

HEDIS® QUICK REFERENCE GUIDE: DOCUMENTATION TIPS FOR CHILDHOOD AND ADOLESCENT MEASURES

October 2019

For Health Care Providers

Helping you improve your scores, as you improve the health of your patients.

Healthcare Effectiveness Data and Information Set (HEDIS®) scores are not only important for you as a provider, they also help guide your patients to quality care. As your trusted partner with the mutual goal of helping people lead healthier lives, we are committed to providing support in every way we can.

Utilizing complete and accurate codes can significantly reduce the number of medical records we may request from you for HEDIS. This quick reference guide outlines what documentation is required to make a record compliant, including up-to-date codes that will help you maintain, and even improve, your HEDIS scores.

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

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HEDIS measure definitions	Documentation required	Common billing codes accepted by HEDIS
Adolescent Well-Care Visits (AWC) Patients 12–21 years of age with at least one comprehensive well care visit with a primary care provider (PCP) or an OB/GYN provider annually.	One adolescent well-care visit with a PCP or OB/GYN during the measurement year. All five components of an adolescent well-care visit must be included: • Health history • Physical developmental history • Mental developmental history • Physical examination • Health education/anticipatory guidance Components of well visits can be performed in conjunction with sick visits, and can be performed anytime in the measurement/calendar year.	*CPT 99384-99385, 99394-99395, 99461 **HCPCS G0438, G0439 ***ICD-10 Z00.00-Z00.01, Z00.121, Z00.129, Z00.8
Childhood Immunization Status (CIS) Children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three Haemophilus influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV), {depending on type of vaccine}; and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.	Complete immunizations on or before child's second birthday, preferably on an immunization record/flow sheet. Combination 10 all (HEDIS) • Four doses – DTaP/DT/DTP • Three doses – IPV/OVP • Three doses – Hep B • Three doses – HiB • Four doses – PCV • One dose – MMR • One dose – VZV • One dose – Hep A • Two or three doses – RV (two or three dose series) • Two doses – influenza	CPT DTaP: 90698, 90700, 90721, 90723 Hep A: 90633 Hep B: 90723, 90740, 90744, 90747, 90748 HiB: 90645-90648, 90698, 90721, 90748 IPV: 90698, 90713, 90723 Measles: 90705 MMR: 90707, 90710 Measles/Rubella: 90708 Rubella: 90706 Mumps: 90704 PCV: 90669, 90670 VZV: 90716 Influenza: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688 RV (two dose schedule): 90681 RV(three dose schedule): 90680 HCPCS Hep B: G0010 PCV: G0009 Influenza: G0008

* Current Procedural Terminology (CPT®)

** Healthcare Common Procedural Coding System (HCPCS)

*** International Classification of Diseases – 10th Revision (ICD-10)

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Immunizations in Adolescents (IMA) Adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), and who had two or three doses of the human papillomavirus (HPV) vaccine. At least two HPV vaccines with different dates of service on or between the patient's 9th and 13th birthdays.	Immunization flow sheet or office notes documenting the following immunizations: • Two or three HPV on or between 9th and 13th birthdays • One dose – meningococcal conjugate vaccine on or between the member's 11th and 13th birthdays • One dose – Td or Tdap on or between the patient's 10th and 13th birthdays Note: Please document any parent refusal for immunizations, as well as anaphylactic reactions. Refer to Administrative Specification for exclusion criteria. The exclusion must have occurred on or before the patient's 13th birthday.	CPT Tdap: 90715 Meningococcal: 90734 HPV: 90649- 90651
Well-Child Visits (W15) Patients 15 months of age with six well-child visits with a PCP during their first 15 months of life. Minimum of six well visits required before 15 months old.	All five components of a well-child visit must be included: • Health history • Physical developmental history • Mental developmental history • Physical examination • Health education/anticipatory guidance Components of well visits can be performed in conjunction with sick visits, and can be performed anytime in the measurement/calendar year. Services rendered during an inpatient, emergency department (ED) visit, or via telehealth do not count.	Diagnosis codes CPT 99381-99385, 99391-99395, HCPCS G0438, G0439 ICD-10 Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z702.82 ,Z76.1, Z76.2

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HEDIS measure definitions	Documentation required	Common billing codes accepted by HEDIS
Well-Child Visits (W34) Patients three to six years of age with at least one well-child visit annually.	One well-child visit with a PCP during the measurement year. All five components of a well-child visit must be included: • Health history • Physical developmental history • Mental developmental history • Physical examination • Health education/anticipatory guidance Components of well visits can be performed in conjunction with sick visits, and can be performed anytime in the measurement/calendar year. Services rendered during an inpatient, ED visit, or via telehealth do not count.	CPT 99382-99385, 99392-99395 HCPCS G0438, G0439 ICD-10 Z00.110, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.82, , Z76.1, Z76.2
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) Patients 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: • BMI percentile documentation* • Counseling for nutrition • Counseling for physical activity * Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.	Documentation of an outpatient visit, with evidence of the following, during the measurement year from the same data source: • BMI percentile, or BMI percentile plotted on age-growth chart, and • Counseling for physical activity, or referral for physical activity, and Counseling for nutrition, or referral for nutrition education. Nutrition/physical activity (PA) education must include note with date and at least one of the following: discussion of nutrition/PA behaviors or current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation, checklist indicating nutrition/PA was addressed, counseling or referral, patient received education materials on nutrition during a face-to-face visit, anticipatory guidance for nutrition, weight, or obesity counseling). Exclusionary evidence in the medical record must include a note indicating a diagnosis of pregnancy.	CPT Counseling for Nutrition: 97802-97804 HCPCS: Counseling for Nutrition: G0447, G0270, G0271, S9449, S9452, S9470 Physical Activity Counseling: G0447, S9451 ICD-10 BMI: Z68.51-Z68.54 Nutrition Counseling Diagnosis Code: Z71.3 Counseling for Physical Activity: Z02.5, Z71.82

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