

# HEDIS™

## Quick Reference Guide



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# HEDIS™ Quick Reference Guide

Updated to reflect NCQA HEDIS 2018 Technical Specifications

Absolute Total Care strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. We created the HEDIS Quick Reference Guide to help you increase your practice's HEDIS rates. Please always follow the state and/or Centers for Medicare & Medicaid Services (CMS) billing guidance and ensure the HEDIS codes are covered prior to submission.

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## WHAT IS HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, healthcare providers, and policy makers.

## WHAT ARE THE SCORES USED FOR?

As state and federal governments move toward a quality-driven healthcare industry, HEDIS rates are becoming more important for both health plans and individual providers. State purchasers of healthcare use aggregated HEDIS rates to evaluate health insurance companies' efforts to improve preventive health outreach for members.

Physician-specific scores are also used to measure your practice's preventive care efforts. Your practice's HEDIS score determines your rates for physician incentive programs that pay you an increased premium — for example Pay For Performance or Quality Bonus Funds.

## HOW ARE 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. 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 claims/encounter data reduces the need for medical record review. If services are not billed or not billed accurately, they are not included in the calculation.

## HOW CAN I IMPROVE MY HEDIS SCORES?

- Submit claims/encounter data for each and every service rendered
  - Make sure that chart documentation reflects all services billed
  - Bill (or report by encounter submission) for all delivered services, regardless of contract status
  - Ensure that all claim/encounter data is submitted in an accurate and timely manner
  - Consider including CPT II codes to provide additional details and reduce medical record requests
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## QUESTIONS?

 [absolutetotalcare.com](http://absolutetotalcare.com)

 1-866-433-6041

Providers and other healthcare staff should document to the highest specificity to aid with the most correct coding choice.

Ancillary staff:  
Please check the tabular list for the most specific ICD-10 code choice.

This guide has been updated with information from the July 2017 release of the HEDIS® 2018 Volume 2 Technical Specifications by NCQA and is subject to change.

 For more information, visit [www.ncqa.org](http://www.ncqa.org)

## ADULT HEALTH



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## AMBULATORY/PREVENTIVE HEALTH SERVICES

This measure evaluates the percentage of members age 20 years and older who had at least one ambulatory or preventive care visit per year. Services that count include outpatient evaluation and management (E&M) visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

### Ambulatory Residential/Nursing Facility E&M Visits

CPT	ICD-10	HCPCS
OUTPATIENT: 99201-99205, 99211-99215 CONSULTATIONS: 99241-99245 NURSING FACILITY, CUSTODIAL CARE: 99341-99345, 99347-99350, 99401-99404 PREVENTIVE MEDICINE: 99381-99387, 99391-99397 COUNSELING: 99401-99404, 99411-99412 OTHER: 92002, 92004, 92012, 92014, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99429	Z00.00, Z00.01, Z00.121, Z02.6, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9	G0402, G0438, G0439, G0463, T1015, S0620- S0621

## ALCOHOL AND OTHER DRUG ABUSE OR DEPENDENCE TREATMENT

This measure evaluates the percentage of adolescent and adult members with a new episode of alcohol or other drug abuse or dependence (AOD) who:

- Initiated dependence treatment within 14 days of their diagnosis
- Continued treatment with two or more additional services within 34 days of the initiation visit

For the follow-up treatments, include an ICD-10 diagnosis for Alcohol or Other Drug Dependence from the Mental, Behavioral, and Neurodevelopmental Disorder Section of ICD-10 along with a procedure code for the preventive service, evaluation, and management consultation or counseling service (see codes below).

### Treatment Codes to Be Used with Diagnosis Codes

CPT	HCPCS
EDUCATION: 98960-98962, 99078 E&M: 99201-99205, 99211-99215, 99217-99220 CONSULTATION: 99241-99245 ASSISTED LIVING/HOME CARE OVERSIGHT: 99341-99345, 99347-99350, PREVENTIVE SERVICES: 99384-99387, 99394-99397 COUNSELING: 99401-99404, 99408, 99409, 99411-99412, 99510 ONLINE ASSESSMENTS: 98969, 99444 TELEHEALTH MODIFIER: 95, GT TELEPHONE VISITS: 98966-98968, 99441-99443	G0155, G0176, G0177, G0396, G0397, G0463, G0409-G0411, G0443, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, J0571-J0575, J2315, M0064, S0109, S0201, S9480, S9484, S9485, T1006, T1012, T1015

### Treatment in Office

Use service codes below with the diagnosis code AND a place of service code:

CPT	POS
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876	03, 05, 07, 09, 11-20, 22, 33, 49-50, 52-53, 57, 71-72

## Treatment in Community Mental Health Center or Psychiatric Facility

Use the service codes below with the diagnosis code and the place of service (POS) code:

CPT	POS
99221-99223, 99231-99233, 99238, 99239, 99251-99255	52 and 53

## ASTHMA (Medication Management)

This measure evaluates the percentage of patients ages 5-64 who were identified as having persistent asthma and were dispensed appropriate medications which they remained on during the treatment period within the past year.

RATES	APPROPRIATE MEDICATIONS
<b>Medication Compliance 50%:</b> Members who were covered by one asthma control medication at least 50% of the treatment period	Antiasthmatic combinations, Antibody inhibitors, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Mast cell stabilizers, Methylxanthines
<b>Medication Compliance 75%:</b> Members who were covered by one asthma control medication at least 75% of the treatment period	

## BMI ASSESSMENT

This measure demonstrates the percentage of members ages 18-64 who had their body mass index (BMI) documented in the past two years. Recommendation is for adults to have BMI assessed at least every two years.

- 1) For patients 20 and over: Code the BMI value on the date of service.
- 2) For patients younger than 20, code the BMI percentile on the date of service.
- 3) Ranges and thresholds do NOT meet criteria; a distinct BMI value or percentile is required.

ICD-10
<b>ICD-10 BMI Value set</b> Z68.1, Z68.20-Z68.39, Z68.41-Z68.45; <b>ICD-10 BMI Percentile Value Set</b> Z68.51-Z85.54

## COPD EXACERBATION (Pharmacotherapy Management)

This measure evaluates the percentage of COPD exacerbations for members age 40 and older, had an acute inpatient discharge or ED visit, and who were dispensed appropriate medications.

Intent is to measure compliance with recommended pharmacotherapy management for those with COPD exacerbations.

RATES	DESCRIPTION
<b>Systemic Corticosteroid:</b> Dispensed prescription for systemic corticosteroid within 14 days after the episode.	Glucocorticoids
<b>Bronchodilator:</b> Dispensed prescription for a bronchodilator within 30 days after the episode date.	Anticholinergic agents, Beta 2-agonists, Methylxanthines, Antiasthmatic combinations

### COPD (Spirometry Testing in the Assessment and Diagnosis)

This measure evaluates the percentage of members age 40 and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. Spirometry testing should be completed within six months of the new diagnosis or exacerbation.

CPT
94010, 94014-94016, 94060, 94070, 94375, 94620

### DIABETES CARE (Comprehensive)

This measure demonstrates the percentage of members ages 18-64 with diabetes (types 1 & 2) who were compliant in each of the following submeasures:

**HbA1c Test:** Is completed at least once per year (includes rapid A1c).

CPT	HCPCS
83036, 83037	—

**Eye Exam:** A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) completed every year OR a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior OR bilateral eye enucleation anytime during the member's history. Practitioners who are not eye care professionals may indicate a low risk for retinopathy due to a negative retinal exam the year prior by using CPT II code 3072F.

CPT	CPT II	HCPCS
65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114; with a bilateral modifier: 50, 09950, 67028, 67030-67031, 67036, 67039-67043, 67101, 67105, 67107-67108, 67110, 67112-67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220-67221, 67227-67228, 92002, 92004, 92012, 92014, 92018-92019, 92134, 92225-92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245	2022F, 2024F, 2026F, 3072F	S0620, S0621, S3000

**Nephropathy Screening Test:** A urine protein test to screen for nephropathy performed at least once per year. A member who is being treated for nephropathy (on ACE/ARB), has evidence of ESRD, stage 4 chronic kidney disease, a history of a kidney transplant, or is being seen by a nephrologist is compliant for this submeasure.

### Urine Protein Tests

CPT	CPT II	HCPCS
81000-81003, 81005, 82042-82044, 84156, 50300, 50320, 50340, 50360, 50365, 50370, 50380 (Kidney Transplant)	3060F-3062F, 3066F, 4010F	G0257, S9339, S2065

### BP Control

CPT	CPT II	HCPCS
99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99455-99456, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337		G0402, G0438-G0439, G0463, T1015

### MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS (Annual)

**ACE Inhibitors or ARBs:** Members who are 18 years of age and older who received at least 180 treatment days of ACE inhibitors or ARBs within the past year should have at least one:

- Serum potassium and one serum creatinine test annually

**Digoxin:** Members who are 18 years of age and older who received at least 180 treatment days of digoxin within the past year should have at least one:

- Serum potassium, one serum creatinine test, and one serum digoxin test annually

**Diuretics:** Members who are 18 years of age and older who have received at least 180 treatment days of a diuretic within the past year should have at least one:

- One serum potassium and one serum creatinine test annually

DESCRIPTION	CPT
Lab panel	80047, 80048, 80050, 80053, 80069
Serum potassium (K+)	80051, 84132
Serum creatinine (SCr)	82565, 82575
Digoxin level	80162

### PERSISTENCE OF BETA-BLOCKER TREATMENT AFTER A HEART ATTACK

This measure evaluates the percentage of members age 18 and older who were hospitalized and discharged with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.



DESCRIPTION	MEDICATIONS
<b>Non-cardioselective beta-blockers</b>	Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol
<b>Cardioselective beta-blockers</b>	Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol
<b>Antihypertensive combinations</b>	Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol

## WOMEN'S HEALTH



## BREAST CANCER SCREENING

This measure evaluates the percentage of women ages 50–64 who had a mammogram at least once in the past 27 months. Women who have had a bilateral mastectomy are exempt from this measure. Diagnostic screenings are not compliant.

### Mammography Screening

CPT	HCPCS
77055-77057, 77061-77063, 77065-77067	G0202, G0204, G0206

### History of Bilateral Mastectomy

ICD10
Z90.13

## CERVICAL CANCER SCREENING

This measure evaluates the percentage of women ages 21–64 who were screened for cervical cancer using either of the following criteria:

- 1) Cervical cytology performed every three years for women ages 21–64
- 2) Cervical cytology/human papillomavirus (HPV) co-testing performed every five years (must occur within four days of each other) for women ages 30–64. \*\*HPV testing in response to a positive cervical cytology test is not compliant.
- 3) Women who have had a hysterectomy without a residual cervix are exempt from this measure.

### Cervical Cytology Codes (Ages 21-64)

CPT	HCPCS
88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

### HPV Code: Ages 30-64 Code from Cervical Cytology Plus One

CTP	HCPCS
87620-87622, 87624, 87625	G0476

### Absence of Cervix

CPT	ICD10
51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58951, 58953, 58954, 59856, 59135	Q51.5, Z90.710, Z90.712

## CHLAMYDIA SCREENING

This measure evaluates the percentage of women ages 16-24 who are sexually active who had at least one test for chlamydia during the year. Chlamydia tests can be completed using any method, including a urine test. "Sexually active" is defined as a woman who has had a pregnancy test, testing or diagnosis of any other sexually transmitted disease, is pregnant, or has been prescribed birth control.

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

## POSTPARTUM VISITS

Measure evaluates the percentage of women who delivered a baby and who had their postpartum visit on or between 21 and 56 days after delivery (three and eight weeks). If a bundled service code is used, submit the encounter for the postpartum service using a code below.

### Any Postpartum Visit

CPT	ICD-10	HCPCS
57170, 58300, 59430, 99501, 0503F (CPT II)	Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2	G0101

### Any Cervical Cytology Procedure

CPT	HCPCS
88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175	G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091

## PRENATAL VISITS

### TIMELINESS OF FIRST VISIT

This measure evaluates the percentage of pregnant women who had their first prenatal visit in the first trimester or within 42 days of enrollment with the plan.

If a bundled service code is used, submit any prenatal visits as encounters to count

- For OB or primary care provider (PCP) types, choose **to submit Stand Alone Prenatal Visit** codes
- OB provider types may also submit any **Prenatal Visit** code in conjunction with any code for **Other Prenatal Services**
- PCP types can also submit any **Stand Alone Prenatal Visit** code and any code for **Other Prenatal Services** along with a **pregnancy diagnosis**.
- **Other Prenatal Services** (any one listed): Obstetric Panel, Prenatal Ultrasound, Cytomegalovirus and Antibody Levels for Toxoplasma, Rubella, and Herpes Simplex, Rubella antibody and ABO, Rubella and Rh, Rubella and ABO/Rh

**Stand Alone Prenatal Visit Codes**

CPT	HCPCS
99500, 0500F, 0501F, 0502F	H1000-H1004

**Prenatal Visit Codes (to Use with Pregnancy Diagnosis or Other Prenatal Services)**

99201-99205, 99211-99215, 99241-99245	G0463, T1015
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## PEDIATRIC HEALTH



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## ACCESS TO PRIMARY CARE PROVIDERS

This measure evaluates the percentage of children ages 12 months–19 years who had an outpatient visit within the year with a primary care provider (PCP)

### Office or Other Outpatient Services

CPT
99201-99205, 99211-99215, 99241-99245

### Home Services

CPT
99341-99345, 99347-99350

### Preventive Medicine

CPT	HCPCS
99381-99387, 99391-99397, 99401-99404, 99411 99412, 99429	G0402, G0438, G0439, G0463, T1015

### General Medical Examination

ICD-10
Z00.129, Z00.00, Z00.01, Z00.121, Z00.5, Z00.8, Z02.0 - Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9

## ADHD MEDICATION FOLLOW-UP CARE

This measure demonstrates the percentage of children ages 6–12 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. The intent of the measure is to assess medication impact and side effects and therefore, visits with a counselor does not count. The visit should be with a provider with prescribing authority. Two rates:

**Initiation Phase:** One face-to-face outpatient follow-up visit with a prescribing provider within 30 days after the date the ADHD medication was newly prescribed.

CPT	HCPCS
<b>Health/Behavior Assessment:</b> 96150-96154 <b>Education:</b> 98960-98962, 99078 <b>Office or Outpatient Visit:</b> 99201-99205, 99211-99215, 99217-99220, 99241-99245 <b>Assisted Living/Home Care Oversight:</b> 99341-99345; 99347-99350, 99510 <b>Preventive Medicine:</b> 99381-99384, 99391-99394 <b>Counseling:</b> 99401-99404, 99411-99412	G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

CPT	POS
90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876	WITH 03, 05, 07, 09, 11-20, 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 31-210 days after the first ADHD medication was newly prescribed. One of the two visits may be a telephone visit with the prescribing provider.

CODES TO IDENTIFY VISITS	CPT CODES TO IDENTIFY TELEPHONE VISITS / TELEHEALTH MODIFIER
Any code noted above in the initiation phase.	98966-98968, 99441-99443/ 95, GT

## ASTHMA (MEDICATION MANAGEMENT)

This measure evaluates the percentage of patients ages 5-64 who were identified as having persistent asthma and were dispensed appropriate medications which they remained on during the treatment period within the past year.

RATES	APPROPRIATE MEDICATIONS
<b>Medication Compliance 50%:</b> Members who were covered by one asthma control medication at least 50% of the treatment period	Antiasthmatic combinations, Antibody inhibitor, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Mast cell stabilizers, Methylxanthines and Short-acting, inhaled beta-2 agonists
<b>Medication Compliance 75%:</b> Members who were covered by one asthma control medication at least 75% of the treatment period	

## IMMUNIZATIONS

**Childhood Immunizations:** Percentage of children that have had all of the required immunizations listed below by age 2.

Note: Parent refusal for any reason is not a valid exclusion.

IMMUNIZATION	DETAILS	CPT	HCPCS	CVX
DTaP	At least 4 doses < age 2	90698, 90700, 90721, 90723	—	20, 50, 106, 110, 120
IPV	At least 3 doses < age 2	90698, 90713, 90723	—	10, 89, 110, 120
MMR	At least 1 dose < age 2	90707, 90710	—	03, 94
		Measles/Rubella-90708	—	04
		Mumps-90704, Measles-90705, Rubella-90706	—	Mumps-07, Measles-05, Rubella-06

## IMMUNIZATIONS (CONTINUED)

IMMUNIZATION	DETAILS	CPT	HCPCS	CVX
HiB	At least 3 doses < age 2	90644-90648, 90698, 90721, 90748	—	17, 46-51, 120, 148
Hepatitis B	At least 3 doses < age 2	90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110
VZV	At least 1 dose < age 2	90710, 90716	—	21, 94
Pneumococcal	At least 4 doses < age 2	90669, 90670	G0009	100, 133, 152
Hepatitis A	At least 1 dose < age 2	90633	—	31, 83, 85
Rotavirus <sup>1</sup>	Before age 2: 2 doses of 2-dose vaccine; 1 dose of the 2 dose vaccine and 2 doses of the 3 dose vaccine or 3 doses of the 3 dose vaccine	2 dose schedule-90681  3 dose schedule-90680	—	119  116, 122
Influenza	At least 2 doses < age 2	90655, 90657, 90661, 90662, 90673, 90685-90688	G0008	88, 135, 140-141, 150, 153, 155, 158, 161

One record must document if Rotavirus is 2 or 3 dose vaccine.

**Adolescent Immunizations:** Percentage of adolescents turning 13 who had all the required immunizations listed below.

Meningococcal	1 dose on or between 11th and 13th birthdays	90734	—	108, 136, 147
Tdap	1 dose on or between 10th and 13th birthdays	Tdap-90715	—	115
Human Papillomavirus (HPV)	2 dose or 3 dose series on or between 9th and 13th birthdays	90649-90651	—	62, 118, 137, 165

## Exclusions for Immunizations

### Any vaccine

#### DtaP

#### MMR, VZV, and influenza

- Anaphylactic reaction
- Encephalopathy with a vaccine adverse-effect
- Immunodeficiency
- HIV
- Lymphoreticular cancer, multiple myeloma, or leukemia
- Anaphylactic reaction to neomycin
- Severe combined immunodeficiency
- History of intussusception
- Anaphylactic reaction to streptomycin, polymyxin B, or neomycin
- Anaphylactic reaction to common baker's yeast

### Rotavirus

#### IPV

#### Hepatitis B

## LEAD SCREENING IN CHILDREN

This 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

## PHARYNGITIS (APPROPRIATE TESTING)

This measure evaluates the percentage of children ages 3-18 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). Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim. Rapid strep tests in the office are acceptable and should be billed.

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

## UPPER RESPIRATORY INFECTION (APPROPRIATE TREATMENT)

This measure evaluates the percentage of children ages 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.

## WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY

This measure demonstrates the percentage of members ages 3–17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following completed at least annually: 1) BMI percentile documentation; 2) counseling for nutrition; 3) counseling for physical activity.

DESCRIPTION	CPT	ICD-10 DIAGNOSIS	HCPCS
BMI Percentile	—	Z68.51-Z68.54	—
Counseling for Nutrition	97802-97804	Z71.3	G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	—	Z71.82	G0447, S9451

Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. The percentile ranking is based on the Centers for Disease Control and Prevention's (CDC) BMI-for-age growth charts.

Pregnant members excluded.

### WELL CHILD AND ADOLESCENT WELL CARE VISITS

Components of a comprehensive well visit include:

- 1) A health history; 2) a physical developmental history; 3) a mental developmental history;
- 4) a physical exam; and 5) health education/anticipatory guidance.

Visits must be with a PCP (pediatrician, family practice, OB/GYN), even though the PCP does not have to be the practitioner assigned to the child. Assessment or treatment of an acute or chronic condition do not count toward the measure. Use age-appropriate codes when submitting well child visits. Do not include services rendered during an inpatient or ED visit.

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

This measure evaluates the percentage of infants who had six comprehensive well care visits within the first 15 months of life. Initial hospital care for evaluation and management of normal newborn infant counts toward the measure (99461).

CPT	ICD-10 DIAGNOSIS	HCPCS
99381, 99382, 99391, 99392, 99461	Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9, Z00.5	G0438, G0439

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

This measure evaluates the percentage of children ages 3, 4, 5, or 6 years old who had at least one comprehensive well care visit per year.

CPT	ICD-10 DIAGNOSIS	HCPCS
99382, 99383, 99392, 99393	Z00.121, Z00.129, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9	G0438, G0439

### Adolescent Well Care Visits

This measure evaluates the percentage of adolescents ages 12–21 years old who had at least one comprehensive well care visit per year.

CPT	ICD-10 DIAGNOSIS	HCPCS
99384, 99385, 99394, 99395	Z00.00, Z00.01, Z00.121, Z00.129, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9	G0438, G0439

