

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**)

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><i>Administrative Measure</i></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- 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">◦ 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.

	<ul style="list-style-type: none"> ○ 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>APPROPRIATE TREATMENT FOR UPPER RESPIRATORY INFECTION (URI)</p> <p><i>Administrative Measure</i></p>	<p>Members, 3 months of age and older, diagnosed with an upper respiratory infection that did not result in an antibiotic prescription on the date of diagnosis to 3 days after. Members can appear in the measure multiple times during the year. The measure is reported as an inverted rate.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> - Negative Medication History: <ul style="list-style-type: none"> ○ A period of 30 days prior to an episode date where the patient has not had any antibiotic medications dispensed - Negative Condition History: <ul style="list-style-type: none"> ○ A period of 12 months prior to the episode date where the patient has not been diagnosed with any of the following competing conditions: human immunodeficiency virus, malignant neoplasm, emphysema, chronic obstructive pulmonary disease, immune system disorders and other comorbid conditions (TB, sickle cell anemia, respiratory failure, etc) ○ Competing Diagnosis: Diagnosis during the episode period including: cholera, typhoid, salmonella, whooping cough and others - Members in hospice <p>Antibiotic Medications List</p> <ul style="list-style-type: none"> - Aminoglycosides: Amikacin, Gentamicin, Streptomycin, Tobramycin - Aminopenicillins: Amoxicillin, Ampicillin - Beta-lactamase inhibitors: Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam - First generation cephalosporins: Cefadroxil, Cefazolin, Cephalexin - Fourth generation cephalosporins: Cefepime - Ketolides: Telithromycin - Lincomycin derivatives: Clindamycin, Lincomycin - Macrolides: Azithromycin, Clarithromycin, Erythromycin - Natural penicillins: Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine - Penicillinase-resistant penicillins: Dicloxacillin, Nafcillin, Oxacillin - Quinolones: Cipro, Levofloxacin, Moxifloxacin, Ofloxacin, Gemifloxacin - Rifamycin derivatives: Rifampin

	<ul style="list-style-type: none"> - Second generation cephalosporins: Cefaclor, Cefoxitin, Cefprozil, Cefuroxime, Cefotetan - Sulfonamides: Sulfadiazine, Sulfamethoxazole-trimethoprim - Tetracyclines: Doxycycline, Minocycline, Tetracycline - Third generation cephalosporins: Cefdinir, Cefditoren, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftibuten, Ceftriaxone <p>Suggestions to Improve Measure Performance:</p> <ul style="list-style-type: none"> • Do not prescribe an antibiotic for a URI diagnosis only. Code and bill for all diagnoses based on patient assessment. Diagnosis of pharyngitis or sinusitis excludes members from this measure for this episode. • Educate patients and caregivers that most URIs are caused by viruses that require no antibiotic treatment. Refer to illness as “viral” and suggest home treatments. • Remind patients that mucus that is yellow or green does not necessarily indicate a bacterial infection. • Schedule a follow-up visit, either by a phone call or re-examination. <p>-</p>
<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>Flu- CPT: 90655, 90657, 90660, 90661, 90662, 90672, 90673,</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 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. - Organ and Bone Marrow Transplant - 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>90685-90689 HCPCS: G0008</p> <p>Exclusions: T80.52XA, T80.52XD, T80.52XS, 999.42, B97.35, 079.53</p> <p><i>ECDS 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>Administrative 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><u>Chlamydia Tests CPT Codes:</u> 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> <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.

<p><i>Administrative Measure</i></p>	<ul style="list-style-type: none"> Clearly document past medical and surgical history as well as diagnostic procedures including dates and results. Encounter/office visit notes are not acceptable
<p>FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (ADD-E)</p> <p>Initiation Phase: Any of the following codes billed by a practitioner with prescribing authority may be used.</p> <p>Stand Alone Visits: CPT Codes – 6150–96154, 98960– 98962, 99078, 99201–99205</p> <p>Telephone Visits: CPT Codes – 98966–98968, 99441–99443</p> <p>*Please note: Telephone visits should only be billed as one of the two follow up visits in the C&M Phase.</p> <p><i>Administrative Measure</i></p>	<p>Children newly prescribed attention deficit/hyperactivity disorder (ADHD) medication who had at least three (3) follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p>Required Documentation:</p> <ul style="list-style-type: none"> Initiation Phase: One (1) encounter note within 30 days Face to Face visit with a practitioner with prescribing authority. Accepted visit types: Outpatient, Intensive outpatient, Partial hospitalization C&M Phase: Two (2) encounter notes from day 31–300 Billed with any practitioner type. Accepted visit types: Outpatient, Intensive outpatient, Partial hospitalization, Community mental health center, Telehealth, and Telephone <p>Key notes:</p> <ul style="list-style-type: none"> For members who have multiple overlapping prescriptions, count the overlap days once toward the days supply (whether the overlap is for the same drug or for a different drug) For a complete list of medications and NDC codes, please visit ncqa.org Only one of the two visits required for the C&M Phase may be a telehealth/telephone visit. <p>Suggestions to Improve Compliance:</p> <ul style="list-style-type: none"> Ask patients if there is a barrier in filling medications and share available resources, ie drug manufacturers, suggest contacting Oscar for assistance. Schedule follow up visits to promote compliance.
<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>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><i>ECDS Measure</i></p>	<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
<p>METABOLIC MONITORING FOR CHILDREN AND ADOLESCENTS ON ANTIPSYCHOTICS (APM-E)</p> <p><u>HBA1C Lab Test:</u> CPT Codes: 83036, 83037</p> <p><u>Glucose Lab Test:</u> CPT Codes: 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p><u>LDL-C Test:</u> CPT Codes: 80061, 83700, 83701, 83704, 83721</p> <p><u>Other Cholesterol Test:</u> CPT Codes: 82465, 83718, 84478</p>	<p>Adolescents ages 1-17 who had 2 or more antipsychotic prescriptions and had metabolic testing.</p> <p>Required Documentation:</p> <ul style="list-style-type: none"> - Proof of Service required: Lab report only required metabolic testing during the measurement year must include: One (1) test for blood glucose and One (1) test for LDL-C or cholesterol <p>Key notes:</p> <ul style="list-style-type: none"> - Per NCQA, "Due to the potential negative health consequences associated with children developing cardiometabolic side effects from an antipsychotic medication, it is important to both establish a baseline and continuously monitor metabolic indices to ensure appropriate management of side-effects." <p>Suggestions to Improve Compliance:</p> <ul style="list-style-type: none"> - For members on antipsychotic medications, order glucose, LDL-C and/or cholesterol testing at least annually. - Coordinate care with a member's behavioral health provider.

**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

Hybrid Measure

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
- Self reported measurements

	<ul style="list-style-type: none"> - 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><u>Well-Child:</u> <u>CPT Codes:</u> 99381-99385, 99391-99395, 99461</p> <p><u>Annual Wellness Visit HCPCS</u> <u>Codes:</u> G0438, G0439, S0302 <u>ICD-10 Codes:</u> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z000.5, Z76.1, Z76.2</p> <p><i>Administrative Measure</i></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.