



## HEDIS Quick Reference Guide - Pediatric



### What is HEDIS (Healthcare Effectiveness Data and Information Set)?

HEDIS is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows comparison across health plans. HEDIS gives purchasers and consumers the ability to distinguish between health plans based on comparative quality instead of simply cost differences. HEDIS reporting is a required part of many State contracts. Through HEDIS, NCQA holds Home State Health Plan accountable for the timeliness and quality of health care services (acute, preventive, mental health, etc) delivered to its diverse membership.

HEDIS consists of over 20 Effectiveness of Care type measures as well as Access to Care and Use of Services measures. These rates are calculated based on claims/encounter data and/or medical record review data. The rates are reported to NCQA and to the State if required by contract.

### What are the scores used for?

As both State and Federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider as well. State purchasers of healthcare use the aggregated HEDIS rates to evaluate the effectiveness of a health insurance company's ability to demonstrate an improvement in preventive health outreach to its members. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds'. These programs pay providers an increased premium based on their individual scoring of quality indicators such as those used in HEDIS.

### How are the rates calculated?

HEDIS rates can be calculated in two ways: administrative data or hybrid data. Administrative data consists of claim or encounter data submitted to the health plan. Measures typically calculated using administrative data include: annual mammogram, annual Chlamydia screening, annual Pap test, appropriate treatment of asthma, cholesterol management, antidepressant medication management, access to PCP services, and utilization of acute and mental health services.

Hybrid data consists of both administrative data and a sample of medical record data. Hybrid data requires review of a random sample of member medical records to abstract data for services rendered but that were not reported to the health plan through claims/encounter data. Accurate and timely claim/encounter data reduces the necessity of medical record review. Measures typically requiring medical record review include: comprehensive diabetes care, control of high-blood pressure, immunizations, and prenatal care.

### Who should I contact at Home State Health Plan for Assistance?

If you have any questions, comments, or concerns related to the annual HEDIS project or the medical record reviews, please contact the Quality Improvement Department at 855-694-4663.

### How can I improve my HEDIS scores?

- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS.
- If services are not billed or not billed accurately they are not included in the calculation.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.

#### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Measure demonstrates the percentage of members ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the past year.

Description	CPT	ICD-9-CM Diagnosis	HCPCS
BMI Percentile		V85.0-V85.5	
Counseling for Nutrition	97802-97804	V65.3	G0270, G0271, S9449, S9452, S9470
Counseling for Physical Activity		V65.41	S9451

The percentile ranking is based on the Centers for Disease Control and Prevention's (CDC) BMI-for-age growth charts. Pregnant members excluded.

### Childhood and Adolescent Immunizations

Immunization	Details	CPT	HCPCS	ICD-9 CM Diagnosis	ICD-9-CM Procedure
DTaP	At least 4 doses < age 2	90698, 90700, 90721, 90723			99.39
IPV	At least 3 doses < age 2	90698, 90713, 90723, 90707, 90710			99.41
MMR	At least 1 dose < age 2	Measles/Rubella-90708			99.48
		Measles-90705 Rubella-90706		Measles-055 Rubella-056	Measles-99.45 Rubella-99.47
Hib	At least 3 doses < age 2	90645-90648, 90698, 90721, 90748			
Hepatitis B	At least 3 doses < age 2	90723, 90740, 90744, 90747, 90748	G0010	070.2, 070.3, V02.61	
VZV	At least 1 dose < age 2	90710, 90716		052, 053	
Pneumococcal	At least 4 doses < age 2	90669, 90670	G0009		
Hepatitis A	At least 1 doses < age 2	90633		070.0, 070.1	
Rotavirus	Before age 2: 2 doses of 2-dose vaccine; 1 dose of the 2 dose vaccine & 2 doses of the 3 dose vaccine or 3 doses of the 3 dose vaccine	2 dose schedule-90681			
		3 dose schedule-90680			
Influenza	At least 2 doses < age 2	90655, 90657, 90661, 90662	G0008		99.52
Meningococcal	1 on or between 11th-13th birthdays	90733, 90734			
Tdap/Td	1 on or between 10th-13th birthdays	Tdap-90715			99.39
		Td-90714 or 90718			
		Tetanus-90703			99.38
		Diphtheria-90719			99.36

Parent refusal for any reason is not a reason for exclusion.

### Immunizations for Adolescents

Measure evaluates the percentage of adolescents age 13, who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday.

Immunization	Details	CPT	ICD-9-CM Procedure
Meningococcal	1 on or between 11th-13th birthdays	90733, 90734	
Tdap/Td	1 on or between 10th-13th birthdays	Tdap-90715	99.39
		Td-90714 or 90718	
		Tetanus-90703	99.38
		Diphtheria-90719	99.36

### Human Papillomavirus Vaccine for Female Adolescents

Measure evaluates the percentage of female adolescents age 13 who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.

CPT
90649, 90650

### Lead Screening in Children

Measure evaluates the percentage of children who had a screening test for lead poisoning at least once prior to their second birthday. *A lead screening completed in the practitioner office is also allowable.*

CPT
83655

### Chlamydia Screening in Women

Measure evaluates the percentage of women ages 16 to 24 who are sexually active who had at least one test for Chlamydia per year. *Chlamydia tests can be completed using any method, including a urine test.*

CPT
87110, 87270, 87320, 87490-87492, 87810

### Appropriate Testing for Children With Pharyngitis

Measure evaluates the percentage of children age 2-18 diagnosed 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). *Rapid strep tests in the office may be billed.*

CPT
87070, 87071, 87081, 87430, 87650-87652, 87880

### Appropriate Treatment for Children With Upper Respiratory Infection

Measure evaluates the percentage of children age 3 months – 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. *Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim.*

### Use of Appropriate Medications for People with Asthma; Medication Management for People with Asthma

Measure evaluates the percentage of members age 5-64 who were identified as having persistent asthma and who were appropriately prescribed medication in the past year. Second measure evaluates the percentage of members age 5-64 who were identified as having persistent asthma and were dispensed appropriate medications they remained on during the treatment period within the past year. Two rates are reported:

**Medication Compliance 50%** - Members who were covered by one asthma control medication at least 50% of the treatment period  
**Medication Compliance 75%** - Members who were covered by one asthma control medication at least 75% of the treatment period

Description	Prescription
Antiasthmatic combinations	Dyphylline-guaifenesin, Guaifenesin-theophylline, Potassium iodide-theophylline
Antibody inhibitor	Omalizumab
Inhaled steroid combinations	Budesonide-formoterol, Fluticasone-salmeterol, Mometasone-formoterol
Inhaled corticosteroids	Beclomethasone, Budesonide, Ciclesonide, Flunisolide, Fluticasone CFC free, Mometasone, Triamcinolone
Leukotriene modifiers	Montelukast, Zafirlukast, Zileuton
Mast cell stabilizers	Cromolyn, Nedocromil
Methylxanthines	Aminophylline, Dyphylline, Oxtriphylline, Theophylline

### Follow Up Care For Children Prescribed ADHD Medication

Measure demonstrates the percent of members ages 6 to 12 newly prescribed an ADHD medication that 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:

**Initiation Phase** – one face-to-face outpatient follow-up visit with a practitioner with prescribing authority within 30 days after the date the ADHD medication was newly prescribed.

CPT	HCPCS	UB Revenue
90804-90815, 96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383, 99384, 99393, 99394, 99401-99404, 99411, 99412, 99510	G0155, G0176, G0177, G0409-G0411, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485	0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0905, 0907, 0911-0917, 0919, 0982, 0983

CPT	POS
90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	WITH 03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221-99223, 99231-99233, 99238, 99239, 99251-99255	WITH 52, 53

**Continuation and Maintenance Phase** – Two more follow-up visits from 31 to 300 days after the first ADHD medication was newly prescribed. One of the two visits may be a telephone visit with a practitioner.

### Codes to identify visits

Any code noted above in the initiation phase.

### CPT codes to identify telephone visits

98966-98968, 99441-99443

### Children and Adolescents' Access to Primary Care Practitioners

Measure evaluates the percent of members age 12 months-19 years who had an outpatient visit. Measure is stratified by age group.

Description	CPT	HCPCS	ICD-9-CM Diagnosis
Office or other outpatient services	99201-99205, 99211-99215, 99241-99245		
Home services	99341-99345, 99347-99350		
Preventive medicine	99381-99385, 99391-99395, 99401-99404, 99411-99412, 99420, 99429	G0438, G0439	
General medical examination			V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

### Annual Dental Visit

Measure evaluates the percentage of members ages 2-21 who had at least one dental exam with a dental practitioner in the past year.

### Well Child Visits in the First 15 Months of Life

Measure evaluates the percentage of infants who had 6 well child (EPSDT) visits within the first 15 months of life. Visits must be with a primary care practitioner, even though the PCP does not have to be the practitioner assigned to the child.

CPT	ICD-9
99381, 99382, 99391, 99392, 99461	V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

**\*\*Well care visit:** Visit must include 1) a health and developmental history (physical and mental), 2) a physical exam, and 3) health education/anticipatory guidance. Preventative visits can be rendered on visits other than well-child visits. However, all components must be included.

### Well Child Visits, Ages 3 to 6 Years Old

Measure evaluates the percentage of children ages 3, 4, 5 or 6 years old who had at least one comprehensive well care visit (EPSDT) per year. Visit must be with a primary care practitioner. **\*\*See well care visits note under the Well Child Visits in the First 15 Months of Life section.**

CPT	ICD-9
99382, 99383, 99392, 99393	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

### Adolescent Well Care Visits

Measure evaluates the percentage of adolescents age 12 to 21 years old who had at least one comprehensive well care visit (EPSDT) per year. Visit must be with a primary care practitioner or OB/GYN. **\*\*See well care visits note under the Well Child Visits in the First 15 Months of Life section.**

CPT	ICD-9
99383-99385, 99393-99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9