

2020 Provider Tips for Pediatric HEDIS Measures

HEDIS MEASURE	REQUIRED SERVICE	BILLING TIPS/DOCUMENTATION
Note: (*) signifies a No Entry Measure in Health e-Blue and (†) signifies a star measure		
<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)*</p> <p>Members 3 – 17 years</p>	<p>The percentage of members, 3-17 years of age, who had an outpatient visit in 2020 with a primary care provider or OB\GYN and who had documentation of BMI percentile, Counseling for Nutrition and Counseling for Physical Activity during the measurement year (2020).</p> <p>Note: Weight, obesity and eating disorder counseling count as numerator compliance for both the Counseling for Nutrition and Counseling for Physical Activity measures.</p> <p>Continuous enrollment: The measurement year.</p> <p>The following documentation at least once per year:</p> <ul style="list-style-type: none"> • BMI percentile documentation including height and weight (at least once per year) • Counseling for nutrition • Counseling for physical activity • Must provide written educational materials for nutrition/physical activity to meet counseling criteria • <u>Need all 3 components to receive credit for measure</u> <p>Nutrition Counseling: ICD-10: Z71.3 Dietary counseling and surveillance CPT: 97802 ,97803, 97804 HCPCS: G0447, S9449, S9452, S9470, G0270, G0271</p> <p>Physical Activity Counseling: ICD-10: Z71.82 (If you are completing a sports physical, code Z02.5 satisfies the physical activity metric.) HCPCS: G0447, S9451</p> <p>(Services rendered for obesity or eating disorders may be used to meet criteria for this measure)</p>	<p>BMI Percentile: ICD-10:</p> <p>Z68.51 Body mass index pediatric, less than 5th percentile for age</p> <p>Z68.52 Body mass index pediatric, 5th % to less than 85th % for age</p> <p>Z68.53 Body mass index pediatric, 85th % to less than 95th % for age</p> <p>Z68.54 Body mass index pediatric, greater than or equal to 95th % for age</p> <p>Note: Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than BMI value.</p> <p>Documentation of a BMI value ALONE does not count.</p> <p>EXCLUSIONS: Female members with dx of pregnancy during the measurement year or prior year and members in hospice.</p> <p>BCBSM payable code for commercial PPO 'S' codes are for non-physician providers, i.e. dietitians and nutritionists.</p>
<p>Well Child Visit and Adolescent Well-Care Visits (W15, W34, AWC)</p> <p>Members 0 – 15 months Members 3 – 6 years And Members 12 – 21 years</p> <p>Children who turn 15 months in the measurement year are included.</p>	<p>Well-Care Visits: First 15 mos.</p> <ul style="list-style-type: none"> • Six or more well care visits with a primary care provider in the first 15 months of life with different dates of service. (visits need to be 14 days apart) <p>Well-Care Visits: 3 – 6 years</p> <ul style="list-style-type: none"> • One or more well-care visits with a primary care provider during the measurement year. <p>Well-Care Visits: 12 – 21 years (Adolescent Well Care)</p> <ul style="list-style-type: none"> • One or more well-care visits with a primary care provider or OB/GYN practitioner during the measurement year. <p>Percentage of children with six or more well-child visits in the first 15 months of life, one or more well child visits between 3 – 6 years and one or more well-child visits between 12 and 21 years of life.</p> <ul style="list-style-type: none"> • Well-child visits must be with a PCP or an OB/GYN for Adolescent Well Care. • First 15 months of life, 3-6 years of age, 12 - 21 years of age as of December 31 of the measurement year. • Continuous Enrollment: 31 days of age through 15 months, or the measurement year for 3 – 6 years and 12 – 21 years. 	<p>Codes to identify Well-Care Visits</p> <p>ICD10CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2</p> <p>CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392 - 99395, 99461</p>
<p>Follow-up Care for Children Prescribed ADHD Medication (ADD)*</p> <p>Members 6 – 12 years</p>	<p>The percentage of children 6-12 years of age who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication and had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.</p> <ul style="list-style-type: none"> • Rate 1: Initiation Phase. The percentage of members who had one follow-up visit with a provider with 6– 12 years of age as of the 	<p>Definitions</p> <p>Intake Period: The 12-month window starting March 1 of the year prior to the measurement year and ending the last calendar day of February of the measurement year.</p> <p>Negative Medication History: A period of 120 days (four months) prior to the IPSD when the member had</p>

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	<p>IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase. (IPSD = Index Prescription StartDate). Continuous enrollment: Members must be continuously enrolled for 120 days prior to the IPSD through 30 days after the IPSD.</p> <ul style="list-style-type: none"> • Rate 2: Continuation and Maintenance (C&M) Phase. The percentage of members 6–12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. Continuous enrollment: Members must be continuously enrolled for 120 days prior to the IPSD and 300 days after the IPSD. <p>Initial Phase: The 30 days following the IPSD. C&M Phase: The 300 days following the IPSD (10 months) New Episode: The member must have a 120-days (4 month) Negative Medication History on or before the IPSD Continuous Medication Treatment: The number of medication treatment days during the 10-month follow-up period must be ≥ 210 days (i.e., 300 treatment days-90 gap days). Treatment days: The actual number of calendar days covered with prescriptions within the specified 300-day measurement interval (e.g., a prescription of a 90-day supply dispensed on the 220th day will have 80 days counted in the 300-day interval).</p>	<p>no ADHD medications dispensed for either new or refill prescriptions.</p> <p>IPSD: Index Prescription Start Date. The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and there is a Negative Medication History.</p> <p>EXCLUSIONS: Exclude from the denominator for both rates, members with a diagnosis of narcolepsy any time during their history through December 31 of the measurement year.</p> <ul style="list-style-type: none"> • Rate 1: Initiation: An outpatient, intensive outpatient or partial hospitalization follow-up visit with a practitioner with prescribing authority, within 30 days after the IPSD. • Rate 2: Continuation: Children who remained on the medication for at least 210 days and had two follow-up visits on different dates of service with any practitioner between 31 and 300 days (9 months) after the IPSD. One of the two visits (during days 31-300) may be a telephone visit with any practitioner.
Childhood Immunization Status (CIS)*	<p>Measles, Mumps and Rubella (MMR)* Please note these must be administered between the child's 1st and 2nd birthday; any history of illness needs to be documented before the child's 2nd birthday.</p> <ol style="list-style-type: none"> 1. At least one measles vaccination, mumps vaccination, and rubella vaccination administered on or between the child's 1st and 2nd birthdays. 2. At least one measles and rubella vaccination AND at least one mumps vaccination OR history of the illness on the same date of service or on different dates of service. 3. At least one history of measles, mumps, or rubella illness any time before the child's 2nd birthday. <p>Chicken Pox (VZV)* Please note these must be administered between the child's 1st and 2nd birthday; any history of illness needs to be documented before the child's 2nd birthday. At least one VZV vaccination on or between the child's 1st and 2nd birthdays or a documented history of chicken pox.</p> <p>Polio (IPV)* At least three IPV vaccinations with different dates of service on or before the second birthday. Do not count any IPV administered prior to 42 days after birth.</p> <p>DTaP* At least four DTaP vaccinations, with different dates of service on or before the second birthday. Do not count any vaccination administered prior to 42 days after birth.</p> <p>Hepatitis B (HepB)* At least three HepB vaccinations with different dates of service on or before the second birthday, or a documented history of illness Note: One of the three vaccinations can be a newborn hepatitis B vaccination</p> <p>Haemophilus Influenza B (HiB)* At least three HiB vaccinations with different dates of service on or before the second birthday. Do not count any HiB administered prior to 42 days after birth.</p> <p>Pneumococcal (PCV) At least four pneumococcal conjugate vaccinations with different dates of service on or before the second</p>	<p>Codes to identify Immunizations: DTaP CPT: 90698, 90700, 90721, 90723 ICD10: Z23</p> <p>Polio (IPV) CPT: 90698, 90713, 90723 ICD10: Z23</p> <p>MMR CPT: 90710, 90707 ICD10: Z23</p> <p>Measles and Rubella CPT: 90708 ICD10: Z23</p> <p>Measles CPT: 90705 ICD10: Z23</p> <p>Mumps CPT: 90704 ICD10: Z23</p> <p>Rubella CPT: 90706 ICD10: Z23</p> <p>Hepatitis B CPT: 90723, 90740, 90744, 90747, 90748 HCPCS: G0010 ICD10: Z23</p> <p>HIB CPT: 90644-90648, 90698, 90721, 90748</p> <p>Chicken Pox (VZV) CPT: 90710, 90716 ICD10: Z23</p> <p>Pneumococcal Conjugate CPT: 90669, 90670 HCPCS: G0009 ICD10: Z23</p> <p>Hepatitis A CPT: 90633</p>

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	<p>birthday. Do not count any vaccination administered prior to 42 days after birth.</p> <p>Hepatitis A Please note these must be administered between the child's 1st and 2nd birthday; any history of hepatitis A illness needs to be documented before the child's 2 nd birthday. At least one hepatitis A vaccination on or before the child's second birthday.</p> <p>Rotavirus Acceptable combinations are: Two doses of two-dose vaccine, three doses of the three-dose vaccine or one dose of the two-dose vaccine and two doses of the three-dose vaccine. The child must receive the required number of doses on different dates of service, on or before the second birthday. Do not count any vaccination administered prior to 42 days after birth.</p> <p>Influenza Two influenza vaccinations with different dates of service on or before the child's second birthday. Do not count any vaccine administered prior to six months after birth.</p> <p>Combo 10*** Children who received all listed vaccines as described above.</p> <p>Children who had the following vaccines (combo 10) by their 2nd birthday.</p> <p>Continuous Enrollment: Twelve months prior to the child's second birthday.</p>	<p>ICD10: Z23</p> <p>Rotavirus (2 dose) CPT: 90681 ICD10: Z23</p> <p>Rotavirus (3 dose) CPT: 90680 ICD10: Z23</p> <p>Influenza CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90687, 90686, 90688, 90689, 90660, 90672 HCPCS: G0008 ICD10: Z23</p>
<p>Adolescent Immunizations (IMA)*</p> <p>Adolescents who turn 13 during the measurement year.</p>	<p>Complete immunization prior to 13th birthday</p> <ul style="list-style-type: none"> • Meningococcal One meningococcal serogroups A, C, W, Y vaccine on or between the member's 11th and 13th birthdays. • Tdap One tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the member's 10th and 13th birthdays. • HPV At least three HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays. <ul style="list-style-type: none"> ○ OR at least two HPV vaccines with different dates of service on or between the member's 9th and 13th birthdays. There must be 146 days between the first and second dose of the HPV vaccine. • Combination #2 (Meningococcal, Tdap, HPV) Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV). <p>The percentage of adolescents who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.</p> <p>Continuous Enrollment: Twelve months prior to the child's thirteenth birthday.</p>	<p>Meningococcal: CPT: 90734 ICD-10: Z23</p> <p>Tdap: CPT: 90715 ICD-10: Z23</p> <p>HPV: CPT: 90649 - 90651 ICD-10: Z23</p> <p>EXCLUSIONS: ICD-10: T80.52XA, T80.52XD, T80.52XS</p> <p>Members with anaphylactic reactions to any particular vaccine or its components if the contraindicated immunization was NOT rendered in its entirety. The exclusion must have occurred by the member's 13th birthday. Members in hospice and deceased members.</p>
<p>Immunizations: Influenza Vaccine*</p> <p>Members prior to 2nd birthday</p>	<p>Two influenza vaccines before the second birthday. Members who turn two years of age during the measurement year, who received two flu vaccinations with different dates of service, on or before the second birthday.</p> <p>Continuous Enrollment: Twelve months prior to the child's second birthday.</p>	<p>EXCLUSIONS: Members with anaphylactic reactions due to vaccine. Codes to identify Exclusions: ICD10: T80.52XA, T80.52XD, T80.52XS</p>
<p>Immunizations: Influenza Vaccine*</p> <p>Members 3 years and older</p>	<p>One influenza vaccine during the measurement year. Percent of members three years of age or older during the measurement year, who had a flu shot between July and December of the measurement year.</p> <p>Note: Influenza vaccines administered at pharmacies are billed to BCN and included.</p>	<p>EXCLUSIONS: Members with anaphylactic reactions due to vaccine. Codes to identify Exclusions: ICD10: T80.52XA, T80.52XD, T80.52XS</p>

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Immunization: Pneumococcal Vaccination*	Percentage of members who have ever received a pneumonia vaccine. Note: Pneumococcal vaccines administered at pharmacies are billed to BCN and included.	EXCLUSIONS: Members with anaphylactic reactions due to vaccine.
Appropriate Treatment for Upper Respiratory Infection (URI)* Members 3 months and older	Percentage of members three months of age and older who were given a diagnosis of upper respiratory infection (URI) and were NOT dispensed an antibiotic prescription. A higher rate indicates appropriate treatment. Note: a member may have more than 1 episode during the measurement year. BCN Intake Period: A 12-month window that begins on January 1 of The measurement year and ends on December 31 of the measurement year (01/01-12/31). Blue Cross PPO Intake Period: July 1 of prior measurement year to June 30 of the measurement year. Note: Please note this measure is inverted on HEB. The number is showing members who did have an antibiotic dispensed.	Codes to identify URI: ICD10: J00, J06.0, J06.9 EXCLUSIONS: Episodes where the member had a claim/encounter with a competing diagnosis on or three days after another episode date. Excludes episode dates when the member had any diagnoses other than those listed below for URI. A period of 12 months prior to and including the Episode Date, when the member had claims/encounters with any diagnosis for a comorbid condition.
Appropriate Testing for Pharyngitis (CWP) Members 3 years and older	A strep test in the seven-day period, from three days prior through three days after the episode date. Percentage of members 3 years of age and older who were diagnosed only with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing). BCN Intake Period: A 12-month window that begins on January 1 of the measurement year and ends on December 31 of the measurement year (01/01-12/31). Blue Cross PPO Intake Period: July 1 of prior measurement year to June 30 of the measurement year.	Codes to identify Pharyngitis ICD10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 Codes to identify Appropriate Testing (Strep Test) CPT: 87070, 87071, 87081, 87430, 87650 - 87652, 87880 EXCLUSIONS: Exclude Episode Dates if the member did not receive antibiotics on or up to three days after the Episode Date. Members in Hospice.
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)* Members 3 months and older	The percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. Note: A member may have more than 1 episode during the measurement year. Intake period: January 1-December 24 of the measurement year. The Intake Period captures eligible episodes of treatment. Continuous enrollment: 30 days prior to the Episode Date through three days after the Episode Date (34 total days). Note: BCBSM has this measure inverted on HEB. The number is showing members who did have an antibiotic dispensed.	Codes to identify Acute Bronchitis: ICD10: J20.3-J20.9, J21.0, J21.1, J21.8, J21.9 EXCLUSIONS: Exclude episodes when the member had a claim for a comorbid condition during the 12 months prior to an episode date. Members in hospice are excluded from eligible population. Comorbid conditions include HIV, HIV type II, malignant neoplasm, emphysema, COPD, cystic fibrosis, and disorders of the immune system. (Specific comorbid conditions are not included in the specs).
Medication Management for People with Asthma (MMA) Members age 5 – 64 years	The percentage of members 5 to 64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. <ul style="list-style-type: none"> At least one emergency department visit, or acute inpatient visit with a principle diagnosis of asthma. At least four outpatient visits, observation visits, telephone visits or online assessments on different dates of service with any diagnosis of asthma AND at least two asthma medication dispensing events for any controller medication or reliever medication. Visit type not be the same for the four visits. At least four asthma medication dispensing events for any controller medication or reliever medication A member identified as having persistent asthma because of at least four asthma medication dispensing events, in the same year as the leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma in any setting in the measurement year or the year prior.	

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Chlamydia Screening in Women Women Age 16-24 years	<p>At least one chlamydia test during the measurement year.</p> <p>The percentage of 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>Continuous Enrollment: The measurement year</p>	<p>Codes to identify Chlamydia Screening CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810</p> <p>Identification of Sexually Active Women Two methods identify sexually active women: pharmacy data and claims/encounter data. A member only needs to be identified by one method to be eligible for the measure.</p> <p>Pharmacy Data: Members who were dispensed prescription contraceptives during the measurement year.</p> <p>Claim/Encounter data. Members who had at least one encounter during the measurement year with any code listed for Sexual Activity, Pregnancy or Pregnancy Tests.</p> <p>EXCLUSIONS: Members who qualified for the denominator by pregnancy test alone during the measurement year AND who meet either of the following:</p> <ul style="list-style-type: none"> • A pregnancy test during the measurement year AND a prescription for isotretinoin on the date of the pregnancy test or the six days after the pregnancy test. • A pregnancy test during the measurement year AND an X-ray on the date of the pregnancy test or the six days after the pregnancy test.
Lead Screening Ages 0 – 2 years	At least one lead screening prior to child's second birthday	CPT: 83655

NOTE: *Non-Recommended Cervical Cancer Screening* in females (age 20 and younger) is also included in the HEDIS measure set. This assesses the percentage of females between 16 and 20 who are unnecessarily screened for cervical cancer.

DISCLAIMER

The information on this page is provided as an information resource only and is not to be used or relied on for any billing, coding, diagnostic or treatment purposes. The physician is solely responsible for patient care, documenting patient care, encounter information, billing, selection of diagnostic codes, selection of procedure codes, selection of HCPCS codes, selection of ICD-9 codes, selection of CPT codes, etc. The Physician Alliance, LLC makes no express or implied representations or warranties, and assumes no responsibility for the accuracy of the information contained on or available on this document. This document is subject to change without notice.