

The following tables outline the well-child visit measures, applicable age range, needed number of visits, and additional measures that can be impacted during the same visit. See the "Comments" column for scheduling considerations.

Well-Child Visits in the First 30 Months of Life: 0-15 Months (W30-6) Completion of at least 6 well-child visits between the ages of Birth and BEFORE 15 months.							
Age Range	e Range Visits Needed Quality Measure Comments						
	6 or more	CIS	Administer 10 measure antigens BEFORE 24 months/ 2nd birthday.				
0-15 months		LSC	Recommended to order after 12 months.				
		DEV	One developmental screening required on or before 12 months.				

Well-Child Visits in the First 30 Months of Life: 15-30 Months (W30-2) Completion of at least 2 well-child visits between the ages of 15 months and BEFORE 30 months.

Age Range	Visits Needed	Quality Measure	Comments			
		CIS	Administer 10 measure antigens BEFORE 24 months/ 2nd birthday.			
	2 or more	LSC	Recommended to order after 12 months.			
15-30 months		DEV	One developmental screening required on or before 12 months.			
		TFL*	Topical fluoride application at least twice per year beginning with the first tooth eruption up to 21 years of age.			

Child and Adolescent Well-Care Visits: 3-21 Years (WCV) Completion of at least 1 child and adolescent well-care visit per calendar year.							
Age Range	Visits Needed	ed Quality Measure Comments					
	1 or more	WCC-BMI	Weight Assessment and Counseling for Body Mass Index for Children/Adolescents - members 3-17 years.				
		WCC-P	Weight Assessment and Counseling for Physical Activity for Children/Adolescents - members 3-17 years.				
3-21 years		WCC-N	Weight Assessment and Counseling for Nutrition for Children/Adolescents - members 3-17 years.				
		IMA	Must be completed ON or BEFORE 13th birthday.				
		TFL*	Topical fluoride treatment at least twice per year from age 1 up to age 21.				
		CHL	Female members 16-24 years of age, identified as sexually active, based on claims/encounter data or pharmacy data.				

*Refer to CDC Vaccine Schedule and Bright Futures Periodicity Schedule QR codes shown on the back.

Note: Some provider offices offer fluoride treatments. If your provider office has the capability to offer fluoride treatments, please note that topical fluoride treatment is needed for children starting with their first tooth up to age 6. After this, please refer them to the Medi-Cal Program dental office at **smilecalifornia.org** or **1-800-322-6384**. Topical fluoride is needed at least twice per year up to age 21.

Questions? Call IEHP Provider Relations at 1-866-223-IEHP (4347) or email ProviderServices@iehp.org.

Well-Child Visits ROADMAP 2025



This roadmap is designed to assist provider office staff in the scheduling of well-child visits. For comprehensive information on clinical best practices, please consult the resources linked through the QR codes at the bottom of this page.

						r this pager
0-15 Months (W30-6 Measure)	3-5 Days W30-6 visit 1 of 6 SCREENINGS • Behavioral/Social/ Emotional screening	 1 Month W30-6 visit 2 of 6 SCREENINGS Behavioral/Social/ Emotional screening Maternal depression screening 	 2 Months W30-6 visit 3 of 6 SCREENINGS Behavioral/Social/Emotion Maternal depression screee IMMUNIZATIONS* CIS 	w3 scr al screening ening w3 scr Be	Ionths 0-6 visit 4 of 6 EENINGS Havioral/ Social/ Emo aternal depression scr IUNIZATIONS* S	
onths <	 15 Months + 1 D Well-child visit SCREENINGS Behavioral/ Social/Em screening IMMUNIZATIONS* CIS 	the child should	Well-child visit SCREENINGS Blood test for lead Blood test for anemia	9 Months W30-6 visit 6 of 6 SCREENINGS • Behavioral/ Social/ Emotional screening • Developmental screening	6 Months W30-6 visit 5 of SCREENINGS • Maternal depres • Behavioral/ Socia IMMUNIZATIONS • CIS	6 sion screening I/Emotional screening
15-30 Months (W30-2 Measure)	18 Months W30-2 visit 1 of 2 SCREENINGS • Behavioral/Social/ Emotional screening • Developmental screen • Autism Spectrum Diso IMMUNIZATIONS* • CIS	immunization must be completed before	SCREENINGS	l/Emotional screening Disorder screening d	By 28 months, the child should have completed both visits required for W30-2.	 30 Months SCREENINGS Developmental screening (needed before 36 mos.) Behavioral/ Social/ Emotional screening BMI screening
3-21 Years (WCV Measure)	3 Years • Well-Care Visit • Vision screening • Hearing screening • Weight Assessment & Counseling • Behavioral/ Social/ Emotional screening IMMUNIZATONS* • Influenza	 4 Years Well-Care Visit Vision screening Hearing screening Weight Assessment & Counseling Behavioral/ Social/ Emotional screening IMMUNIZATIONS* Influenza 	5 Years • Well-Care Visit • Vision screening • Hearing screening • Weight Assessment & Counseling • Behavioral/ Social/ Emotional screening IMMUNIZATIONS* • Influenza	6 Years • Well-Care Visit • Vision screening • Hearing screening • Weight Assessment & • Behavioral/ Social/En screening IMMUNIZATIONS* • Influenza	& Counseling notional	Years Well-Care Visit Weight Assessment & Counseling Behavioral/ Social Emotional screening MMUNIZATIONS* Influenza
	 12 Years Well-Care Visit Vision screening Hearing screening Weight Assessment & C Behavioral/ Social Emotional screening Depression and Suicide IMMUNIZATIONS* IMA & Influenza 	Emotional s	 Vision screening Hearing screening Weight Assessmen Cholesterol screening Behavioral/ Social/ 	• We • We • We • Me • Be • IM • IM • IM	ears ell-Care Visit eight Assessment Counseling havioral/ Social/ notional screening IUNIZATIONS* A & Influenza	8 Years • Well-Care Visit • Vision screening • Hearing screening • Weight Assessment & Counseling • Behavioral/ Social/ Emotional screening IMMUNIZATIONS* • Influenza
In fo se be	 A counterest of the second s	re Visit • Well-Car Assessment seling • Weight / seling • & Couns oral/Social/ • Behavio nal screening • Depressi eening Risk scre ZATIONS* IMMUNIZ	e Visit • Well-Care V ssessment • Vision scre eling • Hearing sc al screening • Behavioral on & Suicide • Emotional ening • Depression ATIONS* IMMUNIZA	Visit eening sessment & Counseling I/ Social/ screening n & Suicide Risk screenin	 Behavioral/ S Emotional se Depression & HIV screening 	ssment & Counseling Social/ creening & Suicide Risk screening Ig creening (see note)
 Weigl & Cou Behave Emoti Deprove Risk s Chlan Cervice 	Care Visit ht Assessment unseling vioral/ Social/ ional screening ession & Suicide creening nydia screening (see note) cal Cancer screening NIZATIONS*	20 Years Well-Care Visit Weight Assessment & Counseling Behavioral/Social/ Emotional screening Depression & Suicide Risk screening Cholesterol screening Chlamydia screening (see note) MMUNIZATIONS* Influenza	 19 Years Well-Care Visit Weight Assessment & Counseling Behavioral/ Social/ Emotional screening Depression & Suicide Risk screening Chlamydia screening (see not IMMUNIZATIONS* Influenza 	 18 Years Well-Care Visit Weight Assessm & Counseling Behavioral/Soci Emotional screet Depression & St Risk screening Hepatitis C Viru: Chlamydia screet IMMUNIZATIONS Influenza 	nent ial/ ening uicide screening ening (see note)	7 Years Well-Care Visit Weight Assessment & Counseling Behavioral/ Social/ Emotional screening Depression & Suicide Risk screening Chlamydia screening (see note) IMUNIZATIONS* Influenza
Note: Chlan	nydia screening is recomme	nded yearly for all females and	males who are sexually active and	d have risk factors, accor	ding to Bright Future	S.

Bright Futures/ American Academy of Pediatrics -Recommendations for Preventive Pediatric Health Care:

CDC

Vaccine

*Scan for more information:

Child and Adolescent Schedules:

Quality Performance Learning

Guide:



Coding Resource Tool

