



**AETNA BETTER HEALTH® OF VIRGINIA**

*Helpful HEDIS® Documentation Tips for Pediatric Providers*

HEDIS Measure Definition	What You Can Do	Coding/Tips
<p><b>AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis</b></p> <p>Members aged 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.</p> <p>This measure used to be for adults only and now includes everyone ages 3 months and older.</p>	<p>Treat acute bronchitis primarily with home treatments to relieve symptoms. Antibiotics don't usually help (viral).</p> <p>Of course, some patients have comorbid conditions and require antibiotics. These patients would be excluded from this measure reporting. A diagnosis of pharyngitis on the same day or in the 3 days after also exclude this member.</p> <p>Educate patients about overuse of antibiotics and resistance.</p>	<p>Acute Bronchitis or Bronchiolitis: ICD-10 CM Codes: J20.3-J20.9, J21.0-J21.1, J21.8-J21.9</p>
<p><b>AAM - Antidepressant Medication Management</b></p> <p>Patients 18 years of age and older who were newly treated with antidepressant medication, had a diagnosis of major depression and who remained on antidepressant medication treatment.</p> <p>Two rates are reported: Effective Acute Phase: Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks).</p> <p>Effective Continuation Phase: Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).</p>	<p>Educate patients that medication may take several weeks to become effective, they should call with any potential medication concerns/reactions.</p> <p>Stress that they should not stop medication abruptly or without consulting you first for assistance.</p> <p>Schedule follow up appointments prior to patient leaving your office.</p> <p>Outreach patients that cancel appointments and have not rescheduled.</p> <p>Stress the importance of medication compliance.</p>	<p>ICD-10 CM Codes for Major Depression: F32.0-F32.4, F32.9, F33.0-F33.3, F33.41, F33.9</p>
<p><b>ABA - Adult BMI Assessment</b></p> <p>Documentation of body mass index (BMI) and weight annually or every other year in members 18—74 years of age.</p>	<p>Perform and document criteria of Ht/Wt/BMI calculation at each visit or at least annually.</p> <p>Patients younger than 20 years old need to have a BMI percentile documented</p> <p>Note: Pregnant members are excluded from this measure.</p>	<p>ICD-10 CM Codes: BMI - Z68.1, Z68.20-Z68.29, Z68.30-Z68.39, Z68.41-Z68.45 BMI Percentile - Z68.51-Z68.54</p>

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<p><b>ADD - Follow-Up Care for Children Prescribed ADHD Medication</b></p> <p>Children 6-12 years of age, newly prescribed ADHD medication who had at least 3 follow-up visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.</p> <p>Two rates are reported:                      Initiation Phase: A follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase</p> <p>Continuation Phase: children that remained on the ADHD medication for at least 210 days, and in addition to the visit in the Initiation Phase, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>	<p>When prescribing a new ADHD medication for a patient, schedule the initial follow-up appointment before the patient leaves the office.</p> <p>Explain to the parent/guardian the importance of follow-up care.</p> <p>Schedule the initial follow-up for 2-3 weeks after starting the medication.</p> <p>No refills unless the child has the initial follow-up visit.</p> <p>After the initial follow-up visit, schedule at least 2 more visits over the next 9 months to check the child's progress.</p> <p>Encourage parents/caregivers to ask questions about their child's ADHD</p>	<p>BH Stand Alone OP Visit Codes CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381- 99387, 99391-99397, 99401-99404, 99411, 99412, 99483, 99510</p> <p>HCPCS: G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036-H0037, H0039-H0040, H2000, H2010-H2011, H2013-H220, M0064, T1015</p> <p>UB REV: 0510, 0513, 0515-0517, 0519-0523, 0526-0529, 0900, 0902-0904, 0911, 0914 -0917, 0919, 0982, 0983</p> <p>Observation Visit CPT Codes: 99217-99220</p> <p>Health and Behavior Assessment/Intervention CPT Codes: 96150-96159, 96164-96168, 96170-96171</p> <p>Intensive OP encounter/Partial Hospitalization Codes                      HCPCS: G0410-0411, H0035, H2001, H2012, S0201, S9480, S9484-9485</p> <p>UBREV: 905, 907, 912, 913</p> <p>CPT codes that require a POS code:                      CPT: 90791-90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p> <p>POS: 2, 3, 5, 7, 9, 11-20, 22, 33, 49, 50, 52, 53, 71, 72</p>
<p><b>ADV—Annual Dental Visit</b></p> <p>Members 2-20 years of age who had at least one dental visit during the measurement year.</p>	<p>Educate parents/guardians about the importance of brushing from an early age as well as dental visits as early as age 2.</p> <p>Ask when the last dental visit was and remind them to schedule one if they have not been.</p>	<p>Any claim with a dental practitioner during the measurement year meets compliance.</p>

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<p><b>CBP - Controlling High Blood Pressure</b></p> <p>Members 18-85 years of age with a diagnosis of hypertension (HTN) and have adequately controlled BP (&lt;140/90)</p> <p>*See exclusion note on first page.</p>	<p>If BP is elevated (140/90 or greater) at initial vital sign assessment, alleviate potential factors that might cause temporary elevation and re- take BP during exam.</p> <p>Make sure you use the correct size cuff.</p> <p>If using a machine, record the actual number, do NOT round up.</p> <p>Schedule follow up visits to monitor effective- ness of BP medication.</p> <p>BP readings that are member-reported and/ or taken with remote digital monitoring de- vices are now acceptable.</p>	<p>ICD-10 CM Code: I10</p> <p>Blood pressure value CPT II codes are now acceptable to meet compliance</p> <p>Blood Pressure CPT Codes: Systolic BP: &lt; 130 3074F, 130-139 3075F ; &gt;/= to 140 3077F Diastolic BP: 80-89 3079F; &lt; 80 3078F; &gt;/= 90 3080F</p> <p>Optional Exclusions: End Stage Renal Disease (ESRD) or a kidney transplant on or prior to December 31st of the measurement year or a diagnosis of pregnancy during the measurement year or a nonacute inpatient admission during the year.</p>
<p><b>CDC – Comprehensive Diabetes Care</b></p> <p>Members 18-75 years of age with diabetes should have each of the following:</p> <ul style="list-style-type: none"> <li>• HbA1C control (A1C &lt; 8) (HBD)</li> <li>• HbA1C poor control (A1C &gt;9) (HBD)</li> <li>• Retinal eye exam (refer for exam) (EED)</li> <li>• Blood pressure control (&lt;140/90) (BPD)</li> </ul> <p>*See exclusion note on first page</p>	<p>Order screenings annually or more often as needed and educate member on importance of compliance with testing and medications.</p> <p>Refer member to Optometrist or Ophthalmologist for Dilated Retinal Eye Exam annually. Explain to patients why this is important and that it is different than an eye for glasses or contacts.</p>	<p>CPT II HbA1c Result Codes HbA1c level less than 7.0: 3044F</p> <p>HbA1c level greater than 9.0: 3046F</p> <p>HbA1c level greater &gt; or = 7 and &lt; 8: 3051F HbA1c level greater &gt; or = 8 and &lt; 9: 3052F</p> <p>Blood Pressure CPT Codes: Systolic BP: &lt; 130 3074F, 130-139 3075F &gt;/= to 140 3077F Diastolic BP: 80-89 3079F; &lt; 80 3078F; &gt;/= 90 3080F</p>
<p><b>CHL - Chlamydia Screening in Women</b></p> <p>Women 16-24 years of age who are identified as sexually active and have at least one Chlamydia test annually.</p>	<p>Educate women about STDs, transmission and the importance of testing.</p> <p>Perform routine urine test for Chlamydia, document and submit claims timely.</p>	<p>CPT Codes: 87110, 87270, 87320, 87490-87492, 87810</p>

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<p><b>CIS/LCS - Childhood Immunization Status and Lead Screening in Children</b></p> <p>Children who received recommended vaccinations prior to second birthday.</p> <p>Children who had one or more lead blood tests for lead poisoning by their second birthday.</p> <p>Document parental refusal.</p>	<p>Educate office staff to schedule appointments PRIOR to 2nd birthday. Call families to schedule appointments for those that are behind.</p> <p>Any vaccines after the age of 2 are considered late in HEDIS reporting.</p> <p>Educate parents/guardians regarding the importance of having their child immunized as well as keeping appointments.</p> <p>Immunizations recommended: 4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hep B, 1 VZV, 4 PCV, 1 Hep A, 2 or 3 Rotavirus and 2 Influenza vaccines by the second birthday.</p> <p>Document in the medical record if member has evidence of the disease for which immunization is intended or if a contraindication to the vaccine exists.</p> <p>Lead screening test should be completed on all children before their second birthday. A lead risk questionnaire does not count; it must be a capillary or venous blood lead test.</p>	<p>Vaccine Codes DTaP CPT Codes: 90698, 90700, 90723 CVX Codes: 20, 50, 106, 107, 110, 120 IPV CPT Codes: 90698, 90713, 90723 CVX Codes: 10, 89, 110, 120 HiB CPT Codes: 90644, 90647-90648, 90698, 90748 CVX Codes: 17, 46 –51, 120, 148 HepB CPT Codes: 90723, 90740, 90744, 90747, 90748 CVX Codes: 08, 44, 45, 51, 110 HCPCS:G0010 PCV CPT Codes: 90670 CVX Codes: 133, 152 HCPCS: G0009 VZV CPT Codes: 90710, 90716 CVX Codes: 21, 94 MMR CPT Codes: 90707, 90710 CVX Codes: 03, 94 Measles CPT Code: 90705 CVX Code: 05 Measles/Rubella CPT Code: 90708 CVX Code: 04 Mumps CPT Code: 90704 CVX Code: 07 Rubella CPT Code: 90706 CVX Code: 06 Rotavirus 2 dose CPT Code: 90681 CVX Code: 119 Rotavirus 3 dose CPT Code: 90680 CVX Code: 116,122 HepA CPT Code: 90633 CVX Code: 31, 83, 85 Flu CPT Code: 90655, 90657, 90661, 90673, 90685-90689 HCPCS: G0008 CVX Codes: 88, 140, 141, 150, 153, 155, 158, 161 Live Attenuated influenza (nasal): only 1 of the 2 doses CPT Code: 90660, 90672 C VX Code: 111, 149 Lead CPT Code: 83655</p>

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<p><b>CWP - Appropriate Testing for Pharyngitis</b></p> <p>Members aged 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A strep test for the episode.</p> <p>This measure used to be for children only and now includes everyone age 3 years and older.</p>	<p>Before prescribing an antibiotic for a diagnosis of pharyngitis, perform a group A strep test.</p> <p>Document and submit claims for all appropriate diagnoses established at the visit</p> <p>Submit claim for in-office rapid strep test</p> <p>There are numerous comorbid conditions and competing diagnoses exclusions for this measure.</p>	<p>Pharyngitis ICD-10 CM Codes: J02.0, J02.8-J03.01, J03.80-J03.81, J03.90-J03.91</p> <p>Group A Strep Tests CPT Codes: 87070, 87071, 87081, 87430, 87650-87652, 87880</p>
<p><b>IMA - Immunizations in Adolescents</b></p> <p>Members who turned 13 years of age in the measurement year and received by age 13:</p> <p>Tdap vaccine: One dose between the 10th and 13th birthday</p> <p>Meningococcal Conjugate vaccine: One dose of meningococcal serogroups A,C,W, Y vaccine between the 11th and 13th birthday</p> <p>HPV vaccine: Either two doses of HPV vaccine between the 9th and 13th birthday with at least 146 days between doses OR three doses with different dates of service between the 9th and 13th birthday.</p>	<p>Educate staff to schedule prior to 13th birthday. Give call reminders for series vaccines.</p> <p>Meningococcal recombinant (serogroup B) vaccines do not count. Be sure your immunization claims and records are clear about which meningococcal was given!</p> <p>Document and submit claims timely with correct code.</p> <p>HPV rates are now reported for both females and males.</p> <p>Educate families on the importance of these immunizations.</p>	<p>Tdap CPT Code: 90715 CVX Code: 115</p> <p>Meningococcal CPT Code: 90734 CVX Codes: 108, 114, 136, 147, 167</p> <p>HPV CPT Codes: 90649, 90650, 90651 CVX Codes: 62, 118, 137, 165</p>
<p><b>MMA- Medication Management for People With Asthma</b></p> <p>Members aged 5-64, identified as having persistent asthma and dispensed appropriate medications that they remained on during the treatment period (end of calendar year)</p> <p>Two rates reported:</p> <ul style="list-style-type: none"> <li>Remained on asthma controller medication for at least 50% of the treatment period.</li> <li>Remained on asthma controller medication for at least 75% of the treatment period.</li> </ul>	<p>Schedule regular follow-up for people with persistent asthma</p> <p>Patient education about benefits of medication compliance</p> <p>Order medications that are on the member's health plan formulary</p> <p>Exclusions—anytime in patient's history</p> <p>Acute Respiratory Failure ICD-10: J96.00 -J96.02, J96.20-J96.22</p> <p>Chronic Respiratory Conditions due to Fumes/Vapors ICD-10: J68.4</p> <p>COPD ICD-10: J44.0, J44.1, J44.9</p> <p>Cystic Fibrosis ICD-10: E84.0, E84.11, E84.19, E84.8, E84.9</p> <p>Emphysema ICD-10: J43.0-J43.2, J43.8-J43.9</p> <p>Other Emphysema ICD-10: J98.2, J98.3</p>	<p>Asthma Controller Medications</p> <p>Antiasthmatic Combinations - Dyphylline-guaifenesin Antibody Inhibitor - Omalizumab Anti-interleukin-5—Benralizumab, Mepolizumab, Reslizumab</p> <p>Inhaled Steroid Combinations - Budesonise-formoterol, Formoterol-mometasone, Fluticasone-salmeterol, Fluticasone-vilanterol</p> <p>Inhaled Corticosteroids - Beclomethasone, Budesonise, Ciclesonide, Flunisolide, Fluticasone, Mometasone Leukotriene Modifiers - Montelukast, Zafirlukast, Zileuton</p> <p>Methylxanthines - Aminophylline, Theophylline</p> <p>Asthma Reliever Medications</p> <p>Short-acting, inhaled beta-2 agonists - Albuterol, Levalbut- erol</p>

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<p><b>URI - Appropriate Treatment for Upper Respiratory Infection</b></p> <p>Members aged 3 months and older with a diagnosis of upper respiratory infection (URI) and that did NOT result in an antibiotic dispensing event. This measure used to be for children only and now includes everyone over age 3 months.</p>	<p>Do not prescribe antibiotics for URI treatment.</p> <p>Document and submit appropriate diagnosis on claims if more than one diagnosis is appropriate. A competing diagnosis of pharyngitis or other infection on the same date or 3 days after will exclude the member.</p>	<p>ICD-10 CM Codes: J00, J06.0, J06.9</p>
<p><b>WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b></p> <p>Children aged 3-17 years of age who had a visit with a PCP or OB/GYN and who had BMI percentile documentation, and counseling for nutrition and physical activity</p>	<p>Document height, weight and BMI percentile at least annually.</p> <p>Discussion and documentation of nutrition and physical activity during at least one office visit annually.</p> <p>Examples                      Nutrition—discussion of current nutrition behaviors; weight or obesity counseling                      Physical Activity—discussion of current physical activity behaviors, exercise routine, sports activities; sports physical, weight or obesity counseling</p>	<p>BMI ICD-10 CM Codes: Z68.51-Z68.54</p> <p>Nutrition Counseling CD-10 CM Code: Z71.3</p> <p>CPT Codes: 97802-97804</p> <p>HCPCS: G0270, G0271, G0447, S9449, S9452, S9470</p> <p>Physical Activity Counseling ICD-10 CM Code: Z02.5 (Sports physical), Z71.82 (Exercise counseling)</p> <p>Telehealth Modifiers: 95, GT</p>

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<p><b>Well Child Visits:</b></p> <p><b>W30 - Well Child Visits in the First 30 Months of Life</b></p> <p>Two rates reported:</p> <ul style="list-style-type: none"> <li>6 or more well visits by age 15 months</li> <li>2 or more well visits between 15 and 30 months</li> </ul> <p><b>WCV - Child and Adolescent Well Care Visits</b></p> <ul style="list-style-type: none"> <li>Members 3 -21 years of age with at least one comprehensive well care visit with a primary care practitioner or an OB/GYN practitioner annually.</li> </ul> <p>Minimum of 1 required annually</p>	<p>Never miss an opportunity! Exam requirements can be performed during a sick visit or a well-child exam.</p> <p>Documentation MUST include ALL of the following:</p> <ul style="list-style-type: none"> <li>A health history – assessment of member’s history of disease or illness and family health history</li> <li>A physical development history- assessment of specific age-appropriate physical development milestones</li> <li>A mental development history – assessment of specific age-appropriate mental development milestones</li> <li>A physical exam</li> <li>Health education/anticipatory guidance– guidance given in anticipation of emerging issues that a child/family may face</li> </ul>	<p>ICD-10 CM Codes: Z00.00, Z00.01, Z00.110, Z00.111,Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.1, Z76.2 CPT Codes: 99381—99385, 99391 - 99395, 99461</p> <p>HCPCS: G0438, G0439, S0302 Telehealth Modifiers: 95, GT</p> <p>Documentation that Does NOT count as compliant: For Health History: Notation of allergies or medications or immunization status alone. If all three are documented, it meets health history</p> <p>For Physical Development History: Notation of appropriate for age without specific mention of development; notation of well-developed/ nourished; tanner stage (except for adolescents— then it meets compliance)</p> <p>For Mental Development History: Notation of appropriately responsive for age; neurological exam; notation of well-developed</p> <p>For Physical Exam: Vital signs alone; for adolescent visits to an OB/GYN they do not meet compliance if the visit is limited to OB/GYN topics</p> <p>For Health Education/Anticipatory Guidance: Information regarding medications or immunizations or their side effects. Handouts given during a visit without evidence of discussion.</p>