## 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.

### Utilization of Services

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description of Measure</th>
<th>Documentation Tips</th>
<th>Compliance Codes &amp; Measure Tips</th>
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</table>
| Well-Child Visits in the First 15 Months of Life* | 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 | Documentation of a visit to a PCP, the date of the visit and all of the following:  
  - 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 | ICD-10: Z00.XXX, Z02.XXX  
Well Care CPT: 99381, 99382, 99391, 99392, 99461  
HCPCS: G0438, G0439 |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* | 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 | One visit annually providing documentation of:  
  - 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) | ICD-10: Z00.XXX, Z02.XX,  
Well Care CPT: 99382, 99383, 99392, 99393  
HCPCS: G0438, G0439 |
| Adolescent Well-Care Visits | 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 |  | ICD-10: Z00.XXX, Z02.XX,  
Well Care CPT: 99384, 99385, 99394, 99395  
HCPCS: G0438, G0439 |

*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

<table>
<thead>
<tr>
<th>Measure</th>
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<th>Compliance</th>
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<tbody>
<tr>
<td>Appropriate Treatment for Children With Upper Respiratory Infection</td>
<td>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.</td>
<td>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).</td>
<td>This measure includes patients who have only one diagnosis for the office visit. The upper respiratory diagnoses are ICD-10: J00, J06.0, J06.9</td>
</tr>
</tbody>
</table>

Compliance occurs only if patient is not prescribed an antibiotic medication.
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<tbody>
<tr>
<td>Childhood Immunization Status</td>
<td>By a child’s second birthday</td>
<td>Percentage of children who became 2 years old during the measurement year who received the following vaccines on or before 2 years of age</td>
<td>DTaP CPT: 90698, 90700, 90721, 90723&lt;br&gt;IPV CPT: 90698, 90713, 90723&lt;br&gt;MMP CPT: 90707, 90710&lt;br&gt;HIB CPT: 90644-90648, 90698, 90721, 90748&lt;br&gt;HepB CPT: 90633, 90723, 90740, 90744, 90747, 90748&lt;br&gt;HepB HCPS: G0010&lt;br&gt;VCV CPT: 90710, 90716&lt;br&gt;PCV CPT: 90669, 90670&lt;br&gt;HCPS: G0009&lt;br&gt;HepA CPT: 90633&lt;br&gt;Rotavirus/Rotarix CPT: 90681&lt;br&gt;RotaTeq CPT: 90680&lt;br&gt;Influenza CPT: 90655, 90657, 90661, 90662, 90673, 90685-90688&lt;br&gt;HCPCS: G0008</td>
</tr>
<tr>
<td>Immunizations for Adolescents</td>
<td>By a child’s 13th birthday</td>
<td>The percentage of adolescents 13 years of age who received the applicable vaccines by their 13th birthday</td>
<td>Meningococcal Vaccine Administered CPT: 90734&lt;br&gt;Tdap Vaccine Administered CPT: 90715&lt;br&gt;HPV Vaccine Administered CPT: 90649, 90650, 90651</td>
</tr>
<tr>
<td>Weight Assessment and Counseling for Nutrition and Physical Activity</td>
<td>Ages 3 to 17 years&lt;br&gt;One visit annually with a PCP or OB/GYN</td>
<td>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</td>
<td>Show evidence of all three below components:&lt;br&gt;– OR –&lt;br&gt;BMI Percentile ICD-10: Z68.51, Z68.52, Z68.53, Z68.54&lt;br&gt;BMI percentage value or BMI percentage plotted on an age growth chart with notation of height and weight include&lt;br&gt;– WITH –&lt;br&gt;Counseling for Nutrition CPT: 97802, 97803, 97804&lt;br&gt;HCPCS: G0047, G0270, G0271, S9449, S9452, S9470&lt;br&gt;ICD-10: Z71.3&lt;br&gt;– OR –</td>
</tr>
</tbody>
</table>
### 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.

**Lead Test CPT:** 83655

**Documentation in the medical record must include both of the following:**
- A note indicating the date the test was performed
- The result or finding

### Chlamydia Screening in Women

**Women, ages 16 to 24 years**

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

### Counseling for Physical Activity

Documenting counseling for physical activity includes:
- 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

### Documentation of Nutrition Counseling

Documentation of nutrition counseling includes:
- Checklist
- Anticipatory guidance
- Counseling or referral
- Discussion of nutritional behaviors
- Education materials/handouts
- Weight/obesity counseling

### 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.*

### Compliance Codes & Measure Tips

**Documentation of nutrition counseling that includes one:**
- Checklist
- Anticipatory guidance
- Counseling or referral
- Discussion of nutritional behaviors
- Education materials/handouts
- Weight/obesity counseling

**Counseling for Physical Activity HCPCS:** S9451, G0447

**ICD-10:** Z02.5

**OR**

**Documentation of counseling for physical activity that includes one:**
- Checklist
- Anticipatory guidance
- Counseling or referral
- Discussion of nutritional behaviors
- Education materials/handouts
- Weight/obesity counseling

**Lead Test CPT:** 83655
### EFFECTIVENESS OF CARE: RESPIRATORY

<table>
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<tr>
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</table>
| **Medication Ratio and Management for people with Asthma** | Ages 5 to 64 years with persistent asthma and were dispensed appropriate medications remaining on them during the treatment period | • 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. |
| **Appropriate Testing for Children with Pharyngitis** | 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:  
• Diagnosis of pharyngitis  
• Antibiotic dispensed on or up to three days after date of service | Need evidence of all three below components: 5 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. |

### EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

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<tbody>
<tr>
<td><strong>Follow-Up Care for Children Prescribed ADHD Medication</strong></td>
<td>Ages 6 to 12 years</td>
<td>Two rates are reported.</td>
<td></td>
</tr>
</tbody>
</table>
| **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 a practitioner during the 30-day initiation phase. | 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  
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 |
| **Continuation and Maintenance (C&M) Phase:** The percentage of members 6 to 12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and had at least two follow-up visits 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  
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 |

### EFFECTIVENESS OF CARE: ACCESS/AVAILABILITY OF CARE

<table>
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<tr>
<td><strong>Annual Dental Visit</strong></td>
<td>Ages 2 to 20 years</td>
<td>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.</td>
<td>Any claim with a dental provider</td>
</tr>
</tbody>
</table>

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