

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>Chlamydia Screening (CHL)</p> <p>Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia 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 <p>Members identified as sexually active:</p> <ul style="list-style-type: none"> Pregnancy Contraceptive prescribed STI Screening Pregnancy Test Completed 	Chlamydia Screening	87110, 87270, 87320, 87490-87492, 87810
HEDIS® Measure & Description	Medical Record Documentation Needed	Category	Medication
<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>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 or discharge with asthma as the principal diagnosis OR At least four (4) outpatient visits or observation visits, telephone visits or e-visits or virtual check-ins 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 for any controller or reliever medication. 	Antibody Inhibitor	<ul style="list-style-type: none"> Omalizumab
		Anti-interleukin-4	<ul style="list-style-type: none"> Dupilumab
		Anti-interleukin-5	<ul style="list-style-type: none"> Benralizumab Mepolizumab
		Inhaled Steroid Combinations	<ul style="list-style-type: none"> Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol
		Inhaled Corticosteroids	<ul style="list-style-type: none"> Beclomethasone Budesonide Ciclesonide Flunisolide Mometasone
		Leukotriene Modifiers	<ul style="list-style-type: none"> Montelukast Zafirlukast Zileuton
		Methylxanthines	<ul style="list-style-type: none"> Theophylline
HEDIS® Measure & Description	Medical Record Documentation Needed	CPT Codes	ICD-10 Codes

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<p>Well-Child Visits in the First 30 Months of Life (W30)</p> <p>Part I: Children who turned 15 months old during the measurement year and who had at least 6 well child visits with a 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 PCP.</p>	<p>Specifications: 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, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2</p>
<p>Well-Child Visits 3-21 Years of Age (WCV)</p> <p>Children 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>CPT Codes or Diagnosis Codes</p>	
<p>Measure & Description</p>	<p>Medical Record Documentation Needed</p>	<p>IHA Visit Codes</p>	
<p>Initial Health Appointment (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> <ul style="list-style-type: none"> • Comprehensive history • Preventive services • Comprehensive physical and mental status exam • Diagnosis and plan of care 	<p>Specifications: 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 	<p>99202-99205, 99211-99215, 99242-99244, 99304-99306, 99341-99345, 99347-99349, 99381-99387, 99391-99397, 99406, 99407, 99461</p>	<p>Z00.00, Z00.01, Z00.110, Z00.121, Z00.129, Z00.8</p>
<p>HEDIS® Measure & Description</p>	<p>Medical Record Documentation Needed</p>	<p>Immunization</p>	<p>Codes</p>

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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 <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>	Meningococcal	90619, 90623, 90733, 90734
		Tdap	90715
		Human Papillomavirus (HPV)	90649, 90650, 90651
HEDIS® Measure & Description	Medical Record Documentation Needed	LOINC Codes	
<p>Lead Screening (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 from 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 	27129-6, 10368-9, 5674-7, 10912-4, 77307-7, 14807-2, 32325-3, 25459-9, 17052-2	

HEDIS® Measure & Description	Medical Record Documentation Needed	Immunization	Codes
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<p>Childhood Immunization Status – Combo 10 (CIS)</p> <p>Children 2 years of age who had the following vaccines on or before their second birthday:</p> <table border="1" data-bbox="115 349 630 852"> <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:</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><i>*Vaccines administered prior to 42 days after birth will not count.</i> <i>^ Vaccines administered prior to child's first birthday will not count.</i> <i>+Vaccines administered prior to 6 months (180 days) after birth will not count.</i></p>	<table border="1"> <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, 90671, 90677</td> </tr> <tr> <td>Hepatitis A</td> <td>90633</td> </tr> <tr> <td>Rotavirus (2-3 dose schedules)</td> <td>90681 (2 dose schedule) 90680 (3 dose schedule)</td> </tr> <tr> <td>Influenza</td> <td>90655, 90657, 90661, 90673, 90685-90689, 90756</td> </tr> </table>		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 schedule) 90680 (3 dose schedule)	Influenza	90655, 90657, 90661, 90673, 90685-90689, 90756
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<p>Topical Fluoride for Children (TFL-CH)</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"> • Dental OR oral health services • Dental services • Oral health services 	<p>Specifications:</p> <ul style="list-style-type: none"> • Use all outpatient visits to identify opportunities for applying varnish • Avoid using D codes (such as D1206, D1208) as they will not trigger compliance • Use appointment reminders as opportunities to request parent/guardian bring any dental visit paperwork in • Work fluoride varnish inquiry in to visit note template • Self-reporting is an acceptable form of supplemental data when not performing service in primary care setting. Documentation of exact DOS is required. • Use CHA TFL self-reporting template 	<p>99188</p>
<p>Developmental Screening in the First Three Years of Life (DEV-CH)</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>Specifications:</p> <ul style="list-style-type: none"> • 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 • Only use the CPT code (96110), as no other developmental screening codes will trigger compliance • If submitting supplemental data, the result/score must be documented on the submitted evidence • Work developmental screening into age-appropriate visit templates • Use a validated screening tool. Samples of approved tools include but are not limited to: Ages & Stages Questionnaire (ASQ), Ages and Stages Questionnaire (ASQ-3), Battelle Developmental Inventory Screening Tool (BDI-ST), Bayley Infant Neuro-developmental Screen (BINS), Brigance Screens-II, Child Development Inventory (CDI), Infant Development Inventory, Parents' Evaluation of Developmental Status (PEDS), Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM), Survey of Well Being of Young Children (SWYC) • The M-CHAT and ASQ-SE are not approved for use to meet measure compliance 	<p>96110</p>