

## 2020 HEDIS® AT-A-GLANCE:

# KEY PEDIATRIC MEASURES

At WellCare, we value everything you do to deliver quality care for our members – your patients – to make sure they have a positive healthcare experience. That’s why we’ve created this easy-to-use, informative HEDIS® At-A-Glance Guide. It gives you the tools you need to meet, document and code HEDIS Measures. Together, we can provide the care and services our members need to stay healthy. This will improve quality scores and Star Ratings, which benefits our providers, WellCare and ultimately our members. Please contact your WellCare representative if you need more information or have any questions.

**Quality care is a team effort. Thank you for playing a starring role!**

\*Measurement year 2019

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Well-Child Visit (W15) (W34)</b>  <b>Ages:</b> First 15 months (seen 6+ times on or before their 15-month birthday which falls in the measurement year)                      3-6 years (at least one well-child visit with a PCP during the measurement year)  <i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<p>Documentation of a visit to a PCP, the date of the visit and all of the following:</p> <ul style="list-style-type: none"> <li>• Health history</li> <li>• Mental developmental history</li> <li>• Physical developmental history</li> <li>• A physical exam</li> <li>• Health education/anticipatory guidance</li> </ul> <p>The notation of “well-developed” DOES NOT COUNT as compliant for mental or physical developmental history portion. Preventive services may be rendered on visits other than well-child visits but MUST NOT be related to the assessment or treatment of the acute or chronic condition.</p>	<p><b>CPT Codes:</b></p> <ul style="list-style-type: none"> <li>• 0-12 months – 99381, 99391, 99461</li> <li>• 1-4 years – 99382, 99392</li> <li>• 5-11 years – 99383, 99393</li> </ul> <p><b>ICD-10-Dx Codes:</b>  <b>General Exam:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2</p>
<p><b>Adolescent Well-Child Visit (AWC)</b>                      One Well Visit to a PCP or OB/GYN within the measurement year  <b>Ages:</b> 12-21 years  <i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<p>A note indicating a visit to a PCP or OB/GYN, the date of well visit and evidence of all the following:</p> <ul style="list-style-type: none"> <li>• Health history</li> <li>• Mental developmental history</li> <li>• Physical developmental history</li> <li>• A physical exam</li> <li>• Health education/anticipatory guidance</li> </ul> <p>The notation of “well-developed” DOES NOT COUNT as compliant for mental or physical developmental history portion. Preventive services may be rendered on visits other than well-child visits but MUST NOT be related to the assessment or treatment of the acute or chronic condition.</p>	<p><b>CPT Codes:</b> 12-17 years – 99384, 99394  <b>CPT Codes:</b> ≥18 years – 99385, 99395  <b>ICD-10-Dx Codes:</b>  <b>General Exam:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2</p>

**VISITS**

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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	HEDIS Measure	HEDIS Tips	Sample Codes Used
VISITS	<p><b>Dental Visit (ADV)</b> At least one dental visit during the measurement year. Ages: 2-20 years <i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<p>Annual Dental visit <i>This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.</i></p>	<p>Please refer your patients for a dental screening annually. Services must be rendered by a dental provider.</p>
	<p><b>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children and Adolescents (WCC)</b> An outpatient visit with a PCP or OB/GYN and who had:  <ul style="list-style-type: none"> <li>BMI percentile documentation</li> <li>Counseling for Nutrition</li> <li>Counseling for Physical Activity</li> </ul> Ages: 3-17 years <i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<p>Documentation of a visit including date and all of the following:</p> <ul style="list-style-type: none"> <li>BMI percentile documentation <ul style="list-style-type: none"> <li>Must have height and weight; BMI percentile or BMI percentile plotted on an age-growth chart.</li> </ul> </li> <li>Counseling for nutrition <ul style="list-style-type: none"> <li>The discussion must be related to nutrition and/or obesity counseling. Services that don't count: Notes of "health education," "anticipatory guidance" without specific mention of nutrition; counseling/education before or after the measurement year; no notes for counseling/education on nutrition and diet; or, a physical exam finding alone (e.g., well-nourished) because it doesn't indicate counseling for nutrition.</li> </ul> </li> <li>Counseling for physical activity or referral for physical activity <ul style="list-style-type: none"> <li>Services that do not count: Developmental milestones discussion, "cleared for gym class"; "health education," "anticipatory guidance," or "computer or TV time" or anticipatory guidance related solely to safety without specific mention of physical activity; counseling/education before or after the measurement year; or, no notes for counseling/education on physical activity.</li> </ul> </li> </ul> <p>Services specific to the assessment or treatment of an acute or chronic condition do not count toward the "Counseling for Nutrition" and "Counseling for Physical Activity" indicators. For example, decreased appetite as a result of an acute or chronic condition.</p>	<p><b>Pediatric BMI (ages 3-17 years)</b> ICD-10-Dx Codes:  <ul style="list-style-type: none"> <li>&lt;5<sup>th</sup> percentile for age: Z68.51</li> <li>5<sup>th</sup> to &lt;85<sup>th</sup> percentile for age: Z68.52</li> <li>85<sup>th</sup> to &lt;95<sup>th</sup> percentile for age: Z68.53</li> <li>≥95<sup>th</sup> percentile for age: Z68.54</li> </ul> <b>Nutritional Counseling</b> CPT Codes: 97802-97804 ICD-10-Dx Codes: Z71.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470 <b>Physical Activity</b> ICD-10-Dx Code: Z71.82 (Exercise Counseling); Z02.5 (Sports Physical) HCPCS: G0447, S9451</p>
ASSESSMENT & SCREENING	<p><b>Lead Screening (LSC)</b> At least one capillary or venous lead blood test completed on or before their 2<sup>nd</sup> birthday. Ages: By 2 years</p>	<ul style="list-style-type: none"> <li>Must be completed on or before the child's 2<sup>nd</sup> birthday, which falls in the measurement year.</li> <li>A note indicating the date the test was performed and the result or finding.</li> <li>Lab report with appropriate member identifiers showing results date and results.</li> </ul>	<p>CPT Code: 83655</p>

	HEDIS Measure	HEDIS Tips	Sample Codes Used
CONTINUED	<p><b>Chlamydia Screening (CHL)</b> Women who were identified as sexually active and who had at least one chlamydia test in the measurement year.</p> <p><b>Ages:</b> 16-24 years <i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<ul style="list-style-type: none"> <li>• May be either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to the lab vendor for analysis.</li> <li>• A note indicating the date the test was performed, and the result or finding.</li> </ul>	<p><b>CPT Codes:</b> 87110, 87270, 87320, 87490-87492, 87810</p>
	<p><b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b> Initiation Phase: Those children with a new prescription for an ADHD medication who had 1 follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</p> <p>Continuation and Maintenance (C&amp;M) Phase: Those children who have at least 2 follow-up visits within 270 days (9 months) after the end of the Initiation Phase.</p> <p><b>Ages:</b> 6-12 years <i>Performed: March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year*</i></p>	<ul style="list-style-type: none"> <li>• When prescribing a new medication, be sure to schedule a follow-up visit within 30 days to assess how the medication is working and to address side effect issues. Schedule this visit while your member is still in the office.</li> <li>• Schedule two more visits in the nine months after the 30-day Initiation Phase to continue to monitor your member's progress.</li> <li>• If your member cancels an appointment be sure to reschedule right away.</li> </ul>	<p><b>CPT Codes:</b> 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510</p> <p><b>Telephone Visits:</b> 98966-98968, 99441-99443</p> <p><b>CPT Telehealth Modifiers:</b> 95, GT <b>Telehealth POS:</b> 02</p> <p><b>HCPCS:</b> G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2010, M0064, S0201, S9480, S9484, S9485, T1015</p> <p><b>Initiation Phase:</b> <b>CPT Codes:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876</p> <p><b>WITH POS:</b> 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 71, 72</p> <p><b>C &amp; M Phase:</b> <b>CPT Codes:</b> 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291</p> <p><b>WITH POS:</b> 52, 53</p>
BEHAVIORAL HEALTH	<p><b>Appropriate Testing for Pharyngitis (CWP)</b> Members diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.</p> <p><b>Ages:</b> 3 years and older <i>Performed: July 1 of year prior to measurement year through June 30 of measurement year*</i></p>	<ul style="list-style-type: none"> <li>• Rapid Strep Test can be performed in office. If negative, a Throat Culture should be done and sent to lab for analysis.</li> <li>• The group A Strep test should be in the 7-day period from the 3 days prior through 3 days after the episode date.</li> </ul>	<p><b>CPT Codes:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p><b>ICD-10-Dx Codes:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p>
	<p><b>Medication Management for People with Asthma (MMA)</b> Those diagnosed with persistent asthma and were dispensed and remained on medications during the treatment period.</p> <p><b>Ages:</b> 5-64 years <i>Performed: Jan. 1–Dec. 31 of measurement year*</i></p>	<p>Two rates are reported:</p> <ul style="list-style-type: none"> <li>• Those who remained on an asthma controller medication for <b>at least 50% of their treatment period.</b></li> </ul> <p>FDA-Approved Asthma Medications: For a complete list of medications and NDC codes, please visit <a href="http://www.ncqa.org">www.ncqa.org</a>.</p>	<p><b>CPT Codes:</b> 99201-99205, 99211-99215, 99217-99220, 99221-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99281-99285, 99291, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483</p> <p><b>ICD-10-Dx Codes:</b> J45.20-J45.22, J45.30-J45.32, J45.40- J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p> <p><b>Online Assessment:</b> 98969, 99444 <b>Telehealth Modifier:</b> 95, GT <b>Telehealth POS:</b> 02 <b>Telephone Visits:</b> 98966-98968, 99441-99443</p>
RESPIRATORY			

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p><b>Childhood Immunizations (CIS)</b>            Immunizations must occur on or prior to the 2<sup>nd</sup> birthday, with the exceptions of MMR, VZV, and HepA which must be administered on or between the first and second birthdays. This measure follows CDC and ACIP guidelines for immunizations. Confirmation of 4 DTap, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 or 3 RV, and 1 flu vaccines.</p> <p><b>Ages:</b> By 2 years  <i>Performed: Given 2017-2019</i></p>	<ul style="list-style-type: none"> <li>All immunizations must be completed on or by the child's 2<sup>nd</sup> birthday, which falls in the measurement year.</li> <li>A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates and immunization types given.</li> <li>For rotavirus, vaccine must be on different dates of service.</li> <li>Document history of specific disease, anaphylactic reactions, or contraindications for a specific vaccine.</li> <li>A note that says "Immunizations are up to date or documentation of parental refusal do not count".</li> <li>For MMR, HepB, VZV, &amp; HepA - Evidence of the antigen or combination vaccine OR documented history of the illness OR a seropositive test result for each antigen.</li> </ul>	<p><b>CPT Codes:</b></p> <p><b>DTaP (4 vaccines):</b> 90698, 90700, 90721, 90723;  <b>IPV (3 vaccines):</b> 90698, 90713, 90723;  <b>HIB (3 vaccines):</b> 90644-90648, 90698, 90721, 90748  <b>Hep B (3 vaccines):</b> 90723, 90740, 90744, 90747, 90748;            HCPCS: G0010  <b>VZV (1 vaccine):</b> 90710, 90716  <b>MMR (1 vaccine):</b> 90707, 90710  <b>Measles:</b> 90705  <b>Measles/Rubella:</b> 90708;  <b>Rubella:</b> 90706; <b>Mumps:</b> 90704;  <b>Hep A (1 vaccine):</b> 90633;  <b>Pneumococcal conjugate (4 vaccines):</b> 90670 (13 valent),            HCPCS: G0009;  <b>Influenza (2 vaccines):</b> 90655, 90657, 90660-90662, 90672, 90673, 90685-90689;            HCPCS: G0008;  <b>Rotavirus:</b> 2 doses-90681; 3 doses-90680</p> <p><b>CVX Codes:</b></p> <p><b>DTaP:</b> 20, 50, 106, 107, 110, 120;  <b>IPV:</b> 10, 89, 110, 120;  <b>HIB:</b> 17, 46-51, 120, 148;  <b>Hep B:</b> 08, 44, 45, 51, 110;  <b>VZV:</b> 21, 94; <b>MMR:</b> 03, 94;  <b>Measles:</b> 05; <b>Measles/Rubella:</b> 04;  <b>Rubella:</b> 06; <b>Mumps:</b> 07;  <b>Hep A:</b> 31, 83, 85;  <b>Pneumococcal conjugate:</b> 133 (13 valent), 152;  <b>Influenza:</b> 88, 135, 140, 141, 150, 153, 155, 158, 161,  <b>Rotavirus:</b> 119 (2 doses), 116, 122 (3 doses)</p> <p><b>ICD-10-Procedure Code:</b> 3E0234Z, (Newborn HepB)</p>
<p><b>Immunizations for Adolescents (IMA)</b>            One dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and two doses of the human papillomavirus (HPV) vaccine on or by the 13<sup>th</sup> birthday. This measure follows CDC and ACIP guidelines for immunizations.</p> <p><b>Ages:</b> HPV: 9-13 years            Tdap: 10-13 years            Meningococcal: 11-13 years</p> <p><i>Performed:</i></p> <ul style="list-style-type: none"> <li>HPV – Given 2015–2019</li> <li>Tdap – Given 2016–2019</li> <li>Meningococcal – Given 2017–2019</li> </ul>	<ul style="list-style-type: none"> <li>DOS for HPV must fall on or between the member's 9<sup>th</sup>-13<sup>th</sup> birthdate. Must be at least 2 vaccines with different DOS.</li> <li>Date of Service (DOS) for Tdap must fall on or between the member's 10<sup>th</sup>-13<sup>th</sup> birthdate.</li> <li>DOS for Meningococcal must fall on or between the member's 11<sup>th</sup>-13<sup>th</sup> birthdate.</li> <li>A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates and immunizations types given.</li> <li>Notation indicating contraindication for a specific vaccine or anaphylactic reactions.</li> <li>A note that says "Immunizations are up to date" or "documentation of parental refusal do not count".</li> </ul>	<p><b>CPT Codes:</b></p> <p>HPV: 90649-90651            Tdap (1 vaccine): 90715            Meningococcal (1 vaccine): 90734</p> <p><b>CVX Codes:</b></p> <p>HPV: 62, 118, 137, 165            Tdap: 115            Meningococcal: 108, 114, 136, 147, 167</p>