



# PEDIATRIC AND ADOLESCENT HEDIS® CODING GUIDE



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
<p><b>Well-Child Visits in the First 30 Months of Life (W30)*</b> Ages 0-30 Months</p>	<p>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:</p> <ol style="list-style-type: none"> <li><i>Well-Child Visits in the First 15 Months:</i> Six or more well-child visits.</li> <li><i>Well-Child Visits for Age 15-30 Months:</i> Two or more well-child visits</li> </ol>	<p>Addresses the adequacy of well-child care for infants</p> <p><i>Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward this measure</i></p> <p>Telehealth may be used to close gaps in care. Refer to state regulations for guidance</p>	<p><b>ICD-10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p><b>Well Care CPT®:</b> 99381, 99382, 99391, 99392, 99461</p> <p><b>HCPCS:</b> G0438, G0439, S0302</p>
<p><b>Child and Adolescent Well-Care Visits (WCV)*</b> 3-21 years</p>	<p>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.</p>	<p>Addresses the adequacy of care for children and adolescents</p> <p><i>Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward this measure</i></p> <p>Telehealth may be used to close gaps in care. Refer to state regulations for guidance.</p>	<p><b>ICD-10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p><b>Well Care CPT:</b> 99382-99385, 99392-99395</p> <p><b>HCPCS:</b> G0438, G0439, S0302</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. Documentation of “handouts given” without evidence of discussion noted does not meet criteria**

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<b>Access/Availability of Care</b>			
<b>Annual Dental Visit (ADV)</b> Ages 2-20 years	The percentage of members ages 2-20 who had at least one dental visit during the measurement year.	Documentation of at least one dental visit with a <b>dental practitioner</b> during the measurement year. The measure is only applicable if dental care is a covered benefit in the organization's medical contract.	Any claim with a <b>dental practitioner</b>
<b>Prevention and Screening</b>			
<b>Childhood Immunization Status (CIS)</b> 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: <ul style="list-style-type: none"> <li>• 4 DTaP</li> <li>• 3 polio (IPV)</li> <li>• 1 measles, mumps and rubella (MMR)</li> <li>• 3 H influenza type B (HiB)</li> <li>• 3 hepatitis B (HepB)</li> <li>• 1 chicken pox (VZV)</li> <li>• 4 pneumococcal conjugate (PCV)</li> <li>• 1 hepatitis A (HepA)</li> <li>• 2 or 3 rotavirus (RV)</li> <li>• 2 influenza** (flu)</li> </ul> <p>Immunizations must be administered by child's second birthday.</p>	For immunization evidence obtained from the medical record, count members where there is evidence that the antigen was rendered from one of the following: <ul style="list-style-type: none"> <li>-A note indicating the name of the specific antigen and the date of the immunization.</li> <li>-A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> </ul> <p><i>**Nasal flu (LAIV) vaccine may only be given on or after the 2nd birthday</i></p>	<b>DTaP CPT:</b> 90698, 90700, 90723 <b>IPV CPT:</b> 90698, 90713, 90723 <b>MMR CPT:</b> 90707, 90710 OR <b>HIB CPT:</b> 90644, 90647-8, 90698, 90748 <b>Hep B CPT:</b> 90723, 90740, 90744, 90747-8 <b>Hep B HCPCS:</b> G0010 <b>VZV CPT:</b> 90710, 90716 <b>PCV CPT:</b> 90670 <b>PCV HCPCS:</b> G0009 <b>Hep A CPT:</b> 90633 <b>RV Rotarix (2 Dose Schedule) CPT:</b> 90681 <b>RV RotaTeq (3 Dose Schedule) CPT:</b> 90680 <b>Influenza CPT:</b> 90655, 90657, 90661, 90673, 90685-90689 <b>Influenza HCPCS:</b> G0008 <b>Influenza LAIV CPT:</b> 90660, 90672 (on 2nd birthday)
<b>Immunizations for Adolescents (IMA)</b> By Child's 13th Birthday	The percentage of adolescents 13 years of age who received the following vaccines by their 13th birthday. <ul style="list-style-type: none"> <li>• 1 meningococcal</li> <li>• 1 Tdap</li> <li>• 2 or 3 human papillomavirus (HPV) -</li> </ul> <p><b>Males and Females</b></p> <p>Meningococcal: 11 – 13 years of age  Tdap: 10 – 13 years of age  HPV: 9 – 13 years of age</p>	For medical record compliance: <ul style="list-style-type: none"> <li>• A note indicating the name of the specific antigen and the date of the immunization.</li> <li>• A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.</li> </ul> <p><b>Immunizations must be administered by child's 13th birthday.</b></p>	<b>Meningococcal CPT:</b> 90734 <b>Tdap CPT:</b> 90715 <b>HPV CPT:</b> 90649, 90650-1

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

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<b>Prevention and Screening</b>			
<b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</b> Ages 3-17 years 1 visit annually with PCP or OB/GYN	<p>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.</p> <ul style="list-style-type: none"> <li>• BMI percentile</li> <li>• Counseling for nutrition</li> <li>• Counseling for physical activity</li> </ul> <p>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.</p> <p>Member-collected/ reported biometric values (ht, wt, 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.</p>	<p>Height, weight and BMI percentile must come from the same data source.</p> <p>Documentation must include <b>all</b> of the following:</p> <p><b>BMI percentile NOT BMI value</b></p> <ul style="list-style-type: none"> <li>• BMI percentile documented as a value (e.g., 85th percentile).</li> <li>• BMI percentile plotted on an age-growth chart.</li> </ul> <p><b>Counseling for nutrition</b></p> <ul style="list-style-type: none"> <li>• Documentation must include the date and type of counseling provided.</li> </ul> <p><b>Counseling for physical activity</b></p> <ul style="list-style-type: none"> <li>• Documentation must include a note indicating the date and type of activity counseling provided.</li> </ul> <p><b>Documentation of the above in one of the following:</b></p> <ul style="list-style-type: none"> <li>• Checklist</li> <li>• Anticipatory Guidance</li> <li>• Counseling or Referral</li> <li>• Discussion of Nutritional Behaviors</li> <li>• Education Materials/Handouts</li> <li>• Weight/Obesity Counseling</li> </ul>	<p>Need evidence of <b>All Three</b> components:</p> <p><b>BMI Percentile ICD-10:</b> Z68.51-Z68.54  <b>– OR –</b></p> <p>BMI% value or BMI% plotted on an age growth chart with notation of HT and WT include  <b>– AND –</b></p> <p><b>Counseling for Nutrition CPT:</b>  97802-97804  <b>HCPCS:</b> G0447, G0270, G0271, S9449, S9452, S9470  <b>ICD-10:</b> Z71.3  <b>– OR –</b></p> <p>Documentation of nutrition counseling  <b>– AND –</b></p> <p><b>Counseling for Physical Activity</b>  <b>HCPCS:</b> S9451, G0447  <b>ICD-10:</b> Z02.5, Z71.82  <b>– OR –</b></p> <p>Documentation of counseling for physical activity</p>
<b>Lead Screening in Children (LSC)</b> By Child's 2nd Birthday	<p>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.</p>	<p>Documentation in the medical record must include <b>both</b> of the following:</p> <ul style="list-style-type: none"> <li>• A note indicating the date the test was performed.</li> <li>• The result or finding.</li> </ul>	<p><b>Lead Test CPT:</b> 83655</p>
<b>Chlamydia Screening in Women (CHL)</b> Women, ages 16-24 years	<p>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.</p>	<p>Women are considered sexually active if there is evidence of the following:</p> <ul style="list-style-type: none"> <li>• Contraceptives are prescribed</li> <li>• Medical coding</li> </ul>	<p><b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810</p>

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<b>Respiratory Care</b>			
<b>Asthma Medication Ratio (AMR)</b> 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.	<ul style="list-style-type: none"> <li>• Medications given as oral, inhaler, or as an injection are counted</li> <li>• Controller medication(s) should account for <math>\geq 0.50</math> of total asthma medications dispensed</li> </ul>	Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.
<b>Appropriate Testing for Pharyngitis (CWP)</b> Ages 3 and older	Those aged 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 <b>all</b> of the following: <ul style="list-style-type: none"> <li>• Diagnosis of pharyngitis</li> <li>• Antibiotic dispensed on or up to three (3) days after date of service</li> <li>• And received group A strep test</li> </ul>	Need evidence of <b>All Three</b> below components:  <b>Strep Test CPT Codes:</b> 87070-1, 87081, 87430, 87650-87652, 87880 – <b>WITH</b> – <b>Pharyngitis Diagnostic ICD-10 Codes:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 – <b>AND</b> – <b>Prescribed antibiotic is filled by a pharmacy.</b>
<b>Overuse/Appropriateness</b>			
<b>Appropriate Treatment for Upper Respiratory Infection (URI)</b> Ages 3 months and older	The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) and were <b>not</b> 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 <b>not</b> prescribed).	This measure includes patients who have no co-morbid or competing diagnosis for the day of the office visit and 3 days following.  The upper respiratory diagnoses are <b>ICD-10:</b> J00, J06.0, J06.9  Compliance occurs only if patient is <b>not</b> prescribed an antibiotic medication.
<b>Behavioral Health</b>			
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b> 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. <ul style="list-style-type: none"> <li>• <b>Initiation Phase:</b> 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.</li> <li>• <b>Continuation and Maintenance (C&amp;M) Phase:</b> The percentage of members 6–12 years with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at</li> </ul>	<b>Initiation Phase: Any of the following CPT:</b> 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 98960-2, 99078, 99201-5, 99211-15, 99221-23, 99231-33, 99238-9, 99241-5, 99251-5, 99341-5, 99347-50, 99381-7, 99391-7, 99401-4, 99411-2, 99483, 99510 <b>HCPCS:</b> G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000,, H2010-11, H2013-H2020, T1015

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<b>Behavioral Health</b>			
<b>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</b> Ages 6-12 years		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.	<p><b>Revenue Code:</b> 0510, 0513, 0515- 0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914-0917, 0919, 0982, 0983</p> <p><b>– OR –</b></p> <p><b>Telehealth and POS:</b> 90791-2, 90832-4, 90836-40, 90845, 90847, 90849, 90853, 90875-6, 99221-3, 99231-3, 99238-9, 99251-5</p> <p><b>WITH POS:</b> 02</p> <p><b>– OR –</b></p> <p><b>Telephone Visit CPT:</b> 98966-8, 99441-3</p> <p><b>Continuation and Maintenance (C&amp;M) Phase:</b> Any of the above codes or <b>E-visit or virtual check-in CPT:</b> 98969-72, 99421-3, 99444, 99457 <b>HCPCS:</b> G0071, G2010, G2012, G2063 <b>Note: One of the C&amp;M visits must be face to face with the patient</b></p>

### 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 toxicity 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.**

Telehealth may be used to close gaps in care. Please check with your health partner team to verify if telehealth is an option.

\*\*\*For HEDIS quality reporting only: any service provided in-person is equivalent in value to a telehealth visit.

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