

HEDIS® Measure & Description	Medical Record Documentation Needed	Description & Codes	
<p>Weight Assessment & Counseling for Nutrition and Physical Activity for Children/Adolescents- (WCC)</p> <p>The percentage of members 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:</p> <ul style="list-style-type: none"> BMI Percentile Counseling for Nutrition Counseling for Physical Activity 	<p>Specifications:</p> <p>BMI Percentile:</p> <ul style="list-style-type: none"> Documentation MUST include height, weight and BMI percentile during the measurement year, and it must be from the same data source. <ul style="list-style-type: none"> BMI percentile documented as a value (e.g., 85th percentile) BMI percentile plotted on age-growth chart <p>Counseling for Nutrition & Physical Activity:</p> <ul style="list-style-type: none"> Documentation must include a note indicating the date and at least one of the following (one for Nutrition and one for Physical Activity): <ul style="list-style-type: none"> Discussion of current behaviors (eating habits, dieting, behaviors, exercise routine participation in sports activities, etc.). Checklist indicating nutrition/ physical activity was addressed. Counseling or referral for nutrition education/ physical activity. Member received educational material on nutrition/ physical activity during a face-to-face visit. Anticipatory guidance for nutrition/specific to the child's physical activity. Weight or obesity counseling. 	<p>BMI Percentile:</p> <p>Z68.51 – <i>Underweight</i> (Less than the 5th percentile for age)</p> <p>Z68.52 – <i>Healthy Weight</i> (5th percentile to less than the 85th percentile for age)</p> <p>Z68.53 – <i>Overweight</i> (85th percentile to less than the 95th percentile for age)</p> <p>Z68.54 – <i>Obese</i> (Greater to or equal to the 95th percentile)</p> <p>Counseling for Nutrition:</p> <p>CPT: 97802-97804 ICD-10: Z71.3</p> <p>Counseling for Physical Activity:</p> <p>ICD-10: Z02.5, Z71.82</p>	
<p>Chlamydia Screening (CHL)</p> <p>Women 16-24 years of age who were identified as sexually active and who had at least one Chlamydia test during the measurement year.</p>	<p>Specifications:</p> <ul style="list-style-type: none"> Documentation in the medical record must include both of the following: <ul style="list-style-type: none"> A note indicating the date the test was performed The result or finding 	Chlamydia Screening	87110, 87270, 87320, 87490-87492, 87810
<p>Asthma Medication Ration (AMR)</p> <p>Members 5-64 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 5-64 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:</p> <p>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. 	Category	Medication
		Antiasthmatic Combinations	•Dyphylline-guaifenesin
		Antibody Inhibitor	•Omalizumab
		Anti-interleukin -5	•Benralizumab •Mepolizumab •Reslizumab
		Inhaled Steroid Combinations	•Budesonide-formoterol •Fluticasone-salmeterol •Fluticasone-vilanterol •Formoterol-mometasone
		Inhaled Corti-costeroids	•Beclomethasone •Budesonide •Ciclesonide •Flunisolide •Fluticasone •Mometasone
		Leukotriene Modifiers	•Montelukast •Zafirlukast •Zileuton
		Methylxan-thines	•Theophylline
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 Healthy 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) 	IHA Visit Codes (Part I)	
		99201-99205, 99211-99215, 99241-99245, 99304-99306, 99326-99328, 99341-99345, 99348-99350, 99381-99384, 99391-99394, 99406, 99407, 99461	
		Z00 and Z02 series	
		IHEBA/SHA Codes (Part II)	
		96156	

Quick Reference Guide – HEDIS® 2022



Clinical Excellence Measures

Use of these codes should be appropriate to the service (s) rendered and follow billing guidelines. For HEDIS® measures the codes are from the NCQA HEDIS® specifications and may not reflect Medi-Cal/Medicare billing guidelines and reimbursement.

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HEDIS® Measure & Description	Medical Record Documentation Needed	CPT Codes	ICD-10 Codes																																
<p>Well-Child Visits in the First 30 months of Life (W30)</p> <p>Part I: 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>Part II: Children 15 months-30 months old during the measurement year and who had at least (2) well-child visits with a Primary Care Provider (PCP).</p> <p>Child and Adolescent Well-Care Visits (WCV) Members 3-21 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 <i>all</i> 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.). 	99381 - 99385 99391 - 99395 99461	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2																																
<p>Lead Screening in Children (LSC)</p> <p>Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning <u>on or before their second birthday</u>.</p>	<p>Specifications:</p> <p>Documentation in the medical record must include both of the following:</p> <ul style="list-style-type: none"> ● A note indicating the date the test was performed. ● The result or finding. 	<table border="1"> <thead> <tr> <th>Description</th> <th>CPT Codes</th> </tr> </thead> <tbody> <tr> <td>Lead Tests</td> <td>83655</td> </tr> </tbody> </table>	Description	CPT Codes	Lead Tests	83655																													
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<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 10th 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, or ● 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 on or between the member's 9th and 13th birthdays. 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, on or between the member's 9th and 13th birthdays.</p>	<table border="1"> <thead> <tr> <th>Immunization</th> <th>Codes</th> </tr> </thead> <tbody> <tr> <td>Meningococcal</td> <td>90619, 90733, 90734</td> </tr> <tr> <td>Tdap</td> <td>90715</td> </tr> <tr> <td>Human Papillomavirus (HPV)</td> <td>90649, 90650, 90651</td> </tr> </tbody> </table>	Immunization	Codes	Meningococcal	90619, 90733, 90734	Tdap	90715	Human Papillomavirus (HPV)	90649, 90650, 90651																									
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<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"> <tbody> <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> </tbody> </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:</p> <p>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>*Vaccines administered prior to 42 days after birth will not count. ^ Vaccines administered prior to child's first birthday will not count. + Vaccines administered prior to 6 months (180 days) after birth will not count.</p>	<table border="1"> <thead> <tr> <th>Immunization</th> <th>Codes</th> </tr> </thead> <tbody> <tr> <td>DTaP</td> <td>90697, 90698, 90700, 90723</td> </tr> <tr> <td>IPV</td> <td>90697, 90698, 90713, 90723</td> </tr> <tr> <td>MMR</td> <td>90707, 90710</td> </tr> <tr> <td>HiB</td> <td>90644, 90647, 90648, 90697, 90698, 90748</td> </tr> <tr> <td>Hepatitis B</td> <td>90697, 90723, 90740, 90744, 90747, 90748</td> </tr> <tr> <td>VZV</td> <td>90710, 90716</td> </tr> <tr> <td>Pneumococcal Conjugate</td> <td>90670</td> </tr> <tr> <td>Hepatitis A</td> <td>90633</td> </tr> <tr> <td>Rotavirus (2-3 dose schedules)</td> <td>90681 (2 dose) 90680 (3 dose)</td> </tr> <tr> <td>Influenza</td> <td>90655, 90657, 90661, 90673, 90685-90689</td> </tr> </tbody> </table>	Immunization	Codes	DTaP	90697, 90698, 90700, 90723	IPV	90697, 90698, 90713, 90723	MMR	90707, 90710	HiB	90644, 90647, 90648, 90697, 90698, 90748	Hepatitis B	90697, 90723, 90740, 90744, 90747, 90748	VZV	90710, 90716	Pneumococcal Conjugate	90670	Hepatitis A	90633	Rotavirus (2-3 dose schedules)	90681 (2 dose) 90680 (3 dose)	Influenza	90655, 90657, 90661, 90673, 90685-90689	
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