HEDIS™ Quick Reference Guide | PEDIATRICS

Updated to reflect NCQA HEDIS 2015 Technical Specifications

Ambetter from Peach State Health Plan strives to provide quality healthcare to our membership as measured through HEDIS quality metrics. HEDIS is a set of measures regarded as the industry standard for calculating and comparing health plan performance in providing quality of care to our members, your patients. To assist your practice with increasing your HEDIS rates, we have created the HEDIS Quick Reference Guide. This guide describes key HEDIS measures and provides guidance on how to bill appropriately. ***Please always follow the State and/or CMS billing guidance and ensure the HEDIS codes are covered prior to submission.***

What is HEDIS?

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA) which allows direct, objective comparison of *quality* across health plans. NCQA develops the HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers and policy makers. HEDIS allows for standardized measurement, standardized reporting and accurate, objective side-by-side comparisons. Consult NCQA's website for more information: www.ncqa.org

What are the scores used for?

As both state and federal governments move toward a healthcare industry that is driven by quality, HEDIS rates are becoming more and more important, not only to the health plan, but to the individual provider, and increasingly the member as well. The Affordable Care Act directs the United States Department of Health and Human Services Commission (HHS) to evaluate the performance of Marketplace Qualified Health Plans (QHPs). QHPs are evaluated on their ability to demonstrate improvement in preventive health utilization by its members. Ambetter plans will be rated annually on a five-star scale as part of the Quality Rating System, and HEDIS rates comprise a significant component of the scoring methodology. It is expected that higher-rated plans will attract more members to enroll. Physician-specific scores are being used as evidence of preventive care from primary care office practices. These rates may then serve as a basis for physician incentive programs such as 'pay for performance' and 'quality bonus funds.'

How are the 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 claim/encounter data reduces the necessity of medical record review.

How can I improve my HEDIS scores?

- Submit claim/encounter data for each and every service rendered.
- Chart documentation must reflect services billed.
- All providers must bill (or report by encounter submission) for services delivered, regardless of contract status.
- Claim/encounter data is the most clean and efficient way to report HEDIS.
- If services are not billed or not billed accurately they are not included in the calculation.
- Accurate and timely submission of claim/encounter data will positively reduce the number of medical record reviews required for HEDIS rate calculation.
- Consider including CPT II codes to reduce medical record requests. These codes provide details currently only found in the chart such as BMI screenings and lab results.

Annual Dental Visit
Measure evaluates the percentage of members ages 2-21 who had at least one dental exam with a dental practitioner in the past year.

Appropriate Testing for Children With Pharyngitis	CPT
Measure evaluates the percentage of children age 2-18 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). ***Rapid strep tests in the office are acceptable and should be billed.***	87070, 87071, 87081, 87430, 87650-87652, 87880

Appropriate Treatment for Children with Upper Respiratory Infection	Measure evaluates the percentage of children age 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.*

Children and Adolescents' Access to Primary Care Practitioners

Measure evaluates the percent of members age 12 months-19 years who had an outpatient visit.

Description	CPT	HCPCS	ICD-9-CM Diagnosis
Office or other outpatient services	99201-99205, 99211-99215, 99241-99245		
Home services	99341-99345, 99347-99350		
Preventive medicine	99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429	G0402, G0438, G0439, G0463	
General medical examination			V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Chlamydia Screening in Women	CPT
Measure evaluates the percentage of women ages 16 to 24 who are sexually active who had at least one test for Chlamydia per 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 or testing for any other sexually transmitted disease or has been prescribed birth control.	87110, 87270, 87320, 87490-87492, 87810

Lead Screening in Children	CPT
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.*	83655

Medication Management for People With Asthma		Appropriate Medications
Measure evaluates the percentage of members age 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.	**Two Rates:** **Medication Compliance 50%** - Members who were covered by one asthma control medication at least 50% of the treatment period **Medication Compliance 75%** - Members who were covered by one asthma control medication at least 75% of the treatment period	Antiasthmatic combinations, Antibody inhibitor, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Mast cell stabilizers, Methylxanthines

Use of Appropriate Medications for People with Asthma	Appropriate Medications
Measure evaluates the percentage of members age 5-64 who were identified as having persistent asthma and who were appropriately prescribed medication. Medications considered appropriate for the measure include:	Antiasthmatic combinations, Antibody inhibitor, Inhaled steroid combinations, Inhaled corticosteroids, Leukotriene modifiers, Mast cell stabilizers, Methylxanthines

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Childhood and Adolescent Immunizations				
Immunization	**Details**	**CPT**	**HCPCS**	**ICD-9 CM Diagnosis**
Childhood Immunizations – percentage of 2 year olds that have all of the required immunizations listed below by age 2.				
DTaP	At least 4 doses < age 2	90698, 90700, 90721, 90723		
IPV	At least 3 doses < age 2	90698, 90713, 90723		
MMR	At least 1 dose < age 2	90707, 90710		
		wMeasles/Rubella-90708		
		Measles-90705, Rubella-90706		Measles-055, Rubella-056
Hib	At least 3 doses < age 2	90645-90648, 90698, 90721, 90748		
Hepatitis B	At least 3 doses < age 2	90723, 90740, 90744, 90747, 90748	G0010	070.2, 070.3, V02.61
VZV	At least 1 doses < age 2	90710, 90716		052, 053
Pneumococcal	At least 4 doses < age 2	90669, 90670	G0009	
Hepatitis A	At least 1 doses < age 2	90633		070.0, 070.1
Rotavirus[1]	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		
Influenza	At least 2 doses < age 2	90655, 90657, 90661, 90662, 90673, 90685	G0008	
Adolescent Immunizations – percentage of adolescents turning 13 who had all the required immunizations listed below.				
Meningococcal	1 on or between 11th – 13th birthdays	90733, 90734		
Tdap/Td	1 on or between 10th – 13th birthdays	Tdap-90715		
		Td-90714 or 90718		
		Tetanus-90703		
		Diphtheria-90719		
Human Papillomavirus (HPV)	Three doses by 13th birthday	90649, 90650		

1 Record must document if Rotavirus is 2 or 3 dose vaccine.

Parent refusal for any reason is not a reason for exclusion.

Follow Up Care For Children Prescribed ADHD Medication		
Measure demonstrates the percent of members ages 6 to 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. Two rates:		
Initiation Phase – one face-to-face outpatient follow-up visit with a practitioner with prescribing authority within 30 days after the date the ADHD medication was newly prescribed.		
CPT		**HCPCS**
99349, 99350, 99383, 99384, 99393, 99394, 99401, 99402, 99403, 99404, 99411, 99412, 99510		G0155, G0176, G0177, G0409, G0410, G0411, G0463, H0002, H0004, H0031, H0034, H0035, H0036, H0037, H0039, H0040, H2000, H2001, H2010, H2011, H2012, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, S0201, S9480, S9484, S9485
CPT		**POS**
90791, 90792, 90801, 90802, 90816, 90817, 90818, 90819, 90821, 90822, 90823, 90824, 90826, 90827, 90828, 90829, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90847, 90849, 90853, 90857, 90862, 90875, 90876	WITH	3, 5, 7, 9, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72
99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255	WITH	52, 53
Continuation and Maintenance Phase – Two more follow-up visits from 31 to 300 days after the first ADHD medication was newly prescribed. One of the two visits may be a telephone visit with a practitioner.		
Codes to identify visits		**CPT codes to identify telephone visits**
Any code noted above in the initiation phase.		98966, 98967, 98968, 99441, 99442, 99443

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	**Description**	**CPT**	**ICD-9-CM Procedure**	**HCPCS**
Measure demonstrates the percentage of members ages 3 to 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[1] 2) counseling for nutrition 3) counseling for physical activity	BMI Percentile		V85.0-V85.5	
	Counseling for Nutrition	97802-97804	V65.3	G0270, G0271, G0447, S9449, S9452, S9470
	Counseling for Physical Activity		V65.41	G0447, S9451
	1 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 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 primary care practitioner (pediatrician, family practice, OB/GYN), even though the PCP does not have to be the practitioner assigned to the child.		
Well Child Visits in the First 15 Months of Life	Measure evaluates the percentage of infants who had 6 well child (EPSDT) visits within the first 15 months of life.	
Well Child Visits, Ages 3 to 6 Years Old	Measure evaluates the percentage of children ages 3, 4, 5 or 6 years old who had at least one comprehensive well care visit (EPSDT) per year.	
Adolescent Well Care Visits	Measure evaluates the percentage of adolescents age 12 to 21 years old who had at least one comprehensive well care visit (EPSDT) per year.	
CPT	**ICD-9**	**HCPCS**
99381-99385, 99391-99395, 99461	V20.2, V20.31, V20.32, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9	G0438, G0439
Use age-appropriate codes when submitting well child visits.		

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