The Physician Alliance
Dedicated to Improving Michigan's Health

2022 Provider Tips for Pediatric HEDIS Measures

Note: (*) signifies a No Entry Measure in Health e-Blue and (†) signifies a star measure

HEDIS MEASURE	REQUIRED SERVICE	BILLING TIPS/DOCUMENTATION
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)* Members 3 – 17 years	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. **Note:** Weight, obesity and eating disorder counseling count as numerator compliance for both the Counseling for Nutrition and Counseling for Physical Activity measures. **Continuous enrollment:** The measurement year. **The following documentation at least once per year:** • **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 • **Need all 3 components to receive credit for measure** **Nutrition Counseling**: **ICD-10:** Z71.3 Dietary counseling and surveillance **CPT:** 97802 ,97803, 97804 **HCPCS:** G0447, S9449, S9452, S9470, G0270, G0271 **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 **(Services rendered for obesity or eating disorders may be used to meet criteria for this measure)**	**BMI Percentile**: **ICD-10:** **Z68.51** Body mass index pediatric, **less than 5th percentile** for age **Z68.52** Body mass index pediatric, **5th % to less than 85th %** for age **Z68.53** Body mass index pediatric, **85th % to less than 95th %** for age **Z68.54** Body mass index pediatric, **greater than or equal to 95th %** for age **Note:** Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than BMI value. **Documentation of a BMI value ALONE does not count.** **EXCLUSIONS**: Female members with dx of pregnancy during the measurement year or prior year and members in hospice. **BCBSM payable code for commercial PPO 'S' codes are for non-physician providers, i.e. dietitians and nutritionists.** **HCPCS code G0447 will bundle with an office visit if it is submitted on the same day. If more counseling is required, modifier 25 can be appended to the E&M office visit when a charge is submitted for G0447.**
Well Child and Adolescent Well-Care Visits (W30, WCV) Members 0 – 15 months Members 15 – 30 months Members 3 – 21 years Children who turn 15 months in the measurement year are included.	**Well-Care Visits: First 15 Months** • Six or more well-child visits with a primary care provider on different dates of service in the first 15 months of life with different dates of service (visits need to be 14 days or more apart). **Well-Care Visits: 15-30 Months** • Two or more well-child visits with a primary care provider on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday (visits need to be 14 days or more apart). **Well-Care Visits: 3– 21 years** • One or more well-care visits with a primary care provider or OB/GYN practitioner during the measurement year. **W30: Percentage of members who had the following number of well-child visits with a PCP during the last 15 months.** 1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. Well-Child Visits for Age 15 Months-30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits. Note: Both rates will be reported. **WCV: Percentage of members aged 3-21 as of December 31st of the Measurement Year who had at least one comprehensive well-care visit with a PCP or an OB/GYN during the measurement year.** **Continuous Enrollment:** • W30 First 15:31 days of age through 15 months. • W30 15-30: 15 months plus 1 day–30 months of age. • WCV: the measurement year.	**Codes to identify Well-Care Visits** **ICD10CM:** Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z02.3, Z00.5, Z76.1, Z76.2 **CPT:** 99381, 99382, 99383, 99384, 99385, 99391, 99392 - 99395, 99461 **Note:** All visits can be telehealth

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Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder Medication (ADD)* Members 6 – 12 years	The percentage of children 6 years of age as of March 1 of the year prior to the measurement year to 12 years of age as of the last calendar day of February of the measurement year who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who 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. • Rate 1: Initiation Phase – The percentage of members with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase. • Rate 2: Continuation and Maintenance (C&M) Phase – The percentage of members with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days of the 300 days following the medication dispensing event 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: Rate 1: 120 days prior to IPSD through 30 days after IPSD Rate 2: 120 days prior to IPSD through 300 days after IPSD Rate 1: Initiation – An outpatient visit, observation visit, health and behavior assessment or intervention, community mental health center visit, telehealth visit, telephone visit, intensive outpatient or partial hospitalization 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 of the 300 days following the medication dispensing event and had two follow-up visits on different dates of service with any practitioner between 31 and 300 days (9 months) after the IPSD. Visits can be an outpatient visit, observation visit, health and behavior assessment or intervention, community mental health center visit, telehealth visit, telephone visit, e-visit or virtual check in, intensive outpatient or partial hospitalization. Only one of the two visits (during days 31-300) may be an e-visit or virtual check-in.	DEFINITIONS: Intake Period: The measurement year. Negative Medication History: A period of 120 days (four months) prior to the IPSD when the member had no ADHD medications dispensed for either new or refill prescriptions. 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. Initiation Phase: The 30 days following the IPSD. C&M Phase: The 31-300 days following the IPSD (9 months). New Episode: The member must have a 120-day (four-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 (covered 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). **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.
Childhood Immunization Status (CIS)*	Children who turned 2 during the measurement year that had the following vaccines (combo 10) by their 2nd birthday. **Continuous Enrollment:** Twelve months prior to the child's second birthday. **Measles, Mumps and Rubella (MMR).* Please note these must be administered on or between the child's 1st and 2nd birthday; any history of illness needs to be documented before the child's 2nd birthday.** 1. At least one measles vaccination, mumps vaccination, and rubella vaccination administered on or between the child's first and second birthdays. Can also be one MMR vaccination. 2. At least one measles and rubella vaccination on or between the child's first and second birthdays 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/vaccination for all three of measles, mumps, or rubella. Vaccinations must be administered on or between the child's first and second birthday. History of illness must be anytime on or before the child's second birthday **Chicken Pox (VZV)*** At least one VZV vaccination on or between the child's 1st and 2nd birthdays or a documented history of varicella zoster (e.g., chicken pox) before the child's 2nd birthday. **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.	**Codes to identify Immunizations:** **DTaP CPT:** 90698, 90700, 90721, 90723 **ICD10:** Z23 **Polio (IPV) CPT:** 90698, 90713, 90723 **ICD10:** Z23 **MMR CPT:** 90710, 90707 **ICD10:** Z23 **Measles and Rubella CPT:** 90708 **ICD10:** Z23 **Measles CPT:** 90705 **ICD10:** Z23 **Mumps CPT:** 90704 **ICD10:** Z23 **Rubella** **CPT:** 90706 **ICD10:** Z23 **Hepatitis B** **CPT:** 90723, 90740, 90744, 90747, 90748 **HCPCS:** G0010 **ICD10:** Z23 **HIB** **CPT:** 90644-90648, 90698, 90721, 90748 **Chicken Pox (VZV) CPT:** 90710, 90716 **ICD10:** Z23

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Childhood Immunization Status (CIS)* continued	**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. **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 during the eight-day period that begins on the date of birth and ends seven days after the date of birth. **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. **Pneumococcal (PCV)** At least four pneumococcal conjugate vaccinations with different dates of service on or before the second birthday. Do not count any vaccination administered prior to 42 days after birth. **Hepatitis A** At least one hepatitis A vaccination on or between the child's 1st and 2nd birthdays or a documented history of hepatitis A illness on or before the child's second birthday. **Rotavirus** Acceptable combinations are: Two doses of two-dose vaccine, three doses of the three-dose vaccine or at least one dose of the two-dose vaccine and at least 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 child's second birthday. Do not count any vaccination administered prior to 42 days after birth. **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. One of the two vaccinations can be an LAIV vaccination if administered on the child's second birthday. **Combo 10:** Children who received all listed vaccines as described above.	**Pneumococcal Conjugate** **CPT:** 90669, 90670 **HCPCS:** G0009 **ICD10:** Z23 **Hepatitis A** **CPT:** 90633 **ICD10:** Z23 **Rotavirus (2 dose)** **CPT:** 90681 **ICD10:** Z23 **Rotavirus (3 dose)** **CPT:** 90680 **ICD10:** Z23 **Influenza** **CPT:** 90655, 90657, 90661, 90662, 90673, 90685, 90687, 90686, 90688, 90689, 90660, 90672 **HCPCS:** G0008 **ICD10:** Z23 **EXCLUSIONS:** Members with anaphylactic reactions to any particular vaccine or its components. Exclude members who had a contraindication for a specific vaccine in the measure from the denominator if vaccine was not rendered in its entirety.
Immunizations for Adolescents (IMA)* Adolescents who turn 13 during the measurement year.	**Complete immunization prior to 13th birthday** • **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. ○ **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 #1 (Meningococcal, Tdap, HPV)** Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV). The percentage of adolescents turning 13 during the measurement year 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. The measure calculates a rate for each vaccine and two combination rates. Continuous Enrollment: Twelve months prior to the child's thirteenth birthday.	**Meningococcal:** **CPT:** 90734, 90619 **ICD-10:** Z23 **Tdap:** **CPT:** 90715 **ICD-10:** Z23 **HPV:** **CPT:** 90649 - 90651 **ICD-10:** Z23 **EXCLUSIONS:** **ICD-10:** T80.52XA, T80.52XD, T80.52XS 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.
Immunizations: Influenza Vaccine* Members 3 years and older	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. **Note:** Influenza vaccines administered at pharmacies are billed to BCN and included.	**EXCLUSIONS:** Members with anaphylactic reactions due to vaccine. **Codes to identify Exclusions:** **ICD10:** T80.52XA, T80.52XD, T80.52XS
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.	**Codes to identify URI:** **ICD10:** J00, J06.0, J06.9 **EXCLUSIONS:**

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Appropriate Treatment for Upper Respiratory Infection (URI)* Members 3 months and older continued	**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.	Episodes where the member had a claim/encounter with a competing diagnosis on or three days after another episode date. Excludes episodes 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: (next page)** 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. A higher rate indicates appropriate treatment (member did not receive antibiotic). This is an inverted measure. **Note**: A member may have more than 1 episode during the measurement year. AAB has been changed from a member- based denominator to an episode-based denominator. **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 **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. **EVENT**: 1. Member must have an outpatient visit, telephone visit, online assessment, observation stay, or an ED visit with a diagnosis of acute bronchitis. 2. Determine if antibiotics were dispensed for any of the Episode Dates, on the date up to three days after to see if the member had a qualifying antibiotic dispensing event.	**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).

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.