15months & 15-30 months
- **Molina**
  - Well Child Visits 15months & 15-30 months
- **McLaren**
  - Child & Adolescent Well Child Visits
  - Well Child Visits 15months & 15-30 months
  - Weight Assessment and Counseling BMI, Nutrition, Physical Activity
- **Aetna**
  - Should receive details soon
- **ACO Reach, MSSP, Humana**
  - Not Applicable

Well-child Visits in the first 30 months of Life (w30)

The percentage of children in the first 30 months of life who had the recommended number of well-child visits with a primary care practitioner.

Two Rates:

- 15 Months Old
- 30 Months Old

Babies and Young Children need at least 8 Well-Visits before they turn 2½.

- **15 months old rate**
  - First birthday plus 90 days
  - **SIX or more** well-child visits on or before the child's 15-month birthday
- **30 months old rate**
  - Second birthday plus 180 days
  - **Two or more** well-child visits between the 15-month (+1day) and the 30-month birthday

- ❖ Visits must be on separate dates of service
- ❖ Visits must be at least 14 days apart

CLAIMS ONLY CLOSURE – NO HEB ENTRY

Well-child Visits in the first 30 months of Life (w30)

Helpful HEDIS hints

Documentation in the medical record should indicate each well-child visit occurred with a primary care practitioner and include the date when the well-child visit occurred, and discussion of the components below:

- **Health history:** An assessment of the patient's history of disease or illness, such as past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **Physical developmental history:** Assesses specific age-appropriate physical developmental milestones.
- **Mental developmental history:** Assesses specific age-appropriate mental developmental milestones (behaviors seen in children as they grow and develop).
- **Physical exam:** Comprehensive assessment including height, weight and BMI percentile.
- **Health education or anticipatory guidance:** Given by the health care provider to parents or guardians in anticipation of emerging issues that a child and family may face.

Tips for coding

Codes to identify Well Care Visits:

ICD-10-CM	CPT®	HCPCS
Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2	99381 - 99385, 99391 - 99395, 99461	G0438, G0439, S0302, S0610, S0612, S0613

Child and Adolescent Well-Care Visits (WCV)

The percentage of children and adolescents who had one or more comprehensive well-care visits during the measurement year.

- Ages: 3 years to 21 years as of December 31st of the measurement year

Children and Adolescents need at least one well-care visit each year.

- **At least one** well-care with:
  - Primary Care Practitioner
  - Pediatrician
  - OB/GYN
  - Physician Assistant or Nurse Practitioner
- Comprehensive documentation should include evidence of:
  - Health History
  - Physical Developmental History
  - Mental Developmental History
  - Physical Exam
  - Health Education and anticipatory guidance

Exclusions:

- Received hospice services
- Deceased during measurement year

Child and Adolescent Well-Care Visits (WCV)

Helpful HEDIS hints

Documentation in the medical record is critical and must include notes indicating each well-care visit occurred with a primary care practitioner, pediatrician, OB/GYN, physician assistant or nurse practitioner; the date when the well-care visit occurred, and the below components addressed:

- **Health history:** An assessment of the patient's history of disease or illness, such as past illness (or lack of illness), surgery or hospitalization (or lack of surgery or hospitalization) and family health history.
- **Physical developmental history:** Assesses specific age-appropriate physical developmental milestones.
- **Mental developmental history:** Assesses specific age-appropriate mental developmental milestones (behaviors seen in children as they grow and develop).
- **Physical exam:** Comprehensive assessment including height, weight and BMI percentile.
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Codes to identify Well-Child Visits:

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Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)

Percentage of children and adolescents who had an outpatient visit with a PCP or OB-GYN and who had evidence of BMI percentile, counseling for nutrition, and counseling for physical activity

- Ages: 3 years to 17 years
- Had an outpatient visit with a PCP or an OB-GYN during the measurement year

❖ Can be closed during a virtual care visit with patient reported height and weight. Provider then calculates the BMI Percentile and documents

Children and Adolescents need a BMI Percentile and Nutrition and Physical Activity Counseling Documented

- **BMI Percentile**: Document height, weight and BMI Percentile
  - Must document both height and weight on same DOS
  - Must document PERCENTILE, not BMI value, on same DOS as height and weight
- **Counseling for Nutrition**: document counseling or referral for nutrition education
  - Avoid generalized statements
    - "Eats well balanced diet"
    - "Well-nourished" does NOT count
- **Counseling for Physical Activity**: document counseling or referral for physical activity
  - Avoid generalized statements
    - "Is active"

Weight Assessment and Counseling for Nutrition and Physical Activity (WCC)

Tips for coding

Add the appropriate codes from the table below to claims.

Variable	Document the following	ICD-10-CM	CPT®	HCPCS
BMI percentile	1. Date of visit 2. Height, weight and BMI percentile. A distinct BMI percentile is required; ranges and thresholds do not meet criteria. Examples of acceptable BMI percentile: • 85th percentile • 85% plotted on an age-growth chart	Z68.51 – Z68.56		

Variable	Document the following	ICD-10-CM	CPT®	HCPCS
Nutrition counseling	1. Date of visit 2. Notation of at least one of the following: • Discussion of current nutrition behaviors, such as eating habits or dieting behaviors • Checklist indicating nutrition was addressed • Member received educational materials on nutrition during a face-to-face visit • Anticipatory guidance for nutrition • Weight or obesity counseling • Counseling or referral for nutrition education ***Note:*** *Referral to the Special Supplemental Nutrition Program for Women, Infants and Children, or WIC, may be used to meet criteria.*	Z71.3	97802 97803 97804	G0270 G0271 G0447 S9449 S9452 S9470
Physical activity counseling	1. Date of visit 2. Notation of at least one of the following: • Discussion of current physical activity behaviors such as exercise routine, participation in sports activities or exam for sports participation • Checklist indicating physical activity was addressed • Counseling or referral for physical activity • Member received educational materials on physical activity during a face-to-face visit • Anticipatory guidance specific to the child's physical activity • Weight or obesity counseling	Z02.5 Z71.82		G0447 S9451

Helpful Tips when Scheduling Wellness Visits

- Connect families in a timely way to clinical services.
  - Decrease scheduling hold times through triage, staffing, or automation.
  - Offer well care outside of standard business hours (1-2 evenings per week or on a weekend).
- Utilize patient portal, make sure families know how to sign up so they can view their child's information, talk to their provider, and schedule appointments.
  - As their child ages, make sure they know the privacy requirements around using the portal.
- If you are able: Automate appointments with text or email reminders that allow for bidirectional communication and patient self-scheduling.
  - Remind patients about appointments via text, emails, or calls. Be sure to identify the clinic in the message reminders. Including a link or phone number in text messages for contacting the scheduling desk.
  - 3 is the magic number. Send out reminders for appointments 3 weeks in advance, 3 days, and 3 hours before an appointment.
- Make missed appointment messages friendly and express care and compassion, "we missed you."
  - Some clinics have the provider call during the missed appointment slot.
    - This can decrease future no-show rates.

Ways to Increase Engagement with Parents- Scheduling and Keeping Pediatric Wellness Appts

- After a sick visit- Don't leave without scheduling the next well-child visit to ensure “you get a preferred time”.
- Utilize your care manager to assist families in navigating referrals, scheduling and overcoming barriers to keeping appts or engaging to do so (NDOH).
- Encourage all staff to develop an elevator speech as why having a “perfectly healthy” child be seen by the doctor annually or why taking a healthy child into a “sick environment” is beneficial.
  - Be able answer questions to mitigate these concerns/questions with parents.
- Focus on prevention aspect RATHER than just vaccination-based visits.
  - Potential health issues, developmental delays, hearing or vision issues.
- Find out from parent what makes this FREE visit worthwhile to them and work to accommodate.
  - Explain the extra attention to questions & concerns, unlike sick visits.
  - Have staff that are scheduling encourage parents to bring list of questions/concerns to stress importance of preventive management
  - Being able to see the PCP

Questions?

Well Child Visits

Child and Adolescent Well Care Visits

Weight Assessment and Counseling for Nutrition and Physical Activity

General Guidelines for Submitting CPT II Codes

How to submit CPT category II codes on claims

Blue Cross Blue Shield Blue Care Network of Michigan

The CPT category II code is billed in the procedure code field with a $0 charge. If your billing system drops non-revenue-generating codes, enter $0.01.

Exception: Medicare Advantage plans reimburse $35 for *1111F.

There is no limit on the number of procedure codes billed on a claim.

Denied CPT category II codes **can still close a gap**. For example, the gap is closed if the claim is submitted and denied as not covered by Medicare or past the filing limit.

Claims that receive a front-end rejection aren't processed in our system and **won't close a gap**.

CPT category II codes can be billed alone if reported outside of a visit, using the date the service was performed.

If the patient has a visit and a CPT category II service was reviewed during the visit, enter the date of the office visit and then the date of the CPT category II service was performed.

You don't need to be the servicing provider to report a CPT category II code.

Be sure to document the service within the member's medical record.