<table>
<thead>
<tr>
<th>CHILD/ADOLESCENT MEASURES (0 through 18 years)</th>
<th>GUIDELINE</th>
<th>HEDIS COMPLIANT CPT/ICD9 CODES DOCUMENTATION TIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well Care</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Access To PCP** | Ensure a preventive/ambulatory care PCP visit at least annually. | **Visit:** ICD-9: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9  
CPT: 99201-99205, 99211-99215, 99241-99245; 99381-99385, 99391-99395, 99401-99404, 99411, 99412, 99420, 99429 |
| **Adolescent Preventive Care** | Document risk assessment screening or counseling for adolescents 12-17yrs old annually.  
1. Sexual activity  
2. Depression  
3. Tobacco Use  
4. Substance Use  
These 4 topics are in addition to the 3 topics listed under Well Child Visits (health and development history, mental and physical), physical exam, health education/anticipatory guidance) for a total of 7 required screening/counseling indicators. | This is a 100% medical record review measure.  
Related sexual activity codes: ICD9- V65.44, V65.44, V25.0-V25.04, V25.09  
Depression Screening: V79.0  
Tobacco cessation counseling and classes: CPT: 99406, 99407; HCPCS: S9453  
If using acronyms for assessment/counseling tools, such as HEADS or TIPS, make sure all issues addressed are clearly identified/spelled out.  
Likewise, stating “Toxic Habits” is insufficient without identifying specific topics covered within that heading.  
A self administered questionnaire is a good way to cover all required topics, but the answers themselves must be in the chart. It is not sufficient to state “GAPS/ mini-GAPS completed”  
A sticker or stamp checklist for all topics is a good documentation tool. |
| Chlamydia Screening | Screen sexually active females 16-24 yrs old annually. | Chlamydia Screen: CPT: 87110,87270,87320,87490,87491,87492,87810
Do not use CPT code 87800 for Chlamydia screening; it is not specific to Chlamydia and is not HEDIS-compliant. |

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<tr>
<td>Childhood Immunizations</td>
<td>Complete immunizations on or before the child’s 2nd birthday:</td>
<td>NYC PCPs must report all immunizations electronically through the Citywide Immunization Registry. <a href="http://www.nyc.gov/html/doh/html/cir/a01.html">www.nyc.gov/html/doh/html/cir/a01.html</a></td>
</tr>
<tr>
<td></td>
<td>4 DTaP/DTP</td>
<td>DtaP CPT: 90698,90700,90721,90723</td>
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<tr>
<td></td>
<td>3 IPV</td>
<td>IPV CPT: 90698, 90713, 90723</td>
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<tr>
<td></td>
<td>3 Hib</td>
<td>Hib CPT: 90645-90648,90698,90721,90748</td>
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<tr>
<td></td>
<td>3 Hep B</td>
<td>Hep B CPT: 90723, 90740, 90744, 90747, 90748</td>
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<tr>
<td></td>
<td>4 PCV</td>
<td>PCV CPT: 90669, 90670</td>
</tr>
<tr>
<td></td>
<td>1 MMR</td>
<td>MMR CPT: 90707, 90710</td>
</tr>
<tr>
<td></td>
<td>1 VZV</td>
<td>VZV CPT: 90710, 90716</td>
</tr>
<tr>
<td></td>
<td>3 Rotavirus</td>
<td>RV CPT: 2 dose: 90681, 3 dose: 90680</td>
</tr>
<tr>
<td></td>
<td>1 Hep A</td>
<td>Hep A CPT: 90633</td>
</tr>
<tr>
<td></td>
<td>2 Influenza</td>
<td>Flu CPT: 90655, 90657, 90661, 90662</td>
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<tr>
<td>Adolescent Immunizations</td>
<td>Complete immunizations on or before the child’s 13th birthday:</td>
<td>MCV4 CPT: 90734; MPSV4 CPT: 90733</td>
</tr>
<tr>
<td></td>
<td>1 MCV4 or MPSV4.</td>
<td>Td &amp; Tdap CPT: 90715; Td CPT: 90718</td>
</tr>
<tr>
<td></td>
<td>1 Tdap or TD</td>
<td></td>
</tr>
<tr>
<td>Dental Visit</td>
<td>Refer children 2-18 yrs old to the dentist annually.</td>
<td>Healthplex is Affinity’s dental benefit manager. Call 1-800-468-9868 or go to <a href="http://www.healthplex.com">www.healthplex.com</a> for a list of dental providers. For a list of preferred dentists in your neighborhood, contact Affinity’s QM Department at 1-718-794-6034.</td>
</tr>
<tr>
<td>Human Papillomavirus Vaccine for Female Adolescents (HPV)</td>
<td>Ensure that female adolescents receive three doses of HPV vaccine by their 13th birthday</td>
<td>CPT: 90649, 90650</td>
</tr>
<tr>
<td>Lead Testing</td>
<td>Test by 12 months and again by 24 months of age.</td>
<td>Lead Screen: CPT: 83655</td>
</tr>
<tr>
<td>Well Child Visits (WCV):</td>
<td></td>
<td>NB: The rendering of a preventive service at any sick or follow-up visit warrants the use of the preventive CPT E&amp;M codes listed below.</td>
</tr>
<tr>
<td>0-15 Months</td>
<td>Ensure 6 or more well child visits by 15 months of age</td>
<td>Visit ICD-9 Diag: V20.2, V20.3, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 with E&amp;M codes CPT: 99381,99382,99391,99392, 99461</td>
</tr>
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</table>
| 3-6 Years Old | Ensure 1 well child visit annually | Visit: ICD-9 Diag: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 with E&M codes  
CPT: 99382,99383,99382,99383,99385,99386,99387  
Do not use ICD-9 Diagnosis V21.2 for adolescent well visits; it does not connote well care and is not HEDIS-compliant. |
|---|---|---|
| 12-21 Years Old | Ensure 1 well child visit annually | Visit: ICD-9 Diag: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9 with E&M codes  
CPT: 99383-99385,99393-99395 |

**CHILD/ADOLESCENT MEASURES (0 through 18 years)**

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| Weight Assessment and Counseling for Nutrition and Physical Activity | Document counseling/assessment for children 3-17 yrs annually:  
1. BMI percentile *  
2. Nutrition  
3. Physical Activity  
* Height and weight must be documented in medical record  
BMI Percentile: ICD-9 Proc: V85.5  
Nutrition Counseling: ICD-9: V65.3; CPT: 97802-97804  
Physical Activity Counseling: ICD-9: V65.41; HCPCS: S9451 |

**Chronic Care**

| Follow-up Care for Children with ADHD Medications | Ensure 3 follow up visits in 10 months for children 6-12 yrs old with newly prescribed ADHD medication:  
1. visit within 30 days of initial dispensing of medication  
2. additional visits between 31 days and 10 months after initial dispensing of medication. One visit can be a telephone visit. | Telephone Visit E&M Codes: CPT: 98966-98968, 99441-99443 |
|---|---|---|
| HIV/AIDS Comprehensive Care | For HIV + patients between 2 and 18 years old:  
1. Conduct visits at least twice a year, with 1 visit occurring between 1/1 and 6/30, and 1 visit occurring between 7/1 and 12/31 (one in the first 6 months; one in the second 6 months)  
2. Test viral load at least twice a year, with 1 test occurring between 1/1 and 6/30, and 1 test occurring between 7/1 and 12/31 (one in the first 6 months; one in the second 6 months) | Visit: ICD9: V20.2,V70.0,V70.3,V70.5,V70.6, V70.8, V70.9  
Viral Load Test: CPT: 87534-87536 |
### Use of Appropriate Medications for Asthma: 3 Controllers


*ICD9: 493.0, 493.1, 493.8, 493.9*

Inhaled short acting beta agonists, systemic corticosteroids, and oral and nasal preparations are not HEDIS-compliant medications.

### Medication Management for People with Asthma

Follow patients 5-64 yrs prescribed asthma controller medications to ensure they are filling their prescriptions during the treatment period, i.e., the period of time beginning on the IPSD through the last day of the measurement year.

Two rates are reported:
1. The percentage of members who remain on the controller medications at least 50% of their treatment period.
2. The percentage of members who remain on the controller medications at least 75% of their treatment period.

*ICD9: 493.0, 493.1, 493.8, 493.9*

Inhaled short acting beta agonists, systemic corticosteroids, and oral and nasal preparations are not compliant for controller medication prescribing.

### Asthma Medication Ratio

Patients 5-64 yrs diagnosed with persistent asthma should be treated preferably with controller medications. The proportion of controller medications to all medications prescribed during the measurement year to treat asthma should be greater than 50%.

*ICD9: 493.0, 493.1, 493.8, 493.9*

Inhaled short acting beta agonists, systemic corticosteroids, and oral and nasal preparations are not compliant for controller medication prescribing.

### Acute Care

#### Appropriate Treatment for Children with Pharyngitis

Perform a Rapid Strep test/throat culture prior to prescribing antibiotics for children/adolescents 2-18 yrs old with pharyngitis.

1. Diagnosis must be of only pharyngitis to be counted.
2. Antibiotics prescribed on or up to 3 days *after* the diagnosis of pharyngitis are counted.

*ICD9:*
- Acute Pharyngitis: 462
- Acute Tonsillitis 463
- Streptococcal sore throat: 034.0

*Rapid Strep Test: CPT: 87880*

*Culture: CPT: 87070, 87071, 87081, 87430, 87650-87652*

*Rapid Strep Tests are billable; Remember to submit claims*

#### Appropriate Treatment for Children with Upper Respiratory Infection (URI)

Do not prescribe antibiotics for children 3 months to 18 years old diagnosed with *only* URI.

*ICD9: 460, 465*

Prescribe antibiotics only if you document an additional and/or different diagnosis.