PEDIATRIC AND ADOLESCENT HEDIS® CODING GUIDE 2022-2023

This guide provides HEDIS coding information only, not necessarily payment guidance. Refer to your state's guidance for payment details and telehealth regulations.

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Well-Child Visits in the First 30 Months of Life (W30)* Ages 0-30 Months	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. *Well-Child Visits in the First 15 Months:* Six or more well-child visits. 2. *Well-Child Visits for Age 15-30 Months:* Two or more well-child visits.	Addresses the adequacy of well-child care for infants *Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward this measure.* Telehealth may be used to close gaps in care. Please check with your health partner team to verify if telehealth is an option. AAP recommends in-person visits for those 0-24 months.	**ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z401.419, Z02.5, Z76.1, Z76.2 **Well Care CPT®:** 99381-5, 99391-5, 99461 **HCPCS:** G0438-9, S0302, S0610, S0612-3
Child and Adolescent Well-Care Visits (WCV)* 3-21 years	The percentage of members 3-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Addresses the adequacy of care for children and adolescents *Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward this measure.* Telehealth can be used to close gaps.	**ICD-10:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z401.419, Z02.5, Z76.1, Z76.2 **Well Care CPT:** 99381-5, 99391-5, 99461 **HCPCS:** G0438, G0439, S0302, S0610, S0612-3

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.* ***Documentation of "handouts given" without evidence of discussion noted does not meet criteria.*

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Access/Availability of Care			
Oral Evaluation Dental Services (OED) Ages 0-21 years Medicaid only This measure is effective as of 1/1/2023	The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.		Any claim with a dental provider **CDT:** D0120, D0145, D0150
Topical Fluoride for Children (TFC) Ages 1-4 years Medicaid only This measure is effective as of 1/1/2023	The percentage of members 1-4 years of age who received at least two topical fluoride applications during the measurement year.		**CPT:** 99188 **CDT:** D1206
Prevention and Screening			
Childhood Immunization Status (CIS) By Child's 2nd Birthday	Percentage of children who became 2 years old during the measurement year who received the following vaccines on or before 2 years of age: • 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) Immunizations must be administered by child's second birthday. ***Nasal flu (LAIV) vaccine may only be given on or after the 2nd birthday*	For immunization evidence obtained from the medical record, count members where there is evidence that the antigen was rendered from one of the following: • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. **Combo 3:** DTaP, IPV, MMR, HiB, HepB, VZV and PCV **Combo 7:** DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA and RV **Combo 10:** all immunizations	**DTaP CPT:** 90697-8, 90700, 90723 **IPV CPT:** 90697-8, 90713, 90723 **MMR CPT:** 90707, 90710 **HIB CPT:** 90644, 90647-8, 90698, 90748 **Hep B CPT:** 90697, 90723, 90740, 90744, 90747-8 **Hep B HCPCS:** G0010 **VZV CPT:** 90710, 90716 **PCV CPT:** 90670 **PCV HCPCS:** G0009 **Hep A CPT:** 90633 **RV Rotarix (2 Dose Schedule) CPT:** 90681 **RV RotaTeq (3 Dose Schedule) CPT:** 90680 **Influenza CPT:** 90655, 90657, 90661, 90673-4, 90685-9, 90756 **Influenza HCPCS:** G0008 **Influenza LAIV CPT:** 90660, 90672 (on 2nd birthday) **DTaP, HIB, Hep B and IPV CPT:** 90697

*Immunization claim must include the vaccine code and one of the following **Administration Codes:** 90460, 90471-90474*

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Prevention and Screening			
Immunizations for Adolescents (IMA) By Child's 13th Birthday	The percentage of adolescents 13 years of age who received the following vaccines by their 13th birthday **Combo 2:** • 1 meningococcal • 1 Tdap • 2 or 3 human papillomavirus (HPV) - **Males and Females** Meningococcal: 11-13 years of age Tdap: 10-13 years of age HPV: 9-13 years of age	For medical record compliance: • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered. **Immunizations must be administered by child's 13th birthday.**	**Meningococcal CPT:** 90619, 90733-4 **Tdap CPT:** 90715 **HPV CPT:** 90649-51
*Immunization claim must include the vaccine code and one of the following **Administration Codes:** 90460, 90471-90474*			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC) Ages 3-17 years One visit annually with PCP or OB/GYN	The percentage of those 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and received the following documentation during the measurement year. • BMI percentile • Counseling for nutrition • Counseling for physical activity Services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators. Member-collected/ reported biometric values (height, weight, BMI percentile) are acceptable only if collected by a PCP (or specialist providing primary care services) while taking a patient's history. The information must be recorded, dated and maintained in the member's legal health record.	Height, weight and BMI percentile must come from the same data source. Documentation must include **all** of the following: **BMI percentile** NOT **BMI value** • BMI percentile documented as a value (e.g., 85th percentile). • BMI percentile plotted on an age-growth chart. **Counseling for nutrition** • Documentation must include the date and type of counseling provided. **Counseling for physical activity** • Documentation must include a note indicating the date and type of activity counseling provided. **Documentation of the above in one of the following:** • Checklist • Anticipatory guidance • Counseling or referral • Discussion of nutritional behaviors • Education materials/handouts • Weight/obesity counseling	Need evidence of **all three** components: **BMI Percentile ICD-10:** Z68.51-Z68.54 ***– OR–*** BMI% value or BMI% plotted on an age growth chart with notation of HT and WT included ***– AND–*** **Counseling for Nutrition** **CPT:** 97802-97804 **HCPCS:** G0447, G0270-1, S9449, S9452, S9470 **ICD-10:** Z71.3 ***– OR–*** Documentation of nutrition counseling ***– AND–*** **Counseling for Physical Activity** **HCPCS:** S9451, G0447 **ICD-10:** Z02.5, Z71.82 ***– OR–*** Documentation of counseling for physical activity

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Prevention and Screening			
Lead Screening in Children (LSC) By Child's 2nd 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 (CHL) Women ages 16-24 years	Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Women are considered sexually active if there is evidence of the following: • Contraceptives are prescribed • Medical coding	**CPT:** 87110, 87270, 87320, 87490-2, 87810
Respiratory Care			
Asthma Medication Ratio (AMR) Ages 5-64 years	The percentage of members 5-64 years with persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.	• Medications given as oral, inhaler, or as an injection are counted • Controller medication(s) should account for ≥0.50 of total asthma medications dispensed	Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.
Appropriate Testing for Pharyngitis (CWP) Ages 3 and older	Those ages 3 and older with a diagnosis of pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. Telephone visits, an e-visit or virtual check-in can be used to diagnose pharyngitis.	Documentation in the medical record must include **all** of the following: • Diagnosis of pharyngitis • Antibiotic dispensed on or up to three days after date of service • And received group A strep test	Need evidence of **All Three** below components: **Strep Test CPT Codes:** 87070-1, 87081, 87430, 87650-87652, 87880 ***– WITH–*** **Pharyngitis Diagnostic ICD-10 Codes:** J02.0, J02.8-9, J03.00-1, J03.80-1, J03.90-1 ***– AND–*** **Prescribed antibiotic is filled by a pharmacy.**
Overuse/Appropriateness			
Appropriate Treatment for Upper Respiratory Infection (URI) Ages 3 months and older	The percentage of episodes for those 3 months of age and older with a diagnosis of upper respiratory infection (URI) and were **not** dispensed an antibiotic prescription. Outpatient, telephone visit, an e-visit or virtual check-in, an observation visit or an ED visit with URI diagnosis counts.	The common cold is a frequent reason for visiting the doctor's office. 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).	This measure includes patients who have no co-morbid or competing diagnosis for the day of the office visit and three days following. The upper respiratory diagnoses are **ICD-10:** J00, J06.0, J06.9 Compliance occurs only if patient is **not** prescribed an antibiotic medication.

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Behavioral Health			
Follow-Up Care for Children Prescribed ADHD Medication (ADD) Ages 6-12 years	The percentage of children 6-12 years newly prescribed medication for attention-deficit/ hyperactivity disorder (ADHD) 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 6-12 years with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. • **Continuation and Maintenance (C&M) Phase:** The percentage of members 6-12 years 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: Any of the following** **CPT:** 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 99078, 99201-5, 99211-5, 99221-3, 99231-3, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99483, 99510 **HCPCS:** G0155, G0176-7, G0409, G0463, H0002, H0004, H0031, H0034, H0036-7, H0039, H0040, H2000, H2010-11, H2013-H2020, T1015 **Revenue Code:** 0510, 0513, 0515-7, 0519-23, 0526-9, 0900, 0902-4, 0911, 0914-7, 0919, 0982-3 ***– OR–*** **Telehealth and POS:** 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5 **WITH POS:** 02 ***– OR–*** **Telephone Visit CPT:** 98966-8, 99441-3 **Continuation and Maintenance (C&M) Phase:** Any of the above codes or **E-visit or virtual check-in CPT:** 98969-72, 99421-3, 99444, 99457 **HCPCS:** G0071, G2010, G2012, G2061-3 ***Note: One of the C&M visits must be face to face with the patient***

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) 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 tests for sexually active females
- Appropriate immunizations according to age and health history
- Laboratory tests, including blood lead toxicity screening
- Health education, including anticipatory guidance; an evaluation of age-appropriate risk factors should be performed at each visit; PCPs 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.

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Please Note: The codes in this document are derived from the NCQA HEDIS Volume 2 Technical Specifications for Health Plans.These codes are examples of codes typically billed for this type of service and are subject to change. Billing these codes does not guarantee payment. CPTII codes are for quality reporting purposes only. Submitting claims using these codes helps improve reporting of quality measure performance.

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