

HEDIS¹ Resource Guide Pediatric Population

The Healthcare Effectiveness Data and Information Set (HEDIS) is governed by the National Committee for Quality Assurance (NCQA). State and federal reporting agencies rely on data gathered through HEDIS measures for accreditation and quality reporting. This data allows us to compare our health plans and providers with similar health plans in the area of Quality of Care, Access to Care Member Satisfaction.

Value to our members:

HEDIS data offers members the ability to review and compare different health plan ratings enabling them to make informed healthcare choices.

Value to the provider:

Proactively managing care allows for identification and prevention of complications, documentation of wellness status and identification of other issues that may arise with the patient's care.

Per NCQA specifications, only certain measures allow for review of medical record documentation. Certain measures allow actual procedure or testing reports and others only allow claims data to meet compliance.

What is expected of the provider?

- Continue to educate on the importance of annual prevention, screenings, and immunizations
- Encourage your patients to schedule wellness visits and complete required screenings.
- Remind patients to follow-up with ordered tests
- Limit prescriptions without lab results as indicated per medication type
- Complete outreach calls to noncompliant members

How can my office improve HEDIS scores?

- Claim/encounter data is the most clean and efficient way to report HEDIS
- Submit claim/encounter data for each and every service rendered
- Chart documentation must reflect services billed
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status
- Consider including CPT II codes to reduce the number of medical records requested for hybrid measures.
- Submit a supplemental data file. File format provided on request.

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). This is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners are expected to employ their clinical judgment in using the information provided.

General Documentation requirements from EMR:

- Documentation from the medical record must include patient name and date of birth
- Immunizations require date administered and product name (**A note that says “Immunizations are up to date” does not meet compliance**)

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Measures	Guidance
<p>APPROPRIATE TESTING FOR PHARYNGITIS (CWP)</p> <p>Group A Strep Test CPT Codes: 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p>SNOMED: 122121004, 122205003, 122303007</p> <p>LOINC: 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2</p> <p>Pharyngitis: ICD 10 Codes: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80-81, J03.90-91</p>	<p>Members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. Members can appear in the measure multiple times during the year.</p> <p>Suggestions to Improve Measure Performance:</p> <ul style="list-style-type: none"> • Document group A strep tests. Compliance is met if the member received a strep test the day of, 3 days prior to or 3 days after the episode. <p>Antibiotic Medications List:</p> <ul style="list-style-type: none"> - Aminopenicillins: Amoxicillin, Ampicillin - Beta-lactamase inhibitors: Amoxicillin-clavulanate - First generation cephalosporins: Cefadroxil, Cefazolin, Cephalexin - Folate antagonist: Trimethoprim - Lincomycin derivatives: Clindamycin - Macrolides: Azithromycin, Clarithromycin, Erythromycin, - Natural penicillins: Penicillin G potassium, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine - Quinolones: Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin - Second generation cephalosporins: Cefaclor, Cefprozil, Cefuroxime - Sulfonamides: Sulfamethoxazole-trimethoprim

<p><i>Administrative Measure</i></p>	<ul style="list-style-type: none"> - Tetracyclines: Doxycycline, Minocycline, Tetracycline - 3rd gen cephalosporins: Cefdinir, Cefixime, Cefpodoxime, Ceftibuten, Cefditoren, Ceftriaxone <p><i>*Dicloxacillin Removed from list (NEW 2022)</i></p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Hospice - Negative Medication History: <ul style="list-style-type: none"> o A period of 30 days prior to the Episode Date when the member had no pharmacy claims for either new or refill prescriptions for an antibiotic. o No prescriptions dispensed more than 30 days prior to the Episode Date that are active on the Episode Date. - Negative Condition History: A period of 12 months prior to the episode where the patient has not been diagnosed with any of the following competing conditions: HIV, malignant neoplasm, emphysema, COPD, immune system disorders and other comorbid conditions (TB, sickle cell anemia, respiratory failure, etc)
<p>CHILDHOOD IMMUNIZATIONS BY THE 2ND BIRTHDAY (CIS-E)</p> <p>DTaP- CPT: 90698, 90700, 90721, 90723</p> <p>IPV- CPT: 90698, 90713, 90723</p> <p>MMR- CPT: 90704, 90705, 90707, 90708, 90710</p> <p>HiB- CPT: 90644-90648, 90647, 90698, 90721, 90748</p> <p>HebB- CPT: 90723, 90740, 90744, 90747, 90748</p> <p>HCPCS: G0010</p> <p>VZV- CPT: 90710, 90716</p> <p>PCV- CPT: 90670</p> <p>HCPCS: G0009</p> <p>HepA- CPT: 90633</p> <p>RV 2- Dose Schedule- CPT: 90681</p> <p>3-Dose Schedule- CPT: 90680</p>	<p>Children who completed the referenced number of immunizations on or before the child's 2nd birthday:</p> <ul style="list-style-type: none"> - 4-DTaP - 3-Hep B - 1-Hep A - 1-VZV - 2 or 3-Rotavirus (RV) <i>Rotarix= 2 doses, Rotateq=3 doses</i> - 3-IPV - 3-HiB - 1-MMR - 4-PCV - 2-Influenza <p>Combination 3: DTaP, IPV, MMR, HiB, HepB, VZV, PCV</p> <p>Combination 7: DTaP, IPV, MMR, HiB, hepatitis B, VZV, and PCV</p> <p>Combination 10: DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, Influenza</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Anaphylactic reaction to any of the vaccines or its components. - History of Encephalopathy, Immunodeficiency, HIV, Lymphoreticular cancer, multiple myeloma or leukemia - Anaphylactic reaction to streptomycin, polymyxin B, neomycin, or baker's yeast - Members in hospice

<p>Flu- CPT: 90655, 90657, 90660, 90661, 90662, 90672, 90673, 90685-90689 HCPCS: G0008</p> <p>Exclusions: T80.52XA, T80.52XD, T80.52XS, 999.42, B97.35, 079.53</p> <p><i>Hybrid Measure</i></p>	<p>Suggestions to Improve Compliance:</p> <ul style="list-style-type: none"> - Document parental refusal - Document if member has/had evidence of the disease for which immunization is intended or contraindication due to anaphylactic reaction. Documentation must include the date of illness or reaction. - Schedule and confirm the next well visit appointment at the end of each visit (well or sick). - Provide parents/guardians with the CDC recommended vaccine schedule. The list of required immunizations at www.cdc.gov. - Submit immunizations to the State's Shot Registry. - Use correct diagnosis and procedure codes
<p>CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)</p> <p>CPT: 99381-99385, 99391-99395, 99461</p> <p>HCPCS: G0438, G0439, S0302</p> <p>ICD-10-cm: Z00.0x, Z00.1x, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2</p> <p><i>Hybrid Measure</i></p>	<p>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>Exclusions:</p> <ul style="list-style-type: none"> - Members in hospice <p>Suggestions to Improve Compliance:</p> <ul style="list-style-type: none"> - Schedule and confirm the next well visit appointment at the end of each visit (well or sick). - Send appointment reminders for well visits. - Educate parents/guardians of the importance of well visits in monitoring and guiding healthy development. - Code visits appropriately.
<p>CHLAMYDIA SCREENING IN WOMEN (CHL)</p> <p>Chlamydia Tests CPT Codes: 87110, 87270, 87320, 87490, 87491, 87492, 87810</p>	<p>Women 16-24 years of age who were identified as sexually active (prescribed birth control, had a pregnancy test or was identified as sexually active) and who had at least one test for chlamydia.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - A pregnancy test during the measurement year followed within seven days (inclusive) by a prescription for isotretinoin - A pregnancy test during the measurement year followed within seven days (inclusive) by an x-ray - Members in hospice <p>Suggestions to Improve Performance</p>

<p><i>Administrative Measure</i></p>	<ul style="list-style-type: none"> • Urine analysis or vaginal ThinPrep Pap smear must be sent to a lab vendor for analysis • Order screenings prior to preventive visits so they can be reviewed and confirmed during the visit. • Clearly document past medical and surgical history as well as diagnostic procedures including dates and results. • Encounter/office visit notes are not acceptable
<p>IMMUNIZATIONS FOR ADOLESCENTS (IMA-E)</p> <p>Meningococcal- CPT Codes – 90734</p> <p>Tdap- CPT Codes – 90715</p> <p>Td- CPT Codes- 90714, 90718</p> <p>Tetanus- CPT Codes- 90703</p> <p>HPV- CPT Codes – 90649, 90650, 90651</p> <p>Exclusions – T80.52XA, T80.52XD, T80.52XS</p> <p><i>Hybrid Measure</i></p>	<p>Adolescents 13 years of age who had the following immunizations on or before their 13th birthday:</p> <ul style="list-style-type: none"> - 1- meningococcal serogroups A, C, W, Y vaccine (Between 11th and 13th birthday) - 2- HPV vaccines (Between 9th and 13th birthday) - 1- tetanus, Diphtheria toxoids and acellular pertussis (Tdap) vaccine (Between 10th and 13th birthday) <p>Combination 2: Meningococcal, Tdap, HPV</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Anaphylactic reaction to the vaccine or its components any time on or before the member’s 13th birthday - Anaphylactic reaction to the vaccine or its components, with a date of service prior to October 1, 2011 <p>Suggestions to Improve Compliance:</p> <ul style="list-style-type: none"> - Document parental refusal - Documentation in the medical record of evidence of contraindication due to anaphylactic reaction. - Schedule and confirm the next well visit appointment at the end of each visit (well or sick). - Provide parents/guardians with the CDC recommended vaccine schedule. The list of required immunizations at www.cdc.gov. - Submit immunizations to the State’s Shot Registry. - Use correct diagnosis and procedure codes

WEIGHT AND ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY (WCC)

BMI Percentile ICD-10 Codes:

Z68.51-BMI <5TH Percentile

Z68.52-BMI 5th to <85th Percentile

Z68.53-BMI 85th to <95th Percentile

Z68.54-BMI > OR = TO 95TH Percentile

Nutrition Counseling:

CPT Codes – 97802, 97803 97804

ICD-10 Code – Z71.3

HCPCS Codes – G0270, G0271, G0447, S9449, S9452, S9470

Physical Activity Counseling:

ICD-10 Code – Z02.5, Z71.82

HCPCS Codes – G0447, S9451

Exclusions:

Hospice: CPT: 99377, 99378

HCPCS: G0182

Pregnancy: ICD-10:

Z34.00-Z34.03, Z34.80-Z34.83, Z34.90-Z34.93

Members **3-17 years of age** who had an outpatient visit with a PCP or OB/GYN and who had evidence of:

- BMI percentile (%) documentation (**because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value**)
- Counseling for nutrition
- Counseling for physical activity during the measurement year

Suggestions to Improve Performance:

BMI Percentile:

- A documented BMI percentile or BMI percentile plotted on an age-growth chart
- Documentation must also include the height and weight and must be from the same measurement year and data source. Does not have to be a well visit.

Counseling for nutrition and physical activity:

- Discussion of current nutrition and physical activity behaviors:
 - Eating habits, dieting behaviors, exercise routine, participation in sports, exam for sports participation.
 - A checklist indicating nutrition and physical activity was addressed:
 - Counseling or referral for nutrition education and physical activity
 - A note stating the member received educational material on nutrition and physical activity during a face to face visit
 - An anticipatory guidance including the specific verbiage including “for nutrition and physical activity”
 - Weight or obesity counseling
 - Services rendered for obesity or eating disorders may be used to meet criteria if the specific documentation is present
- Documentation that written physical and/or nutritional education handouts were provided during a face to face visit.
- Include “5-2-1-0 “ Documentation in “sick” visit instructions
“5-2-1-0 Every Day! 5 or more servings of fruits & vegetables 2 hours or less recreational screen time 1 hour or more of physical activity 0 sugary drinks, more water & low fat milk”

The following documentation DOES NOT COUNT:

- A BMI value only
- A height and weight without the BMI percentile
- Ranges and thresholds

	<ul style="list-style-type: none"> - Self reported measurements - Notes of "health education," or "anticipatory guidance" without specific mention of nutrition. - Counseling/education before or after the measurement year - A physical exam finding alone (e.g., well-nourished) because it doesn't indicate counseling for nutrition - Anticipatory guidance related solely to safety or development without specific mention of physical activity - Notation referencing screen time without reference to physical activity - Documentation related to milestones (ie. kicks ball, starting to run) - Documentation related to an acute illness (ie. sprained ankle playing basketball) or chronic condition (IE Diabetic carbohydrate counting). <p>Exclusions:</p> <ul style="list-style-type: none"> - Members who have a diagnosis of pregnancy during the measurement year. <p>Suggestions to Improve Compliance:</p> <ul style="list-style-type: none"> • Use correct diagnosis and procedure codes • Record height, weight, BMI% each visit
<p>WELL CHILD VISITS (W30)</p> <p>Well-Child: CPT Codes: 99381-99385, 99391-99395, 99461</p> <p>Annual Wellness Visit HCPCS Codes: G0438, G0439, S0302 ICD-10 Codes: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z000.5, Z76.1, Z76.2</p>	<p>Members who had well-child visits with a PCP during the last 15 months. The following rates are reported:</p> <ol style="list-style-type: none"> 1. Children who turned 15 months old during the measurement year had 6 or more well-child visits. 2. Children who turned 30 months old during the measurement year had 2 or more well-child visits in the last 15 months. <p>Suggestions to Improve Compliance:</p> <ul style="list-style-type: none"> - Schedule and confirm the next well visit appointment at the end of each visit (well or sick). - Educate parents/guardians of the importance of well visits in monitoring and guiding healthy development - Provide parents/guardians with the CDC recommended vaccine schedule - Code visits correctly.