

aetna[®] Helpful HEDIS Documentation Tips for Pediatric Providers

HEDIS Measure Definitions	What You Can Do	Coding/Tips
<p>Well Child Visits — 3 age groups:</p> <p><u>W15 - Well Child 15 months</u></p> <p>Members 0-15 months of age with 6 comprehensive well child visits.</p> <p>Minimum of 6 well visits required before 15 months old</p> <p><u>W34 - Well Child 3-6 years</u></p> <p>Members 3-6 years of age with at least 1 comprehensive well child visits annually.</p> <p>Minimum of 1 visit required annually</p> <p><u>AWC - Adolescent Well Care Visits</u></p> <p>Members 12-21 years of age with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner annually.</p> <p>Minimum of 1 required annually</p>	<p>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam.</p> <p>Documentation MUST include ALL of the following:</p> <ul style="list-style-type: none"> • A health history – assessment of member’s history of disease or illness and family health history • A physical development history- assessment of specific age appropriate physical development milestones • A mental development history – assessment of specific age-appropriate mental development milestones • A physical exam • Health education/anticipatory guidance – guidance given in anticipation of emerging issues that a child/family may face 	<p>ICD-10 CM Codes: Z00.11 -Z00.129, Z00.5, Z00.8, Z02.0-Z02.9, Z76.1-Z76.2, Z00.00-Z00.01</p> <p>CPT Codes: 99381—99385, 99391 - 99395, 99461</p> <p>HCPCS: G0438, G0439</p> <p>Documentation that <u>Does NOT</u> count as compliant:</p> <ul style="list-style-type: none"> • For Health History: notation of allergies or medications or immunization status alone. If all three are documented it meets health history • For Physical Development History: notation of appropriate for age without specific mention of development; ; notation of well-developed/nourished; tanner stage (except for adolescents—then it meets compliance) • For Mental Development History: notation of appropriately responsive for age; neurological exam; notation of well-developed • For Physical Exam—vital signs alone; for adolescent visits to an OB/GYN they do not meet compliance if the visit is limited to OB/GYN topics • For Health Education/Anticipatory Guidance - information regarding medications or immunizations or their side effects
<p>WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</p> <p>Children age 3-17 years of age who had a visit with a PCP or OB/GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity</p>	<p>Document height, weight and BMI <u>percentile</u>.</p> <p>Discussion and documentation of nutrition and physical activity during at least one office visit annually.</p> <p>Examples</p> <p>Nutrition— discussion of current nutrition behaviors; weight or obesity counseling</p> <p>Physical Activity—discussion of current physical activity behaviors, exercise routine, sports activities; sports physical, weight or obesity counseling</p>	<p>BMI ICD-10 CM Codes: Z68.51-Z68.54</p> <p>Nutrition Counseling - ICD-10 CM Code: Z71.3</p> <p>CPT Codes: 97802-97804</p> <p>HCPCS: G0447, G0270, G0271, S9449, S9452, S9470</p> <p>Physical Activity Counseling</p> <p>ICD-10 CM Code: Z02.5 (Sports physical) Z71.82 (Exercise counseling)</p>
<p>IMA - Immunizations in Adolescents</p> <p>Members who turned 13 years of age in the measurement year and received by age 13:</p> <p>Tdap vaccine—one dose between the 10th and 13th birthday</p> <p>Meningococcal Conjugate vaccine - one dose of meningococcal serogroups A,C,W, Y vaccine between the 11th and 13th birthday</p> <p>HPV—either two doses of HPV vaccine between the 9th and 13th birthday with at least 146 days between doses OR three doses with different dates of service between the 9th and 13th birthday.</p>	<p>Educate staff to schedule PRIOR to 13th birthday. Give call reminders for series vaccines</p> <p>Meningococcal recombinant (serogroup B) vaccines <u>Do Not Count</u>. Be sure your immunization claims and records are clear about which meningococcal was given!</p> <p>Document and submit claim timely with correct code.</p> <p>HPV rates are now reported for both females and males.</p> <p>Educate families on the importance of these immunizations.</p>	<p>Tdap</p> <p>CPT Code: 90715</p> <p>CVX Code: 115</p> <p>Meningococcal</p> <p>CPT Codes: 90734</p> <p>CVX Codes: 108, 114, 136, 147, 167</p> <p>HPV</p> <p>CPT Codes: 90649, 90650, 90651</p> <p>CVX Codes: 62, 118, 137, 165</p>

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<p>CIS/LCS - Childhood Immunization Status and Lead Screening in Children</p> <p>Children who received recommended vaccinations prior to second birthday.</p> <p>Children who had one or more lead blood test for lead poisoning by their second birthday.</p> <p>*Document parental refusal. *</p>	<p>Educate office staff to schedule appointments PRIOR to 2nd birthday. Call families to schedule appointments for those that are behind with their immunizations.</p> <p>Any vaccines after the age of 2 are considered late in HEDIS reporting.</p> <p>Educate parents/guardians regarding the importance of having their child immunized and keeping appointments.</p> <p>Immunizations recommended: 4 DTaP/DT, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus and 2 Influenza vaccines.</p> <p>Document in the medical record if member has evidence of the disease for which immunization is intended or if a contraindication to the vaccine exists.</p> <p>Lead screening test should be completed on all children before their second birthday. A lead risk questionnaire does not count - it must be a capillary or venous blood lead test.</p>	<p>Vaccine Codes</p> <p>DTaP CPT Codes: 90698, 90700, 90721, 90723 CVX Codes: 20, 50, 106, 107, 110, 120</p> <p>IPV CPT Codes: 90698, 90713, 90723 CVX Codes: 10, 89, 110, 120</p> <p>HiB CPT Codes: 90644-90648, 90698, 90721, 90748 CVX Codes: 17, 46 -51, 120, 148</p> <p>HepB CPT Codes: 90723, 90740, 90744, 90747, 90748 CVX Codes: 08, 44, 45, 51, 110 HCPCS:G0010</p> <p>PCV CPT Codes: 90669, 90670 CVX Codes: 100, 133, 152 HCPCS: G0009</p> <p>VZV CPT Codes: 90710, 90716 CVX Codes: 21, 94</p> <p>MMR CPT Codes: 90707, 90710 CVX Codes: 03, 94</p> <p>Measles CPT Code: 90705 CVX Code: 05</p> <p>Measles/Rubella CPT Code: 90708 CVX Code: 04</p> <p>Mumps CPT Code: 90704 CVX Code: 07</p> <p>Rubella CPT Code: 90706 CVX Code: 06</p> <p>Rotavirus 2 dose CPT Code: 90681 CVX Code: 119</p> <p>Rotavirus 3 dose CPT Code: 90680 CVX Code: 116,122</p> <p>HepA CPT Code: 90633 CVX Code: 31, 83, 85</p> <p>Flu CPT Code: 90655, 90657, 90661, 90662, 90673, 90685 -90688 HCPCS: G0008 CVX Codes: 88, 135, 140, 141, 150, 153, 155, 158, 161</p> <p>Lead Screening CPT Code: 83655</p>
<p>ADD - Follow-Up Care for Children Prescribed ADHD Medication</p> <p>Children 6-12 years of age, newly prescribed ADHD medication who had at least 3 follow-up visits within a 10 month period, one of which was within 30 days of when the ADHD medication was dispensed. Two rates are reported:</p> <p>Initiation Phase: A follow-up visit with a practitioner with prescribing authority during the 30 day initiation phase</p> <p>Continuation Phase: children that remained on the ADHD medication for at least 210 days, and in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	<p>When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office.</p> <p>Schedule the initial follow-up for 2-3 weeks after starting the medication.</p> <p>Explain to the parent/guardian the importance of follow-up care</p> <p>No refills unless the child has the initial follow-up visit</p> <p>After the initial follow-up visit, schedule at least 2 more visits over the next 9 months to check the child's progress</p> <p>Encourage parents/caregivers to ask questions about their child's ADHD</p> <p>One follow-up visit in the Continuation phase can also be completed via telephone</p> <p>Telephone Visit CPT Codes: 98966-98968, 99441-99443 or a Telehealth Modifier: 95, GT or Telehealth POS: 2</p>	<p>BH Stand Alone OP Visit Codes</p> <p>CPT : 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2010-H2011, H2013-H220, M0064, T1015</p> <p>UB REV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914 -0917, 0919, 0982, 0983</p> <p>Observation Visit CPT Codes: 99217-99220</p> <p>Health & Behavior Assessment/Intervention CPT Codes: 96150-96154</p> <p>Intensive OP encounter/Partial Hospitalization Codes HCPCS: G0410-0411, H0035, H2001, H2012, S0201, S9480, S9484-9485 UBREV: 905, 907, 912, 913</p> <p>CPT codes that require a POS code:</p> <p>CPT : 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>POS : 02, 03, 05, 07, 09, 11-20, 22, 33, 49, 50, 52, 53, 71, 72 POS 2 (telehealth) permitted for only one of the follow-up visits in the continuation phase)</p>

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<p>URI - Appropriate Treatment for Children with Upper Respiratory Infection</p> <p>Report of children age 3 months to 18 years that were given only a diagnosis of URI and were NOT dispensed an antibiotic prescription</p>	<p>Do not prescribe antibiotics for URI treatment.</p> <p>Document and submit all appropriate diagnosis on claims if more than one diagnosis is appropriate. A competing diagnosis of pharyngitis or other infection on the same date or 3 days after will exclude the member.</p>	<p>ICD-10 CM Codes : J00, J06.0, J06.9</p>
<p>CWP - Appropriate Testing for Children with Pharyngitis</p> <p>Children age 2-18 years that receive a group A strep test when dispensed an antibiotic for only a diagnosis of pharyngitis</p>	<p>Test all children for group A strep before prescribing an antibiotic for only a diagnosis of pharyngitis.</p> <p>Document and submit claims for all appropriate diagnoses established at the visit</p> <p>Submit claim for in-office rapid strep test</p>	<p>Pharyngitis ICD-10 CM Codes: J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91</p> <p>Group A Strep Tests</p> <p>CPT Codes: 87070, 87071, 87081, 87430, 87650-87652, 87880</p>
<p>CHL - Chlamydia Screening in Women</p> <p>Women 16-24 years of age who are identified as sexually active and had at least one Chlamydia test annually.</p>	<p>Assist with member education about STDs, transmission and the importance of testing.</p> <p>Perform routine urine test for Chlamydia, document and submit claims timely.</p>	<p>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p>
<p>MMA— Medication Management for People With Asthma</p> <p>Members age 5-64, identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period (end of calendar year)</p> <p>Two rates reported:</p> <ol style="list-style-type: none"> 1. Remained on asthma controller medication for at least 50% of the treatment period. 2. Remained on asthma controller medication for at least 75% of the treatment period. 	<p>Schedule regular follow-up for people with persistent asthma</p> <p>Patient education about benefits of medication compliance</p> <p>Order medications that are on the member's health plan formulary</p>	<p><u>Asthma Controller Medications</u></p> <p>Antiasthmatic Combinations - Dyphylline-guaifenesin Antibody Inhibitor - Omalizumab Anti-interleukin-5— Mepolizumab, Reslizumab Inhaled Steroid Combinations - Budesonise-formoterol, Mometasone-formoterol, Fluticasone-salmeterol, Fluticasone-vilanterol Inhaled Corticosteroids - Beclomethasone, Budesonise, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone Leukotriene Modifiers - Montelukast, Zafirlukast, Zileuton Methylxanthines - Aminophylline, Theophylline</p> <p><u>Asthma Reliever Medications</u></p> <p>Short-acting, inhaled beta-2 agonists - Albuterol, Levalbuterol</p> <p><u>Exclusions—anytime in patient's history</u> Acute Respiratory Failure ICD-10: J96.00-J96.02, J96.20-J96.22 Chronic Respiratory Conditions due to Fumes/Vapors ICD-10: J68.4 COPD ICD-10: J44.0, J44.1, J44.9 Cystic Fibrosis ICD-10: E84.0, E84.11, E84.19, E84.8, E84.9 Emphysema ICD-10: J43.0-J43.2, J43.8-J43.9 Other Emphysema ICD-10: J98.2, J98.3</p>
<p>ABA - Adult BMI Assessment</p> <p>Documentation of body mass index (BMI) and weight annually or every other year in members 18—74 years of age.</p>	<p>Perform and document criteria of Ht/Wt/ BMI calculation at each visit or at least annually.</p> <p>Patients younger than 20 years old need to have a BMI percentile documented</p> <p>*Pregnant members are excluded from this measure*</p>	<p>ICD-10 CM Codes:</p> <p>BMI - Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45</p> <p>BMI Percentile - Z68.51-Z68.54</p>

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<p>CDC - Comprehensive Diabetes Care</p> <p>Members 18-75 years of age with diabetes should have each of the following:</p> <ul style="list-style-type: none"> • HbA1C testing, • HbA1C control • Medical attention for nephropathy • Retinal eye exam (refer for exam) • Blood pressure control 	<p>Order screenings annually or more often as needed and educate members on importance of compliance with testing and medications.</p> <p>Include all current medications on the medication list. Be sure to indicate if a member is on an ACE/ARB medication</p> <p>Refer member to Optometrist or Ophthalmologist for Dilated Retinal Eye Exam annually. Explain why this is important and that it is different than an eye for glasses or contacts.</p> <p>Document Stage 4 chronic kidney disease or End State Renal Disease (ESRD) with appropriate codes: Stage 4 chronic kidney disease ICD-10 CM: N18.4 ESRD ICD-10 CM: N18.5, N18.6, Z91.15, Z99.2 ICD-10 PCS: 3E1M39Z, 5A1D00Z, 5A1D60Z-5A1D90Z</p>	<p>Diabetes ICD-10 CM Codes: E10.10-E13.9, O24.011-O24.33, O24.811-O24.83</p> <p>HbA1c CPT Codes: 83036, 83037</p> <p>CPTII HbA1C Result Codes</p> <p>HbA1c level less than 7.0: 3044F HbA1c level 7.0-9.0: 3045F HbA1c level greater than 9.0: 3046F</p> <p>Urine Protein Tests - check annually, especially if not on an ACE/ARB medication</p> <p>CPT Codes: 81000-81003, 81005 , 82042-82044, 84156 CPT II Codes: 3060F-3062F</p> <p>Blood Pressure CPT Codes: Systolic BP: < 130 3074F, 130-139 3075F ; >/= to 140 3077F</p> <p>Diastolic BP: 80-89 3079F; < 80 3078F; >/= 90 3080F</p>
<p>CBP - Controlling High Blood Pressure</p> <p>Members 18-85 years of age with a diagnosis of hypertension (HTN) and whose BP is adequately controlled (<140/90).</p> <p>New this year:</p> <ul style="list-style-type: none"> • Blood pressure value CPT II codes are now acceptable to meet compliance • BP readings taken from remote monitoring devices and electronically submitted to the provider can be use 	<p>If BP elevated (140/90 or greater) at initial vital sign assessment, alleviate potential factors that might cause temporary elevation and retake BP during exam.</p> <p>Make sure you use the correct size cuff.</p> <p>If using a automatic BP machine, record the actual number, do NOT round up.</p> <p>Schedule follow up visits to monitor effectiveness of BP medication.</p>	<p>ICD-10 CM Code: I10</p> <p>Blood Pressure CPT Codes: Systolic BP: < 130 3074F, 130-139 3075F ; >/= to 140 3077F</p> <p>Diastolic BP: 80-89 3079F; < 80 3078F; >/= 90 3080F</p> <p>Exclusions: End Stage Renal Disease (ESRD) or a kidney transplant on or prior to December 31st of the measurement year or a diagnosis of pregnancy during the measurement year, would exclude someone from this measure.</p>
<p>Antidepressant Medication Management (AMM)</p> <p>Members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment.</p> <p>Two rates are reported:</p> <ul style="list-style-type: none"> • Effective Acute Phase: Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks) • Effective Continuation Phase: Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months) 	<p>Educate members that medication may take several weeks to become effective, they should call with any potential medication concerns/reactions</p> <p>Stress that they should not stop medication abruptly or without consulting you first for assistance</p> <p>Schedule follow up appointments prior to patient leaving your office</p> <p>Outreach patients that cancel appointments and have not rescheduled</p> <p>Stress the importance of medication compliance.</p>	<p>ICD-10 CM Codes for Major Depression: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>
<p>ADV—Annual Dental Visit</p> <p>Members 2-20 years of age who had at least on dental visit during the measurement year.</p>	<p>Educate parents/guardians about the importance of brushing from an early age as well as dental visits as early as age 2</p> <p>Ask when the last dental visit was and remind them to schedule one if they have not been.</p>	<p>Any claim with a dental practitioner during the measurement year meets compliance.</p>