



PEDIATRIC AND ADOLESCENT HEDIS® CODING GUIDE

2022-2023 MARKETPLACE PLANS



This guide provides HEDIS coding information only, not necessarily payment guidance. Refer to Centers for Medicare & Medicaid (CMS) guidance for payment details and telehealth regulations.

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
<p>Well-Child Visits in the First 30 Months of Life (W30)* Ages 0-30 Months</p>	<p>The percentage of members who had the following number of well-child visits with a Primary Care Provider (PCP) during the last 15 months. The following rates are reported:</p> <ol style="list-style-type: none"> Well-Child Visits in the First 15 Months: Six or more well-child visits Well-Child Visits for Age 15-30 Months: Two or more well-child visits 	<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. Please check with your health partner team to verify if telehealth is an option. AAP recommends in-person visits for those 0-24 months.</p>	<p>ICD-10: Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p>Well Care CPT®: 99381-85, 99391-95, 99461 HCPCS: G0438-39, S0302, S0610, S0612-13</p>
<p>Child and Adolescent Well-Care Visits (WCV)* 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 obstetrics/gynecology (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 can be used to close gaps.</p>	<p>ICD-10: Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z02.5, Z76.1, Z76.2</p> <p>Well Care CPT: 99381-85, 99391-95, 99461 HCPCS: G0438, G0439, S0302, S0610, S0612-3</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.**

Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource



MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Prevention and Screening			
Childhood Immunization Status By Child's 2 nd Birthday	Percentage of members 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"> • 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 child's 2nd birthday.</p> <p><i>**Nasal flu (LAIV) vaccine may only be given on or after the 2nd birthday.</i></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"> • 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 <p>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</p>	<p>DTaP CPT: 90697-98, 90700, 90723 IPV CPT: 90697-98, 90713, 90723 MMR CPT: 90707, 90710 HIB CPT: 90644, 90647-48, 90698, 90748 Hep B CPT: 90697, 90723, 90740, 90744, 90747-48 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, 90673-74, 90685-89, 90756 Influenza HCPCS: G0008 Influenza LAIV CPT: 90660, 90672 (on 2nd birthday) DTaP, HIB, Hep B and IPV CPT: 90697</p>
Immunizations for Adolescents (IMA) By Child's 13 th Birthday	The percentage of adolescents 13 years of age who received the following vaccines by their 13 th birthday. <p>Combo 2:</p> <ul style="list-style-type: none"> • 1 meningococcal • 1 Tdap • 2 or 3 human papillomavirus (HPV) - males and females <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"> • 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 <p>Immunizations must be administered by child's 13th birthday.</p>	<p>Meningococcal CPT: 90619, 90733-34 Tdap CPT: 90715 HPV CPT: 90649-51</p>
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			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) Ages 3-17 years	<p>The percentage of members 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"> • Body mass index (BMI) percentile • Counseling for nutrition • Counseling for physical activity <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 (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.</p>	<p>Height, weight and BMI percentile must come from the same data source.</p> <p>Documentation must include all of the following:</p> <p>BMI percentile NOT BMI value</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</p> <ul style="list-style-type: none"> • Documentation must include the date and type of counseling provided. <p>Counseling for physical activity</p> <ul style="list-style-type: none"> • Documentation must include a note indicating the date and type of activity counseling provided. <p>Documentation of the above in one of the following:</p> <ul style="list-style-type: none"> • Checklist • Anticipatory guidance • Counseling or referral • Discussion of nutritional behaviors • Education materials or handouts • Weight/obesity counseling 	<p>Need evidence of all three components:</p> <p>BMI percentile ICD-10: Z68.51-.54 – OR –</p> <p>BMI percentile value or BMI percentile plotted on an age growth chart with notation of height and weight included – AND –</p> <p>Counseling for nutrition CPT: 97802-04 HCPCS: G0447, G0270-71, S9449, S9452, S9470 ICD-10: Z71.3 – OR –</p> <p>Documentation of nutrition counseling – AND –</p> <p>Counseling for physical activity HCPCS: S9451, G0447 ICD-10: Z02.5, Z71.82 – OR –</p> <p>Documentation of counseling for physical activity</p>
Chlamydia Screening in Women (CHL) 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"> • Contraceptives are prescribed • Medical coding 	<p>CPT: 87110, 87270, 87320, 87490-92, 87810</p>
Respiratory Care			
Asthma Medication Ratio (AMR) Ages 5-64 years	<p>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.</p>	<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. 	<p>Compliance occurs only if patient fills prescription. Encourage patient to fill prescriptions on time and take medications as prescribed.</p>

MEASURE	DESCRIPTION OF MEASURE	DOCUMENTATION TIPS	COMPLIANCE CODES & MEASURE TIPS
Respiratory Care			
Appropriate Testing for Pharyngitis (CWP) Ages 3 and older	Members 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: <ul style="list-style-type: none"> • 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 components: Strep Test CPT: 87070-71, 87081, 87430, 87650-52, 87880 – WITH – Pharyngitis Diagnostic ICD-10 Codes: J02.0, J02.8-.9, J03.00-.01, J03.80-.81, J03.90-.91 – 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 members 3 months of age and older with a diagnosis of upper respiratory infection (URI) and were <u>not</u> 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 members 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.

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.

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.

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