Well-Child Visit Note

Structured to the Bright Futures / AAP periodicity schedule. Every screening row asks for the instrument and the score, because that is what makes it separately reportable.

Patient / MRN / DOB	
Age on date of service	*___ y ___ mo · **drives the code band** · new / established patient · date _____*
Accompanied by	*Name _____ · relationship _____ · custody or consent issues noted Y / N*
Visit age band	*Newborn / 3 to 5 d / 1 / 2 / 4 / 6 / 9 / 12 / 15 / 18 / 24 / 30 mo · 3 to 21 y annually*

A Interval History

Since the last visit

Concerns raised by parent or patient	
Interval illness, injury, ED or specialty visits	
Nutrition and feeding	*Diet, appetite, supplements · breastfeeding or formula if infant*
Sleep, elimination, behavior	
School or childcare, activity, screen time	

B Measurements

Plot on the growth chart and record percentiles

Growth	*Length or height _____ (__%ile) · weight _____ (__%ile) · head circ _____ (__%ile, through 24 mo)*
Weight for length / BMI	*Weight for length __%ile (under 2 y) · BMI _____ (__%ile, 2 y and older)*
Blood pressure	*_____ / _____ · percentile _____ · risk assessment under 3 y, measured annually from 3 y*

C Sensory Screening

Vision	*Risk assessment through 3 y · instrument-based or acuity screen _____ · result R ___ L ___*
Hearing	*Newborn screen result _____ · method _____ · result _____*

Why the percentile matters. A measurement without a percentile is a number, not a screen. The preventive service already includes an age-appropriate history, exam, counseling, anticipatory guidance, and the ordering of labs. What it does **not** include is immunization administration or any screening test that has its own CPT code, such as vision, hearing, or developmental screening. Those are reported **separately** from the preventive code, never bundled into it.

Reference material for licensed clinicians. Not legal, billing, coding, or clinical advice. Screening schedules follow the Bright Futures / AAP periodicity schedule, which is updated annually. Coding and coverage requirements vary by payer and by state Medicaid and EPSDT program. Verify against the current AAP schedule and your own payer contracts before use.

Well-Child Visit Note

Continued. Name the instrument, record the score, then write your interpretation. A non-standardized screen is not separately reportable unless the payer allows it.

D Surveillance and Screening

Instrument · score · your interpretation

SCREEN	RECOMMENDED AGES	INSTRUMENT USED	SCORE / RESULT
Developmental surveillance	*Every visit*		
Developmental screening	*9, 18, 30 mo*		
Autism spectrum disorder	*18 and 24 mo*		
Behavioral, social, emotional	*Every visit*		
Maternal depression	*1, 2, 4, 6 mo*		
Depression and suicide risk	*12 through 21 y*		
Tobacco, alcohol, drug use	*11 y and older, risk*		

E Physical Exam and Procedures

Exam	*Head to toe, age appropriate · findings*
Labs and procedures ordered	*Anemia (12 mo) · lead (12 and 24 mo, or risk) · dyslipidemia (9 to 11 y, 17 to 21 y) · TB, STI, HIV per risk*
Oral health	*Dental home Y / N · fluoride varnish given Y / N · fluoride supplementation*

F Immunizations

Count components, not injections

Vaccines given	
Counseling	*Face-to-face vaccine counseling by physician or QHP performed Y / N · VIS given Y / N*
Administration coding	*Total components ____ · 90460 x ____ (first component of each vaccine) · +90461 x ____ (each additional) · or 90471 / +90472*

G Anticipatory Guidance and Coding

Anticipatory guidance	*Topics discussed, age appropriate*
Coding	*Preventive: 99381 to 99384 new / 99391 to 99394 established · dx Z00.129 without abnormal findings or Z00.121 with · screenings 96110 x ____ · 96127 x ____ · Z23 for immunizations*

H Attestation

Attestation	*Clinician signature _____ · name and credentials _____ · date and time signed _____ · supervising clinician if required _____*

Three things payers check. 1. Age on the date of service picks the code, not age at scheduling: under 1 y, 1 to 4, 5 to 11, 12 to 17. One day either side of a boundary changes it. **2. Every screening needs the instrument named, the score recorded, and your interpretation.** 96110 is per instrument for developmental and autism screens, 96127 per instrument for emotional and behavioral, so a parent form and a teacher form are two units. **3. Immunization administration is per component, not per injection.** 90460 covers the first component of each vaccine when a physician or QHP counsels face to face, +90461 each additional component in that vaccine. A component is the antigens preventing disease from one organism, so MMR is three. Without counseling, or at 19 and over, use 90471 and +90472 instead.

A template still means you write the note. Sully's AI Scribe captures the visit and writes it into your EHR, the AI Coder submits the coded claim, and the AI Receptionist books the follow-up, on one integration across Epic, Cerner, Meditech, and Athenahealth.

sully.ai

Reference material for licensed clinicians. Not legal, billing, coding, or clinical advice. Screening schedules follow the Bright Futures / AAP periodicity schedule, which is updated annually. Coding and coverage requirements vary by payer and by state Medicaid and EPSDT program. Verify against the current AAP schedule and your own payer contracts before use.