



HEDIS® Measurement Year 2020 At-A-Glance: Key Pediatric Measures

At WellCare, we value everything you do to deliver quality care for our members – your patients – to make sure they have a positive healthcare experience. That’s why we’ve created this easy-to-use, informative HEDIS® At-A-Glance Guide. It gives you the tools you need to meet, document and code HEDIS Measures. Together, we can provide the care and services our members need to stay healthy. This will improve quality scores and Star Ratings, which benefits our providers, WellCare and ultimately our members. Please contact your WellCare representative if you need more information or have any questions.

Quality care is a team effort. Thank you for playing a starring role!

*Measurement Year 2020

Visits		
HEDIS Measure	HEDIS Tips	Sample Codes Used
<p>Well-Child Visit (W30)</p> <p>Ages:</p> <ul style="list-style-type: none"> • First 15 months (seen 6+ times on or before their 15-month birthday which falls in the measurement year) • 15-30 months (seen 2+ times on or before their 30-month birthday which falls in the measurement year) <p>Allowable Time Frame: Birth through 30 months of age. Member must turn 30 months of age in the measurement year*</p>	<p>Documentation of a visit with a PCP, the date of the visit and services to validate a well-child visit was performed.</p>	<p>CPT Codes:</p> <ul style="list-style-type: none"> • 0-12 months – 99381, 99391, 99461 • 1-4 years – 99382, 99392 <p>ICD-10-Dx Codes: General Exam: Z00.110, Z00.111, Z00.121, Z00.129</p>
<p>Child and Adolescent Well-Care Visits (WCV)</p> <p>One comprehensive well-care visit with a PCP or OB/GYN within the measurement year</p> <p>Ages: 3-21 years</p> <p>Allowable Time Frame: Jan. 1–Dec. 31 of measurement year*</p>	<p>Documentation of a visit with a PCP, the date of the visit and services to validate a well-child visit was performed.</p>	<p>CPT Codes:</p> <ul style="list-style-type: none"> • 1-4 years - 99382, 99392 • 5-11 years - 99383, 99393 • 12-17 years - 99384, 99394 • 18 years and older - 99385, 99395 <p>ICD-10-Dx Codes: General Exam: Z00.00, Z00.01, Z00.121, Z00.129</p>
<p>Dental Visit (ADV)</p> <p>At least one dental visit during the measurement year.</p> <p>Ages: 2-20 years</p> <p>Allowable Time Frame: Jan. 1–Dec. 31 of measurement year*</p>	<p>Annual Dental visit</p> <p><i>This measure applies only if dental care is a covered benefit in the organization's Medicaid contract.</i></p>	<p>Please refer your patients for a dental screening annually. Services must be rendered by a dental provider.</p>

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

www.wellcare.com



Assessment & Screening

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p>Weight Assessment & Counseling for Nutrition & Physical Activity for Children and Adolescents (WCC)</p> <p>An outpatient visit with a PCP or OB/GYN and who had:</p> <ul style="list-style-type: none"> • BMI percentile documentation • Counseling for Nutrition • Counseling for Physical Activity <p>Ages: 3-17 years</p> <p>Allowable Time Frame: Jan. 1–Dec. 31 of measurement year*</p>	<p>Documentation of a visit including date and all of the following:</p> <ul style="list-style-type: none"> • BMI percentile documentation <ul style="list-style-type: none"> – Must have height and weight; BMI percentile or BMI percentile plotted on an age-growth chart. • Counseling for nutrition <ul style="list-style-type: none"> – The discussion must be related to nutrition and/or obesity counseling. Services that don't count: Notes of "health education," "anticipatory guidance" without specific mention of nutrition; counseling/education before or after the measurement year; no notes for counseling/education on nutrition and diet; or, a physical exam finding alone (e.g., well-nourished) because it doesn't indicate counseling for nutrition. • Counseling for physical activity or referral for physical activity <ul style="list-style-type: none"> – Services that do not count: Developmental milestones discussion, "cleared for gym class," "health education," "anticipatory guidance," or "computer or TV time" or anticipatory guidance related solely to safety without specific mention of physical activity; counseling/education before or after the measurement year; or, no notes for counseling/education on physical activity. <p>Services specific to the assessment or treatment of an acute or chronic condition do not count toward the "Counseling for Nutrition" and "Counseling for Physical Activity" indicators. For example, decreased appetite as a result of an acute or chronic condition.</p>	<p>Pediatric BMI (ages 3-17 years)</p> <p>ICD-10-Dx Codes:</p> <ul style="list-style-type: none"> • Z68.51 (<5th percentile for age) • Z68.52 (5th to <85th percentile for age) • Z68.53 (85th to <95th percentile for age) • Z68.54 (≥95th percentile for age) <p>Nutritional Counseling</p> <p>CPT Codes: 97802-97804</p> <p>ICD-10-Dx Codes: Z71.3</p> <p>HCPCS: G0270, G0271, G0447, S9449, S9452, S9470</p> <p>Physical Activity Counseling</p> <p>ICD-10-Dx Code:</p> <ul style="list-style-type: none"> • Z71.82 (Exercise Counseling); • Z02.5 (Sports Physical) <p>HCPCS: G0447, S9451</p>
<p>Lead Screening (LSC)</p> <p>At least one capillary or venous lead blood test completed on or before their 2nd birthday.</p> <p>Ages: By 2 years</p> <p>Allowable Time Frame: Birth - on or before the member's 2nd birthday.</p>	<ul style="list-style-type: none"> • Must be completed on or before the child's 2nd birthday, which falls in the measurement year. • A note indicating the date the test was performed and the result or finding. • Lab report with appropriate member identifiers showing lab results and date lab was resultated/received/collected. 	<p>CPT Code: 83655</p>
<p>Chlamydia Screening (CHL)</p> <p>Women who were identified as sexually active and who had at least one chlamydia test in the measurement year.</p> <p>Ages: 16-24 years</p> <p>Allowable Time Frame: Jan. 1–Dec. 31 of measurement year*</p>	<ul style="list-style-type: none"> • May be either a urine analysis or vaginal swab from the same ThinPrep used for the Pap smear. Samples must be sent to the lab vendor for analysis. • A note indicating the date the test was performed, and the result or finding. • Lab report with appropriate member identifiers showing lab results and date lab was resultated/received/collected. 	<p>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p>

Behavioral Health

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</p> <p>Initiation Phase: Those children with a new prescription for an ADHD medication who had 1 follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.</p> <p>Continuation and Maintenance (C&M) Phase: Those children who were dispensed and remained on ADHD medication for 210 days and who, in addition to the visit in the Initiation Phase, had two follow-up visits with a practitioner within 270 days (9 months) after the end of the Initiation Phase.</p> <p>Ages: 6-12 years</p> <p>Allowable Time Frame: March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year*</p>	<ul style="list-style-type: none"> When prescribing a new medication, be sure to schedule a follow-up visit within 30 days to assess how the medication is working and to address side effect issues. Schedule this visit while your member is still in the office. Schedule two more visits in the nine months after the 30-day Initiation Phase to continue to monitor your member's progress. If your member cancels an appointment be sure to reschedule right away. 	<p>Initiation and C&M Phase CPT Codes: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 96150-96154, 96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 98960-98962, 98969-98972 99078, 99201-99205, 99211-99215, 99217-99223, 99231-99233, 99238, 99239, 99241-99425, 99251-99255, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99444, 99458, 99483, 99510</p> <p>Telephone Visits: 98966-98968, 99441-99443</p> <p>CPT Telehealth Modifiers: 95, GT</p> <p>Telehealth POS: 02</p> <p>HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, G2010, G2061-G2063, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, S0201, S9480, S9484, S9485, T1015</p> <p>WITH POS: 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72</p>

Respiratory

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p>Appropriate Testing for Pharyngitis (CWP)</p> <p>Members diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test.</p> <p>Ages: 3 years and older</p> <p>Allowable Time Frame: July 1 of year prior to measurement year through June 30 of measurement year*</p>	<ul style="list-style-type: none"> Rapid Strep Test can be performed in office. If negative, a Throat Culture should be done and sent to lab for analysis. The group A Strep test should be in the 7-day period from the 3 days prior through 3 days after the episode date. 	<p>CPT Codes: 87070, 87071, 87081, 87430, 87650-87652, 87880</p> <p>ICD-10-Dx Codes: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91</p>

Vaccinations

HEDIS Measure	HEDIS Tips	Sample Codes Used
<p>Childhood Immunizations (CIS)</p> <p>Immunizations must occur on or prior to the 2nd birthday, with the exceptions of MMR, VZV and HepA which must be administered on or between the first and second birthdays. This measure follows CDC and ACIP guidelines for immunizations. Confirmation of 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 or 3 RV and 2 flu vaccines.</p> <p>Ages: By 2 years of age</p> <p>Allowable Time Frame: 2018-2020</p>	<ul style="list-style-type: none"> All immunizations must be completed on or by the child's 2nd birthday, which falls in the measurement year. A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates and immunization types given. For rotavirus, vaccine must be on different dates of service. Document history of specific disease, anaphylactic reactions or contraindications for a specific vaccine. A note that states "Immunizations are up-to-date" or documentation of "parent refusal" do not count. For MMR, HepB, VZV and HepA - Evidence of the antigen or combination vaccine OR documented history of the illness OR a seropositive test result for each antigen. For the flu vaccine, a LAIV is only acceptable if given on the member's 2nd birthday. 	<p>CPT Codes:</p> <p>DTaP (4 vaccines) 90700 IPV (3 vaccines) 90713 HIB (3 vaccines) 90644, 90647 Hep B (3 vaccines) 90740, 90744, 90747 HCPCS: G0010 VZV (1 vaccine) 90716 MMR (1 vaccine) 90707 Measles: 90705 Measles/Rubella: 90708; Rubella: 90706; Mumps: 90704; Hep A (1 vaccine) 90633 Pneumococcal conjugate (4 vaccines) 90670 (13 valent), HCPCS: G0009 Influenza (2 vaccines) 90655, 90657, 90661, 90673, 90685-90689 HCPCS: G0008 LAIV: 90660, 90672 Rotavirus: 2 doses-90681; 3 doses-90680</p> <p>CVX Codes:</p> <p>DTaP: 20, 50, 106, 107, 110, 120; IPV: 10, 89, 110, 120; HIB: 17, 46-51, 120, 148; Hep B: 08, 44, 45, 51, 110; Newborn HepB: ICD-10 Procedure Code: 3E0234Z VZV: 21, 94 MMR: 03, 94 Measles: 05 Measles/Rubella: 04 Rubella: 06 Mumps: 07 Hep A: 31, 83, 85; Pneumococcal conjugate: 133 (13 valent), 152; Influenza: 88, 140, 141, 150, 153, 155, 158, 161 Rotavirus: 119 (2 doses), 116, 122 (3 doses)</p>
<p>Immunizations for Adolescents (IMA)</p> <p>One dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and two doses of the human papillomavirus (HPV) vaccine on or by the 13th birthday. This measure follows CDC and ACIP guidelines for immunizations.</p> <p>Ages: HPV: 9-13 years Tdap: 10-13 years Meningococcal: 11-13 years</p> <p>Allowable Time Frame:</p> <ul style="list-style-type: none"> HPV – 2016-2020 Tdap – 2017-2020 Meningococcal – 2018-2020 	<ul style="list-style-type: none"> DOS for HPV must fall on or between the member's 9th-13th birthdate. Must be at least 2 vaccines with different DOS. Date of Service (DOS) for Tdap must fall on or between the member's 10th-13th birthdate. DOS for Meningococcal must fall on or between the member's 11th-13th birthdate. A note indicating the specific antigen name and the immunization date, or an immunization certificate prepared by a healthcare provider that has the dates and immunizations types given. Notation indicating contraindication for a specific vaccine or anaphylactic reactions. A note that says "Immunizations are up to date" or documentation of "parent refusal" do not count. 	<p>CPT Codes:</p> <p>HPV: 90649-90651 Tdap (1 vaccine): 90715 Meningococcal (1 vaccine): 90734</p> <p>CVX Codes:</p> <p>HPV: 62, 118, 137, 165 Tdap: 115 Meningococcal: 108, 114, 136, 147, 167</p>