

2019

HEDIS® CODING GUIDE – PEDIATRIC

Use this coding guide as a resource to help you correctly document pediatric visits at your practice to meet HEDIS measures.

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
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UTILIZATION OF SERVICES

<p>Well-Child Visits in the First 15 Months of Life* Ages 0 to 15 months Six visits</p>	<p>Addresses the adequacy of well-child care for infants. Measures the percentage of children who had between one and six or more well-child visits by age 15 months</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"> • A health history • A development history (physical and mental) • A physical exam • Health education/anticipatory guidance • Services specific to the assessment or treatment of an acute or chronic condition do not count toward this measure 	<p>ICD-10: Z00.XXX, Z02.XXX, Z76.1, Z76.2 Well Care CPT: 99381, 99382, 99391, 99392, 99461 HCPCS: G0438, G0439</p>
<p>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* Ages 3 to 6 years 1 visit annually</p>	<p>Addresses the use of routine check-ups for children ages 3, 4, 5 and 6 years of age. Measures the percentage of children in the above age range who received at least one well-child visit with a primary care provider (PCP) during the measurement year</p>	<p>One visit annually providing documentation of:</p> <ul style="list-style-type: none"> • Assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity • Depression • The risks of tobacco usage • The risks of substance use (including alcohol) 	<p>ICD-10:Z00.XXX, Z02.XX, Well Care CPT: 99382, 99383, 99392, 99393 HCPCS: G0438, G0439</p>
<p>Adolescent Well-Care Visits Age 12 to 21 years One visit annually with a PCP or OB/GYN</p>	<p>The percentage of members 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year</p>	<p>One visit annually providing documentation of:</p> <ul style="list-style-type: none"> • Assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity • Depression • The risks of tobacco usage • The risks of substance use (including alcohol) 	<p>ICD-10:Z00.XXX, Z02.XX, Well Care CPT: 99384, 99385, 99394, 99395 HCPCS: G0438, G0439</p>

*All of the above well-child visits must include documentation of the following elements: (1) physical exam, (2) health and developmental history (physical and mental) and (3) health education/anticipatory guidance.

EFFECTIVENESS OF CARE: OVERUSE/APPROPRIATENESS

<p>Appropriate Treatment for Children With Upper Respiratory Infection Ages 3 months to 18 years</p>	<p>The percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.</p>	<p>The common cold is a frequent reason for children visiting the doctor's office. Pediatric clinical practice guidelines do not recommend antibiotics for a majority of upper respiratory tract infections because of the viral etiology of these infections, including the common cold. This measure is reported as an inverted rate. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).</p>	<p>This measure includes patients who have only one diagnosis for the office visit.</p> <p>The upper respiratory diagnoses are ICD-10: J00, J06.0, J06.9</p> <p>Compliance occurs only if patient is not prescribed an antibiotic medication.</p>
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MEASURE	DESCRIPTION	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
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EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

<p>Childhood Immunization Status By a child's second birthday</p>	<p>Percentage of children who became 2 years old during the measurement year who received the following vaccines on or before 2 years of age</p>	<p>A note indicating the name of the specific antigen and the date of the following immunizations:</p> <ul style="list-style-type: none"> • 4 DTaP • 3 polio (IPV) • 1 measles, mumps and rubella (MMR) • 3 H influenza type B (HiB) • 3 hepatitis B (HepB) • 1 chicken pox (VZV) • 4 pneumococcal conjugate (PCV) • 1 hepatitis A (HepA) • 2 or 3 rotavirus (RV) • 2 influenza (flu) <p>Immunizations must be administered by the child's second birthday.</p>	<p>DTaP CPT: 90698, 90700, 90721, 90723 IPV CPT: 90698, 90713, 90723 MMR CPT: 90707, 90710 HIB CPT: 90644-90648, 90698, 90721, 90748 HepB CPT: 90633, 90723, 90740, 90744, 90747, 90748 HepB HCPS: G0010 VCV CPT: 90710, 90716 PCV CPT: 90669, 90670 HCPS: G0009 HepA CPT: 90633 Rotavirus/Rotarix CPT: 90681 RotaTeq CPT: 90680 Influenza CPT: 90655, 90657, 90661, 90662, 90673, 90685-90688 HCPCS: G0008</p>
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<p>Immunizations for Adolescents By a child's 13th birthday</p>	<p>The percentage of adolescents 13 years of age who received the applicable vaccines by their 13th birthday</p>	<p>1 dose of meningococcal 1 Tdap 3 human papillomavirus (HPV) – males and females</p> <p>Immunizations must be administered by a child's 13th birthday.</p>	<p>Meningococcal Vaccine Administered CPT: 90734 Tdap Vaccine Administered CPT: 90715 HPV Vaccine Administered CPT: 90649, 90650, 90651</p>
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**In order to receive reimbursement for the immunization, providers must bill the vaccine code along with the following Administration Codes: 90460, 90471-90474*

<p>Weight Assessment and Counseling for Nutrition and Physical Activity Ages 3 to 17 years One visit annually with a PCP or OB/GYN</p>	<p>The percentage of children and adolescents who had an outpatient visit with a PCP or OB/GYN and received the following documentation during the measurement year</p>	<p>Documentation of all of the following annually:</p> <p>BMI percentile NOT BMI value Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI percentile must be from the same data source.</p> <p>Either of the following meets criteria for BMI percentile:</p> <ul style="list-style-type: none"> • BMI percentile documented as a value (e.g., 85th percentile) • BMI percentile plotted on an age-growth chart <p>Counseling for nutrition Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> • Discussion of current nutrition behaviors (e.g., eating habits or dieting behaviors) • Checklist indicating nutrition was addressed • Counseling or referral for nutrition education • Providing the member with educational materials on nutrition during a face-to-face visit • Anticipatory guidance for nutrition • Obesity counseling 	<p>Show evidence of all three below components:</p> <p>– OR –</p> <p>BMI Percentile ICD-10: Z68.51, Z68.52, Z68.53, Z68.54</p> <p>BMI percentage value or BMI percentage plotted on an age growth chart with notation of height and weight include</p> <p>– WITH –</p> <p>Counseling for Nutrition CPT: 97802, 97803, 97804 HCPCS: G0447, G0270, G0271, S9449, S9452, S9470 ICD-10: Z71.3</p> <p>– OR –</p>
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MEASURE	DESCRIPTION	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
		<p>Counseling for physical activity Documentation must include a note indicating the date and at least one of the following:</p> <ul style="list-style-type: none"> • Discussion of current physical activity behaviors (e.g., exercise routines, participation in sports activities or sports physicals) • Checklist indicating physical activity was addressed • Counseling or referral for physical activity • Providing the member with educational materials on physical activity during a face-to-face visit • Anticipatory guidance specific to the child's physical activity • Weight or obesity counseling 	<p>Documentation of nutrition counseling that includes one:</p> <ul style="list-style-type: none"> • Checklist • Anticipatory guidance • Counseling or referral • Discussion of nutritional behaviors • Education materials/handouts • Weight/obesity counseling <p>– AND –</p> <p>Counseling for Physical Activity HCPCS: S9451, G0447 ICD-10: Z02.5</p> <p>– OR –</p> <p>Documentation of counseling for physical activity that includes one:</p> <ul style="list-style-type: none"> • Checklist • Anticipatory guidance • Counseling or referral • Discussion of nutritional behaviors • Education materials/handouts • Weight/obesity counseling

Lead Screening in Children

By a child's second birthday

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday

Documentation in the medical record must include **both** of the following:

- A note indicating the date the test was performed
- The result or finding

Lead Test CPT: 83655

Chlamydia Screening in Women

Women, ages 16 to 24 years

Women 16 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year

Women who identified as sexually active should be tested. Women are considered sexually active if there is evidence of the following:

- Contraceptives are prescribed
- Medical coding

CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810

EPSDT SCREENING REQUIREMENTS FOR MEDICAID PATIENTS

- A comprehensive health and developmental history, including both physical and mental health development
- A comprehensive unclothed physical exam, which includes pelvic exams and Pap test for sexually active females
- Appropriate immunizations according to age and health history
- Laboratory tests, including blood lead screening

Health education, including anticipatory guidance; an evaluation of age-appropriate risk factors should be performed at each visit; PMPs must provide counseling or guidance to members, parents or guardians, as appropriate:

- Nutritional assessment
- Dental assessment
- Tuberculosis screening
- Sensory screening (vision and hearing)
- Documented and current immunizations

If a member is seen for a problem/sick-visit and well-care visit during the same date of service, the problem/sick-visit can be billed separately using modifier 25 (separate significantly identifiable evaluation and management). The problem/sick-visit requires additional moderate-level evaluation to qualify as a separate service on the same date.

EFFECTIVENESS OF CARE: RESPIRATORY

Medication Ratio and Management for people with Asthma Ages 5 to 64 years	Ages 5 to 64 years with persistent asthma and were dispensed appropriate medications remaining on them during the treatment period	<ul style="list-style-type: none"> • Medications given as oral, inhaler or as an injection are counted • Controller medication(s) should account for ≥ 0.50 of total asthma medications dispensed • Those who remained on an asthma controller medication for at least 75 percent of their treatment period 	Compliance occurs only if the patient fills the prescription. Encourage the patient to fill prescriptions on time and take medications as prescribed.
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Appropriate Testing for Children with Pharyngitis Ages 3 to 18 years	Children 3 to 18 years of age with a diagnosis of pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode	Documentation in the medical record must include both of the following: <ul style="list-style-type: none"> • Diagnosis of pharyngitis • Antibiotic dispensed on or up to three days after date of service 	Need evidence of all three below components: Strep Test CPT Codes: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880 – WITH – Pharyngitis Diagnostic ICD-10 Codes: J02.0, J02.8-J03.01, J03.80, J03.81, J03.90, J03.91 – AND – Prescribed antibiotic is filled by a pharmacy.
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EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Follow-Up Care for Children Prescribed ADHD Medication Ages 6 to 12 years	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.	Two rates are reported. Initiation Phase: The percentage of members 6 to 12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day initiation phase. Continuation and Maintenance (C&M) Phase: The percentage of members 6 to 12 years of with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the initiation phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the initiation phase ended.	Initiation Phase: CPT: 90791, 90792, 90832-90840, 90845, 90847, 90849, 90853, 90875, 90876, 96150-96154, 98960-98962, 99078, 99201-992015, 99211-99215, 99217-99223, 99231-99233, 99238, 99239, 99241-99245, 99251-99255, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510 HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015 Revenue Code: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983 Continuation and Maintenance (C&M) Phase: Any of the above codes or Telephone Visit CPT: 98966-98968, 99441-99443 Note: One of the C&M visits must be face to face with the patient
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EFFECTIVENESS OF CARE: ACCESS/AVAILABILITY OF CARE

Annual Dental Visit Ages 2 to 20 years	The percentage of members ages 2 to 20 who had at least one dental visit during the measurement year	Documentation of at least one dental visit with a dental provider during the measurement year. The measure is only applicable if dental care is a covered.	Any claim with a dental provider
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