

Clinical Excellence Measures

Use of these codes should be appropriate to the service(s) rendered and follow the billing guidelines.

For HEDIS® measures the codes are from the NCQA HEDIS® specifications and may not reflect Medi-Cal/Medicare billing guidelines and reimbursement.

HEDIS® Measure & Description	Medical Record Documentation Needed	Description	Codes
<p>Appropriate Testing for Children with Pharyngitis (CWP)</p> <p>Children 3-18 years of age diagnosed with pharyngitis and dispensed an antibiotic should have received a Group A strep test within three (3) days prior to the diagnosis date through the three (3) days after the diagnosis date.</p> <p>Note: Claims/encounters with more than one diagnosis (e.g., competing diagnoses) are excluded from the measure.</p>	<p>Specifications:</p> <ul style="list-style-type: none"> Members included in this measure have an outpatient or ED visit with a sole diagnosis of pharyngitis. Members diagnosed with pharyngitis and prescribed an antibiotic MUST have received a group A strep test in the seven-day period from three (3) days prior to the diagnosis through three (3) days after the diagnosis. Rapid strep test and strep culture are both acceptable for this measure. Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim. <p>**Rapid strep tests done in the office are reimbursed fee for service when billed timely using CPT code 87880.</p>	<p>Strep Test</p>	<p>87070, 87071, 87081, 87430, 87650 - 87652, 87880**</p>
HEDIS® Measure & Description	Medical Record Documentation Needed	Description	Codes
<p>Appropriate Treatment for Children with Upper Respiratory Infection (URI)</p> <p>Children 3 months to 18 years of age diagnosed with Upper Respiratory Infection (URI) should NOT be dispensed an antibiotic within three (3) days of the diagnosis.</p> <p>Note: Claims/encounters with more than one diagnosis (e.g., competing diagnoses) are excluded from the measure.</p>	<p>Specifications:</p> <ul style="list-style-type: none"> Members with an outpatient or ED visit with a single diagnosis of URI and NOT prescribed an antibiotic on or three (3) days after the date of the URI diagnosis. Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim. 	<p>Acute Nasopharyngitis (common cold)</p>	<p>J00</p>
		<p>Acute Laryngopharyngitis</p>	<p>J06.0</p>
		<p>Acute URI</p>	<p>J06.9</p>

HEDIS® Measure & Description	Medical Record Documentation Needed	Category	Medication
<p>Asthma Medication Ration (AMR)</p> <p>Members 5-85 years of age identified as having persistent asthma and a ratio of controller medications to total asthma medications of 50% or greater during the measurement year.</p> <p>Medication Management for People with Asthma (MMA)</p> <p>Members 5-85 years of age identified as having persistent asthma and were dispensed and remained on controller medications for at least 75% of their treatment period.</p>	<p>Criteria for Persistent Asthma: At least one (1) of the criteria below must be met during the measurement year and the year prior (the criteria does not need to be the same for both years):</p> <ul style="list-style-type: none"> At least one (1) ED visit with asthma as the principal diagnosis OR At least one (1) acute Inpatient encounter with asthma as the principal diagnosis OR At least four (4) outpatient visits or observation visits, on different dates of service, with any diagnosis of asthma and at least two (2) asthma medication dispensing events. Visit type need not be the same for the four (4) visits OR At least four (4) asthma medication dispensing events. 	Antiasthmatic Combinations	<ul style="list-style-type: none"> Dyphylline-guaifenesin Guaifemesin-theophylline
		Antibody Inhibitor	<ul style="list-style-type: none"> Omalizumba
		Inhaled Steroid Combinations	<ul style="list-style-type: none"> Budesonide-formoterol Fluticasone-salmeterol Mometasone-formoterol
		Inhaled Corticosteroids	<ul style="list-style-type: none"> Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone CFC free Mometasone
		Leukotriene Modifiers	<ul style="list-style-type: none"> Montelukast Zafirlukast Zileuton
		Mast Cell Stabilizers	<ul style="list-style-type: none"> Cromolyn
		Methylxanthines	<ul style="list-style-type: none"> Aminophylline Dyphylline Theophylline

HEDIS® Measure & Description	Medical Record Documentation Needed	CPT Codes	ICD-10 Codes
<p>Well-Child Visits First 15 Months of Life (W15)</p> <p>Children who turn 15 months old during the measurement year and who had at least six (6) well-child visits with a Primary Care Provider (PCP) prior to turning 15 months.</p> <p>Well-Child Visits 3-6 Years of Age (W34)</p> <p>Children 3-6 years of age who had at least one (1) well-child visits with a Primary Care Provider (PCP) during the measurement year.</p> <p>Adolescent Well-Care Visits (AWC)</p> <p>Members 12-21 years of age who had at least one (1) well-care visit with a Primary Care Provider (PCP) or OB/GYN during the measurement year.</p>	<p>Specifications:</p> <p>Documentation from the medical record must include a note indicating a visit with a PCP or OB/GYN, the date when the well-care visit occurred, and evidence of all of the following:</p> <ul style="list-style-type: none"> • Health history (allergies, birth hx, family hx, status since last visit, hospitalizations). • Physical developmental history (diet, physical fitness, school activities, sexual activity/pelvic exam, growth chart). • Mental developmental history (peer relationships, sexual activity, school grades, decision making). • Physical exam (vital signs and review of systems). • Health education/anticipatory guidance (completed Staying Healthy Assessment, seat belt and helmet use, diet, exercise, smoking, drug use, health habits, self-care, etc.). 	<p>99381-99385, 99391-99395, 99461</p>	<p>Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9</p>

HEDIS® Measure & Description	Medical Record Documentation Needed	Immunization	Codes
<p>Immunizations for Adolescents (IMA)</p> <p>Adolescents 13 years of age who received the following vaccines on or before their 13th birthday:</p> <ul style="list-style-type: none"> • 1 Meningococcal Vaccine (must be completed on or between the 11th and 13th birthdays) • 1 Tdap (must be completed on or between the 11th and 13th birthdays) • 2 or 3 Doses of Human Papillomavirus Vaccine (entire series completed between the 9th and 13th birthdays) 	<p>Specifications:</p> <p>For immunization evidence obtained from the medical record, count members where there is evidence that the antigen was rendered from either of the following:</p> <ul style="list-style-type: none"> • A note indicating the name of the specific antigen and the date of service, <i>or</i> • A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered. <p>Meningococcal conjugate or meningococcal polysaccharide vaccine <u>on or between the 11th and 13th birthdays.</u></p> <p>Tdap <u>on or between the 10th and 13th birthdays.</u></p> <p>At least two HPV vaccines, with different dates of service <u>on or between the member’s 9th and 13th birthdays.</u> There must be at least 146 days between the first and second dose of the HPV vaccine.</p> <p>At least three HPV vaccinations, with different dates of service, <u>on or between the member’s 9th and 13th birthdays.</u></p>	<p>Meningococcal</p>	<p>90734</p>
		<p>Tdap</p>	<p>90715</p>
		<p>Human Papillomavirus (HPV)</p>	<p>90649, 90650, 90651</p>

HEDIS® Measure & Description	Medical Record Documentation Needed	Immunization	Codes										
<p>Childhood Immunization Status – Combo 10 (CIS)</p> <p>Children 2 years of age who had the following vaccines <u>on or before their second birthday</u>:</p> <table border="1" data-bbox="111 472 634 972"> <tr> <td>4 DTaP (diphtheria, tetanus and acellular pertussis)</td> <td>3 HiB (H influenza type B)</td> </tr> <tr> <td>3 IPV (polio)</td> <td>4 PCV (pneumococcal conjugate)</td> </tr> <tr> <td>1 MMR (measles, mumps, rubella)</td> <td>1 Hep A (hepatitis A)</td> </tr> <tr> <td>1 VZV (chicken pox)</td> <td>2 or 3 RV (rotavirus)</td> </tr> <tr> <td>3 Hep B (hepatitis B)</td> <td>2 Flu (influenza)</td> </tr> </table> <p>All vaccines must be completed on or before the child's 2nd birthday.</p>	4 DTaP (diphtheria, tetanus and acellular pertussis)	3 HiB (H influenza type B)	3 IPV (polio)	4 PCV (pneumococcal conjugate)	1 MMR (measles, mumps, rubella)	1 Hep A (hepatitis A)	1 VZV (chicken pox)	2 or 3 RV (rotavirus)	3 Hep B (hepatitis B)	2 Flu (influenza)	<p>Specifications: For MMR, Hepatitis B, VZV & Hepatitis A, count any of the following</p> <ul style="list-style-type: none"> Evidence of the antigen or combination vaccine, OR Documented history of the illness, OR A seropositive test result for each antigen <p>For DTaP, IPV, HiB, Pneumococcal conjugate, Rotavirus & Influenza, count only the following.</p> <ul style="list-style-type: none"> Evidence of the antigen or combination vaccine. <p>For combination vaccinations that require more than one antigen (i.e. DTaP and MMR), there must be evidence of all the antigens.</p> <p>DTaP: At least four (4) DTaP vaccinations, with different dates of service.</p> <p>IPV: At least three (3) IPV vaccinations, with different dates of service.</p> <p>MMR: At least one (1) MMR vaccination, with a date of service falling on or before the child's second (2nd) birthday.</p> <p>HiB: At least three (3) HiB vaccinations, with different dates of service.</p> <p>Hepatitis B: At least three (3) hepatitis B vaccinations, with different dates of service.</p> <p>VZV: At least one (1) VZV vaccination, with a date of service falling on or before the child's second (2nd) birthday.</p> <p>Pneumococcal Conjugate: At least four (4) pneumococcal conjugate vaccinations, with different dates of service.</p> <p>Hepatitis A: One (1) hepatitis A vaccination, with a date of service falling on or before the child's second (2nd) birthday.</p> <p>Rotavirus: The child must receive the required number of rotavirus two (2) doses or three (3) doses, depending on which vaccine is administered), with different dates of service.</p> <p>Influenza: Two (2) influenza vaccinations, with different dates of service.</p>	<p>DTaP</p> <p>IPV</p> <p>MMR</p> <p>HiB</p> <p>Hepatitis B</p> <p>VZV</p> <p>Pneumococcal Conjugate</p> <p>Hepatitis A</p> <p>Rotavirus (2-3 dose schedules)</p> <p>Influenza</p>	<p>90698, 90700, 90721, 90723</p> <p>90698, 90713, 90723</p> <p>90707, 90710</p> <p>90644-90648, 90698, 90721, 90748</p> <p>90723, 90740, 90744, 90747, 90748</p> <p>90710, 90716</p> <p>90669, 90670</p> <p>90633</p> <p>90681 (2 dose schedule) 90680 (3 dose schedule)</p> <p>90655, 90657, 90661, 90662, 90673, 90685-90688</p>
4 DTaP (diphtheria, tetanus and acellular pertussis)	3 HiB (H influenza type B)												
3 IPV (polio)	4 PCV (pneumococcal conjugate)												
1 MMR (measles, mumps, rubella)	1 Hep A (hepatitis A)												
1 VZV (chicken pox)	2 or 3 RV (rotavirus)												
3 Hep B (hepatitis B)	2 Flu (influenza)												

Measure & Description	Medical Record Documentation Needed	CPT Codes or Diagnosis Codes
<p>Initial Health Assessment (IHA)</p> <p>Individuals newborn to 20 years of age who completed an initial health assessment within 120 days of the member’s effective date with CalOptima and includes the following:</p> <p>Part I</p> <ul style="list-style-type: none"> • Comprehensive history • Preventive services • Comprehensive physical and mental status exam • Diagnosis and plan of care <p>Part II</p> <ul style="list-style-type: none"> • Individual Health Education Behavioral Assessment (IHEBA) or Staying Health Assessment (SHA) 	<p>Specifications:</p> <p>Documentation from the medical record must include a note indicating a visit with a PCP, the date when the initial health assessment occurred, and evidence of all of the following:</p> <ul style="list-style-type: none"> • Comprehensive history, which includes history of present illness, past medical history, social history and review of organ systems • Preventive services • Comprehensive physical and mental status exam • Diagnosis and plan of care • Individual Health Education Behavioral (IHEBA) or Staying Healthy Assessment (SHA) 	<p>IHA Visit Codes (Part I)</p> <p>99201-99205, 99211-99215, 99241-99245, 99304-99306, 99326-99328, 99341-99345, 99348-99350, 99381-99384, 99391-99394, 99406, 99407, 99461</p> <p>Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.89, Z02.1, Z02.3</p>
		<p>IHEBA/SHA Codes (Part II)</p>
		<p>96150, 96151</p>