

HEDIS® Measure & Description	Medical Record Documentation Needed	Description & Codes	
<p><b>Topical Fluoride for Children (TFL-CH)</b></p> <p>The percentage of children ages 1 - 21 years who received at least two topical fluoride applications within the reporting year as:</p> <ul style="list-style-type: none"> <li>Dental OR oral health services</li> <li>Dental services</li> <li>Oral health services</li> </ul>	<p><b>Specifications:</b></p> <ul style="list-style-type: none"> <li>Use all outpatient visits to identify opportunities for applying varnish</li> <li>Avoid using D codes (such as D1206, D1208) as they will <b>not</b> trigger compliance</li> <li>Use appointment reminders as opportunities to request parent/guardian bring any dental visit paperwork in</li> <li>Work fluoride varnish inquiry in to visit note template</li> <li>Self-reporting is an acceptable form of supplemental data when not performing service in primary care setting. <b>Documentation of exact DOS is required.</b></li> <li>Use CHA TFL self-reporting template</li> </ul>	99188	
<p><b>Developmental Screening in the First Three Years of Life (DEV-CH)</b></p> <p>The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday,</p>	<p><b>Specifications:</b></p> <ul style="list-style-type: none"> <li>Follow AAP frequency recommendations for administering developmental screenings to ensure at least 1 is completed during <i>each</i> of the first three years of life</li> <li>Only use the CPT code (96110), as no other developmental screening codes will trigger compliance</li> <li>If submitting supplemental data, the result/score must be documented on the submitted evidence</li> <li>Work developmental screening into age-appropriate visit templates</li> </ul>	96110	
<p><b>Chlamydia Screening (CHL)</b></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><b>Specifications:</b></p> <ul style="list-style-type: none"> <li>Documentation in the medical record must include both of the following: <ul style="list-style-type: none"> <li>A note indicating the date the test was performed</li> <li>The result or finding</li> </ul> </li> </ul>	Chlamydia Screening	87110, 87270, 87320, 87490-87492, 87810
<p><b>Asthma Medication Ration (AMR)</b></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><b>Medication Management for People with Asthma (MMA)</b></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><b>Criteria for Persistent Asthma:</b></p> <p>At least <b>one (1)</b> 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"> <li>At least <b>one (1)</b> ED visit with asthma as the principal diagnosis <b>OR</b></li> <li>At least <b>one (1)</b> acute Inpatient encounter with asthma as the principal diagnosis <b>OR</b></li> <li>At least <b>four (4)</b> outpatient visits or observation visits, on different dates of service, with any diagnosis of asthma and at least <b>two (2)</b> asthma medication dispensing events. Visit type need not be the same for the <b>four (4)</b> visits <b>OR</b></li> <li>At least <b>four (4)</b> asthma medication dispensing events.</li> </ul>	<b>Category</b>	<b>Medication</b>
		Antibody Inhibitor	• Omalizumab
		Anti-interleukin -4	• Dupilumab
		Anti-interleukin -5	• Benralizumab • Mepolizumab
		Inhaled Steroid Combinations	• Budesonide-formoterol • Fluticasone-salmeterol • Fluticasone-vilanterol
		Inhaled Corti-costeroids	• Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Mometasone
		Leukotriene Modifiers	• Montelukast • Zafirlukast • Zileuton
Methylxan-thines	• Theophylline		
<b>Measure &amp; Description</b>	<b>Medical Record Documentation Needed</b>	<b>CPT Codes or Diagnosis Codes</b>	
		<b>IHA Visit Codes (Part I)</b>	
<p><b>Initial Health Assessment (IHA)</b></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> <ul style="list-style-type: none"> <li>Comprehensive history</li> <li>Preventive services</li> <li>Comprehensive physical and mental status exam</li> <li>Diagnosis and plan of care</li> </ul>	<p><b>Specifications:</b></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 <i>all</i> of the following:</p> <ul style="list-style-type: none"> <li>Comprehensive history, which includes history of present illness, past medical history, social history and review of organ systems</li> <li>Preventive services</li> <li>Comprehensive physical and mental status exam</li> <li>Diagnosis and plan of care</li> </ul>	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	

**Quick Reference Guide – HEDIS® 2025**



**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.

— HEDIS® is a registered trademark for the National Committee of Quality Assurance (NCQA)

HEDIS® Measure & Description	Medical Record Documentation Needed	CPT Codes	ICD-10 Codes										
<p><b>Well-Child Visits in the First 30 months of Life (W30)</b></p> <p><b>Part I:</b> 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><b>Part II:</b> 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><b>Child and Adolescent Well-Care Visits (WCV)</b> 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><b>Specifications:</b></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"> <li>● <b>Health history</b> (allergies, birth hx, family hx, status since last visit, hospitalizations).</li> <li>● <b>Physical developmental history</b> (diet, physical fitness, school activities, sexual activity/pelvic exam, growth chart).</li> <li>● <b>Mental developmental history</b> (peer relationships, sexual activity, school grades, decision making).</li> <li>● <b>Physical exam</b> (vital signs and review of systems).</li> <li>● <b>Health education/anticipatory guidance</b> (completed Staying Healthy Assessment, seat belt and helmet use, diet, exercise, smoking, drug use, health habits, self-care, etc.).</li> </ul>	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, Z02.84, Z76.1, Z76.2										
<p><b>Lead Screening in Children (LSC)</b></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><b>Specifications:</b></p> <p>Documentation in the medical record must include both of the following:</p> <ul style="list-style-type: none"> <li>● A note indicating the date the test was performed.</li> <li>● The result or finding.</li> </ul>	<b>Description</b>	<b>LOINCCodes</b>										
		<b>Lead Tests</b>	27129-6, 10368-9, 5674-7, 10912-4, 77307-7, 14807-2, 32325-3, 25459-9, 17052-2										
<p><b>Immunizations for Adolescents (IMA)</b></p> <p>Adolescents 13 years of age who received the following vaccines on or before their 13<sup>th</sup> birthday:</p> <ul style="list-style-type: none"> <li>● <b>1 Meningococcal Vaccine</b> (must be completed on or between the 11<sup>th</sup> and 13<sup>th</sup> birthdays)</li> <li>● <b>1 Tdap</b> (must be completed on or between the 10<sup>th</sup> and 13<sup>th</sup> birthdays)</li> <li>● <b>2 or 3 Doses of Human Papillomavirus Vaccine</b> (entire series completed between the 9<sup>th</sup> and 13<sup>th</sup> birthdays)</li> </ul>	<p><b>Specifications:</b></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"> <li>● A note indicating the name of the specific antigen and the date of service, <b>or</b></li> <li>● A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</li> </ul> <p>Meningococcal conjugate or meningococcal polysaccharide vaccine <u>on or between the 11<sup>th</sup> and 13<sup>th</sup> birthdays</u>.</p> <p>Tdap <u>on or between the 10<sup>th</sup> and 13<sup>th</sup> birthdays</u>.</p> <p><b>At least two HPV vaccines, with different dates of service on or between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays. There must be at least 146 days between the first and second dose of the HPV vaccine.</b></p> <p><b>At least three HPV vaccinations, with different dates of service, on or between the member's 9<sup>th</sup> and 13<sup>th</sup> birthdays.</b></p>	<b>Immunization</b>	<b>Codes</b>										
		Meningococcal	90619, 90623, 90733, 90734										
		Tdap	90715										
<p><b>Childhood Immunization Status – Combo 10 (CIS)</b></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="279 1489 589 1946"> <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><b>All vaccines must be completed on or before the child's 2<sup>nd</sup> birthday.</b></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><b>Specifications:</b></p> <p>For MMR, Hepatitis B, VZV &amp; Hepatitis A, count any of the following</p> <ul style="list-style-type: none"> <li>● Evidence of the antigen or combination vaccine, OR</li> <li>● Documented history of the illness, <b>OR</b></li> <li>● A seropositive test result for each antigen</li> </ul> <p>For DTaP, IPV, HiB, Pneumococcal conjugate, Rotavirus &amp; Influenza, count <b>only</b> the following.</p> <ul style="list-style-type: none"> <li>● Evidence of the antigen or combination vaccine.</li> </ul> <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><b>DTaP*</b>: At least <b>four (4)</b> DTaP vaccinations, with different dates of service.</p> <p><b>IPV*</b>: At least <b>three (3)</b> IPV vaccinations, with different dates of service.</p> <p><b>MMR*</b>: At least <b>one (1)</b> MMR vaccination, with a date of service falling on or before the child's second (2<sup>nd</sup>) birthday.</p> <p><b>HiB*</b>: At least <b>three (3)</b> HiB vaccinations, with different dates of service.</p> <p><b>Hepatitis B</b>: At least <b>three (3)</b> hepatitis B vaccinations, with different dates of service.</p> <p><b>VZV*</b>: At least <b>one (1)</b> VZV vaccination, with a date of service falling on or before the child's second (2<sup>nd</sup>) birthday.</p> <p><b>Pneumococcal Conjugate*</b>: At least <b>four (4)</b> pneumococcal conjugate vaccinations, with different dates of service.</p> <p><b>Hepatitis A</b>: <b>One (1)</b> hepatitis A vaccination, with a date of service falling on or before the child's second (2<sup>nd</sup>) birthday.</p> <p><b>Rotavirus*</b>: The child must receive the required number of rotavirus <b>two (2) doses or three (3) doses</b>, depending on which vaccine is administered, with different dates of service.</p> <p><b>Influenza*</b>: <b>Two (2)</b> influenza vaccinations, with different dates of service.</p> <p>*Vaccines administered prior to 42 days after birth will not count.</p> <p>^ Vaccines administered prior to child's first birthday will not count.</p> <p>+Vaccines administered prior to 6 months (180 days) after birth will not count.</p>	<b>Immunization</b>	<b>Codes</b>
	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)											
	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, 90671, 90677											
Hepatitis A	90633												
Rotavirus (2-3 dose schedules)	90681 (2 dose) 90680 (3 dose)												
Influenza	90655, 90657, 90661, 90673, 90685-90689, 90756												