

MEASURE W34-CH: WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH AND SIXTH YEARS OF LIFE

National Committee for Quality Assurance

A. DESCRIPTION

Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.

Data Collection Method: Administrative or Hybrid

Guidance for Reporting:

- Include all paid, suspended, pending, and denied claims.
- Beneficiaries in hospice are excluded from the eligible population. If a state reports this measure using the Hybrid method, and a beneficiary is found to be in hospice or using hospice services during medical record review, the beneficiary is removed from the sample and replaced by a beneficiary from the oversample. For additional information, refer to the hospice exclusion guidance in Section II. Data Collection and Reporting of the Child Core Set.
- Refer to [Appendix C](#) for the definition of a PCP.

The following coding systems are used in this measure: CPT, HCPCS, ICD-10-CM, Modifier, POS, SNOMED, and UB. Refer to the Acknowledgments section at the beginning of the manual for copyright information.

B. ELIGIBLE POPULATION

Age	Ages 3 to 6 as of December 31 of the measurement year.
Continuous enrollment	The measurement year.
Allowable gap	No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a beneficiary for whom enrollment is verified monthly, the child may not have more than a 1-month gap in coverage (i.e., a child whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).
Anchor date	December 31 of the measurement year.
Benefit	Medical.
Event/diagnosis	None.

C. ADMINISTRATIVE SPECIFICATION

Denominator

The eligible population as defined above.

Numerator

At least one well-child visit (Well-Care Value Set) with a PCP during the measurement year.

Do not count visits billed with a telehealth modifier (Telehealth Modifier Value Set) or billed with a telehealth POS code (Telehealth POS Value Set).

The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

D. HYBRID SPECIFICATION

Denominator

A systematic sample drawn from the eligible population. Refer to the sampling guidance under Section II. Data Collection and Reporting of the Child Core Set for additional information.

Numerator

At least one well-child visit with a PCP during the measurement year. The PCP does not have to be the practitioner assigned to the child.

Administrative Data

Refer to Administrative Specification to identify positive numerator hits from the administrative data.

Medical Record Review

Documentation must include a note indicating a visit to a PCP, the date when the well-child visit occurred and evidence of all of the following:

- A health history. Health history is an assessment of the child's history of disease or illness. Health history can include, but is not limited to, past illness (or lack of illness), surgery, hospitalization (or lack of surgery or hospitalization) and family health history.
- A physical developmental history. Physical developmental history assesses specific age-appropriate physical developmental milestones, which are physical skills seen in children as they grow and develop.
- A mental developmental history. Mental developmental history assesses specific age-appropriate mental development milestones, which are behaviors seen in children as they grow and develop.
- A physical exam
- Health education/anticipatory guidance. Health education/anticipatory guidance is given by the health care provider to parents or guardians in anticipation of emerging issues that child and family may face.

Do not include services rendered via telehealth or during an inpatient or ED visit.

Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward this measure, regardless of the primary intent of the visit, but services that are specific to the assessment or treatment of an acute or chronic condition do not count toward this measure.

Visits to school-based clinics with practitioners whom the state would consider PCPs may be counted if documentation of a well-child exam is available in the medical record or administrative system in the time frame specified by this measure. The PCP does not have to be assigned to the child.

The state may count services that occur over multiple visits, as long as all services occur in the time frame specified by the measure.

The following notations or examples of documentation do not count as numerator compliant for the Medical Record Review:

- Health History
 - Notation of allergies or medications or immunization status alone. If all three (allergies, medications, immunization status) are documented it meets criteria.
- Physical Developmental History
 - Notation of Tanner Stage/Scale
 - Notation of "appropriate for age" without specific mention of development
 - Notation of "well-developed/nourished/appearing"
- Mental Developmental History
 - Notation of "appropriately responsive for age"
 - Notation of "neurological exam"
 - Notation of "well-developed"
- Physical Exam
 - Vital signs alone
- Health Education/Anticipatory Guidance
 - Information regarding medications or immunizations or their side effects
 - "Handouts given" during the visit without evidence of a discussion

E. ADDITIONAL NOTES

This measure is based on the CMS and American Academy of Pediatrics guidelines for EPSDT visits. Refer to the American Academy of Pediatrics Guidelines for Health Supervision at <http://www.aap.org> and Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (published by the National Center for Education in Maternal and Child Health) at <http://www.Brightfutures.org> for more information about well-child visits.