

HEDIS measures

Pediatric screening and prevention measures
(HEDIS measurement year 2022)

Agenda

- HEDIS® pediatric screening and prevention measures (50 minutes):
 - Well-Child Visits in the First 30 Months of Life (W30)
 - Child and Adolescent Well-Care Visits (WCV)
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
 - Appropriate Testing for Pharyngitis (CWP)
 - Appropriate Treatment for URI (URI)
 - Childhood Immunization Status (CIS)
 - Lead Screening for Children (LSC)
 - Immunizations for Adolescents (IMA)
- CAHPS®

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Continuing education credit

This training awards one continuing medical education unit approved by the American Association of Family Physicians (AAFP). Healthcare providers should check with accrediting organizations to ensure that AAFP-approved medical education is accepted.

Coding guidance provided does not, nor is it intended to, replace the official coding guidelines or professional coding expertise. Providers should always ensure that documentation supports all codes submitted for conditions and services. Please contact Provider Services at **800-454-3730** for billing/claim-specific questions.



Pediatric/adolescent measures

Well-Child Visits in the First 30 Months of Life (W30)

Focus group	Service	Frequency
<ul style="list-style-type: none">• Members who turned 15 months old during the measurement year• Members who were 15 to 30 months old during the measurement year	<ul style="list-style-type: none">• Outpatient or telehealth visit by a PCP including:<ul style="list-style-type: none">• Health history• Physical development• Mental development• Physical exam• Anticipatory guidance/health education	<ul style="list-style-type: none">• Rate 1:<ul style="list-style-type: none">• Six or more visits on or before the 15-month birthday• Rate 2:<ul style="list-style-type: none">• Two or more visits on or between 15-month and one day birthday and 30-month birthday

W30 (cont.)

Tips for W30:

- W30 is now an administrative measure — medical record reviews are no longer required.
- Care must be provided by a PCP.
- The visits must occur on or before the member reaches 30 months old.
- Preventive services during visits other than well-child visits count:
 - Capture opportunities for preventive services during other visits by a PCP (for example, urgent care or other office visits).
 - Telehealth visits count.

W30 (cont.)

Tips for W30:

- Measure is based on *AAP Bright Futures* guidelines for preventive and well-child visits.
- Visits should include at least a:
 - Physical exam.
 - Physical and mental development assessment for age.
 - Health history.
 - Health education/anticipatory guidance for age.

W30 (cont.)

Examples of health history:

Past medical history:

37+wk, 5-10 PhotoRx; in-utero drug exposure
Limited/delaying IMM by parent's choice

Past surgical history:

No prior surgeries

Allergies:

No known drug allergies
Medication and problem lists immunization history

W30 (cont.)

A physical exam must include two or more systems.

Example:

Physical exam:

General: Well appearing infant/no acute distress

Ears: TMs clear

Nose: Some nasal congestion but not totally obstructed. Mother shows me a video of noisier breathing and more distressed.

Mouth: Clear with moist mucous membranes

Neck: Supple without masses

Lungs: CTA bilaterally and nonlabored

Heart: RRR without murmur

Abdomen: BS+, ND, NT w/o organomegaly/mass

W30 (cont.)

Example of physical and mental development:

Elimination:

Normal stools and voiding normal

Behavior/sleep:

Nighttime awakenings

Gross motor:

Lifts head when prone

Fine motor:

Closes hand on object

Social:

Follows with eyes and smiles responsively

Language:

Listens to sound and coos/vocalizes

W30 (cont.)

Example of health education/anticipatory guidance:

Patient instructions:

1. Sleep on back, not on side, not in parents' bed
2. No sick visitors
3. Cord care discussed
4. Formula
5. Feed two to three hours minimum
6. May use pacifier
7. No juice for baby, except for constipation
8. Growth discussed
9. Development discussed

W30 (cont.)

Notes on health education/anticipatory guidance:

- Guidance cannot be related to an acute condition.
- Handouts are acceptable only if there is evidence of discussion.

W30 (cont.)

Codes that count toward the measure:

Reason for encounter	ICD-10-CM codes
Well-child visit	Z00.110 newborn under 8 days old
	Z00.111 newborn 8 to 28 days old
	Z00.121 encounter for routine child health examination with abnormal findings
	Z00.129 encounter for routine child health examination without abnormal findings

Service	CPT® codes
Preventive exam age 0 to 4 years old	99381-99382 new patient
	99391-99392 established patient

This is for informational purposes only and it is not a guarantee of reimbursement.
Refer to Amerigroup Washington, Inc. billing guides for allowable codes.

Child and Adolescent Well-Care Visits (WCV)

Focus group	Service	Frequency
<ul style="list-style-type: none">• Members who are 3 to 21 years of age as of December 31 of the measurement year• Age groupings:<ul style="list-style-type: none">• 3 to 11• 12 to 17• 18 to 21	<ul style="list-style-type: none">• Outpatient or telehealth visit by a PCP or OB/GYN, including:<ul style="list-style-type: none">• Health history• Physical development• Mental development• Physical exam• Anticipatory guidance/health education	<ul style="list-style-type: none">• At least one comprehensive well-care visit during the measurement year

WCV (cont.)

Tips:

- WCV is an administrative measure. Medical record reviews will not be required.
- Care by a PCP or an OB/GYN during a well-care visit counts.
- **Important:** The well-child measures include all ages from birth to 21, no longer leaving out 7- to 11-year-olds.
- Preventive services during visits other than well-care visits count:
 - Capture opportunities for preventive services during other visits by a PCP (for example, urgent care or other office visits).
- Include the five elements to count toward the measure.
- Only one visit is required to be compliant with the measure.

WCV coding

Codes that count toward the measure:

Reason for encounter	ICD-10-CM codes
Well-care visit	Z00.00 adult examination without abnormal findings
	Z00.01 adult examination with abnormal findings
	Z00.121 encounter for routine child health examination with abnormal findings
	Z00.129 encounter for routine child health examination without abnormal findings

Service	CPT codes
Preventive exam age 12-21 years old	99384-99385 new patient
	99394-99395 established patient

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Refer to Amerigroup billing guides for allowable codes.

WCV coding (cont.)

Well-Care	Added	HCPCS	S0302	Completed EPSDT
Well-Care	Added	ICD10CM	Z00.2	Encounter for exam for rapid growth in childhood
Well-Care	Added	ICD10CM	Z00.3	Encounter for exam for adolescent development
Well-Care	Deleted	ICD10CM	Z00.5	Encounter for exam for potential organ/tissue donor
Well-Care	Deleted	ICD10CM	Z00.8	Encounter for other general exam
Well-Care	Deleted	ICD10CM	Z02.0	Encounter for exam for admission to school
Well-Care	Deleted	ICD10CM	Z02.1	Encounter for pre-employment exam
Well-Care	Deleted	ICD10CM	Z02.2	Encounter for exam for admit to residential facility
Well-Care	Deleted	ICD10CM	Z02.3	Encounter for exam for armed forces recruitment
Well-Care	Deleted	ICD10CM	Z02.4	Encounter for exam for driving license
Well-Care	Deleted	ICD10CM	Z02.6	Encounter for exam for insurance purposes

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Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Focus group	Service	Frequency
<ul style="list-style-type: none">Members 3 to 17 years of age as of December 31 of the measurement year	<ul style="list-style-type: none">An outpatient visit with a PCP or an OB/GYN during the measurement year	<ul style="list-style-type: none">Documentation at least once during the yearBody mass index (BMI) percentile with height and weightCounseling for nutritionCounseling for physical activity

WCC (cont.)

Tips:

- Any outpatient visit by a PCP or an OB/GYN counts if the elements are present.
- Counseling elements cannot be related to an acute condition.
- BMI documentation must include:
 - Height and weight.
 - BMI value expressed as one of the following:
 - BMI percentile as a value (85% or 85th percentile)
 - BMI percentile plotted on CDC BMI-for-age-growth chart
- Ranges and thresholds do not meet criteria.
- Greater than 99% and less than 1% do count as they represent a specific value.

WCC (cont.)

Tips:

- Counseling for nutrition (one of the following):
 - Documentation of counseling
 - Referral for nutrition education
 - Referral to WIC (supplemental nutrition program for women, infants, and children)
 - Documentation of appetite **does not** meet criteria
- Chart examples:
 - Discussion of current diet
 - Documentation of nutrition educational materials
 - Weight or obesity counseling
 - Anticipatory guidance for nutrition

WCC (cont.)

Tips:

- Counseling for physical activity (one of the following):
 - Documentation of counseling
 - Referral for physical activity
- Chart examples:
 - Discussion of current physical activity (for example, sports, exercise routine, etc.)
 - Documentation of physical activity educational materials
 - Weight or obesity counseling
 - Anticipatory guidance for physical activity

WCC (cont.)

Codes that count toward the measure:

Description	CPT	ICD-10	LOINC	HCPGS
BMI Percentile		Z68.51-Z68.54	59574-4, 59575-1, 59576-9	N/A
Counseling for Nutrition	97802, 97803, 97804	Z71.3	N/A	G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity		Z702.5, Z71.82		G0447, S9451

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Appropriate Testing for Pharyngitis (CWP)

Focus group	Service	Frequency
<ul style="list-style-type: none">• Members who are 3 years of age or older during the measurement year	<ul style="list-style-type: none">• Pharyngitis documentation includes:<ul style="list-style-type: none">• Group A streptococcus test• Antibiotic dispensed	<ul style="list-style-type: none">• Includes all episodes/visits: outpatient, telephone, emergency department (ED), observation, online assessment

CWP (cont.)

Requirements:

- Negative medication history:
 - No antibiotics 30 days prior to diagnosis
- Negative comorbid conditions:
 - No comorbid condition claims from 12 months prior and including the episode date
 - HIV, malignant neoplasm, chronic obstructive pulmonary disease (COPD), immune system diseases
- Negative competing diagnosis:
 - No competing diagnosis on or three days after the episode
- A group A streptococcus test within three days prior through three days after the episode
- Antibiotics dispensed on the episode date or up to three days after ED episodes that result in inpatient admission are excluded.

Appropriate Treatment for Respiratory Infection (URI)

Focus group

- Members who are 3 months of age or older during the measurement year

Service

- URI documentation includes:
 - Diagnosis of upper respiratory infection
 - **No** antibiotic dispensed

Frequency

- Includes all episodes/visits: outpatient, telephone, ED, observation, online assessment

URI (cont.)

Requirements:

- Negative medication history:
 - No antibiotics 30 days prior to diagnosis
- Negative competing diagnosis:
 - No competing diagnosis on or three days after the episode
- Negative comorbid conditions:
 - No comorbid condition claims from 12 months prior and including the episode date
 - HIV, malignant neoplasm, COPD, immune system diseases
- **No** antibiotics dispensed for the episode results in higher scores.
- ED episodes that result in inpatient admission are excluded.

Childhood Immunization Status (CIS)

Focus group	Service	Frequency
<ul style="list-style-type: none">Members who have turned 2 years of age or older during the measurement year	<ul style="list-style-type: none">Vaccinations as follows:<ul style="list-style-type: none">Four DTaPThree IPVThree Hep BOne Hep AThree HibTwo or three rotavirusOne MMROne VZVTwo influenzaFour pneumococcal	<ul style="list-style-type: none">All of the 10 series vaccines must be completed on or before the second birthday to be counted as compliant

CIS (cont.)

Tips on specific immunizations:

- For measles, mumps and rubella (MMR); hepatitis B; VZV; and hepatitis A, one of the following is required:
 - Evidence of the antigen or combination vaccine having been given
 - Documented history of the illness
 - A seropositive test result for the antigen
- MMR, VZV, and hepatitis A on or between the first and second birthdays
- Rotavirus options:
 - Two doses of Rotarix® on different dates of service
 - Three doses of RotaTeq® on different dates of services
 - One dose of the two-dose Rotarix and two doses of the three-dose RotaTeq

CIS (cont.)

Tips for immunization compliance:

- At least two influenza vaccines **on** or **before** the second birthday
- One of the doses can be the live attenuated influenza vaccine (LAIV) nasal spray on the child's second birthday
- Refusal by parent does **not** meet compliance for any vaccines
- Obtaining previous immunization history:
 - *Washington State Immunization Information System (IIS) Registry:*
<https://fortress.wa.gov/doh/cpir/iweb/login.jsp>
 - *IIS Registry in other states and U.S. territories:*
<https://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html>

CIS (cont.)

Codes that count toward the measure:

Visits	ICD-10 codes
Encounter for immunization	Z23
Immunization not carried out	<ul style="list-style-type: none">• Z28.01: Immunization not carried out because of acute illness of patient• Z28.02: Immunization not carried out because of chronic illness or condition of patient• Z28.03: Immunization not carried out because of immune compromised state of patient• Z28.04: Immunization not carried out because of patient allergy to vaccine or component• Z28.09: Immunization not carried out because of other contraindication

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Refer to Amerigroup billing guides for allowable codes.

CIS (cont.)

Codes that count toward the measure:

Immunization	CPT
DTaP – Diphtheria, Tetanus, acellular Pertussis	90698, 90700, 90723
IPV – Polio	90698, 90713, 90723
MMR – Measles, Mumps, Rubella	90707
MMRV – Measles, Mumps, Rubella, Varicella	90710
Hib – Haemophilus Influenza type B	90647, 90648, 90698, 90748
Hep B – Hepatitis B	90723, 90740, 90744, 90747 90748
VZV – Varicella Zoster (chicken pox)	90716

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CIS (cont.)

Codes that count toward the measure:

Immunization	CPT
PCV – Pneumococcal conjugate	90670
Hep A – Hepatitis A	90633
Rotavirus	
Two-dose – Rotarix	90681
Three-dose – RotaTeq	90680
Influenza	90655, 90657, 90661, 90662 90673, 90685, 90687

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Refer to Amerigroup billing guides for allowable codes.

Lead Screening in Children (LSC)

Focus

- Members who have turned 2 years of age during the measurement year

Service

- Capillary or venous blood test for lead screening

Frequency

- At least one blood test for lead level on or before the second birthday (between 12 to 24 months of age)

LSC (cont.)

Tips for LSC:

- Found through administrative data or medical record review.
- Documentation must include the date and test result.
- Lead risk assessment is not compliant.
- Blood screening by either capillary or venous test meets compliance.
- Consider drawing blood at office visit to achieve compliance.
- If testing in office, document results and report to the Washington Department of Health:
 - Email: lead@doh.wa.gov
 - Call: **800-909-9898**

LSC (cont.)

Codes that count toward the measure:

Description	CPT Code	LOINC Codes*
Lead test	83655	10368-9, 10912-4, 14807-2, 17052-2 25459-9, 27129-6, 32325-3, 5671-3 5674-7, 77307-7

* LOINC — Logical Observation Identifiers Names and Codes

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Refer to Amerigroup billing guides for allowable codes.

Immunizations for Adolescents (IMA)

Focus group	Service	Frequency
<ul style="list-style-type: none">Members who have turned 13 years of age during the measurement year	<ul style="list-style-type: none">Received all of the following vaccinations:One dose of meningococcal conjugateOne Tdap vaccineTwo-dose or three-dose series HPV vaccine	<ul style="list-style-type: none">All three of the vaccine series must be completed on or before the 13th birthday

IMA (cont.)

Tips:

- All must be completed on or before the 13th birthday.
- HPV must be completed on or between the 9th and 13th birthdays:
 - If two-dose, there must be at least 146 days between first and second dose.
 - If three-dose, it must be on or between the 9th and 13th birthdays with different dates of service.
- Tdap must occur on or between the 10th and 13th birthdays.
- Meningococcal must occur on or between the 11th and 13th birthdays.
- Vaccines administered outside of the date ranges for each vaccine are **not** compliant.

IMA (cont.)

Codes that count toward the measure:

Immunization	CPT
HPV	90651
Tdap	90715
Meningococcal	90734

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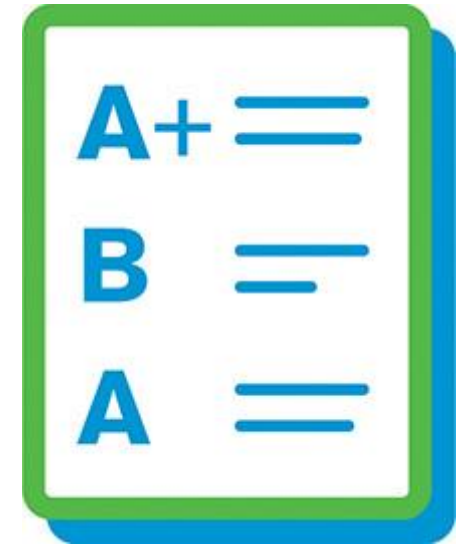
CAHPS: feedback from Apple Health members

CAHPS:

- CAHPS is a survey that is done at the same time as the HEDIS project in the first part of each year.
- The survey is designed to get feedback from our members about their level of satisfaction with our services.
- The survey results are reported for each health plan and national rates for the responses.

CAHPS (cont.)

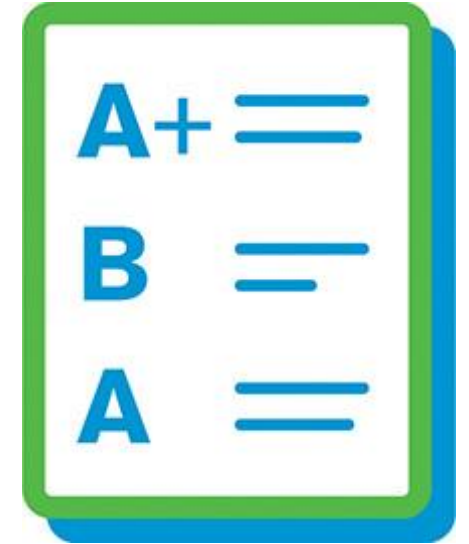
- Coordination of care
- Global rating of overall satisfaction:
 - All healthcare
 - Health plan
 - Personal doctor
 - Specialists
- Responses in key areas:
 - Getting care quickly
 - Getting needed care
 - How well doctors communicate
 - Customer service



CAHPS (cont.)

- **Getting Care Quickly tips**

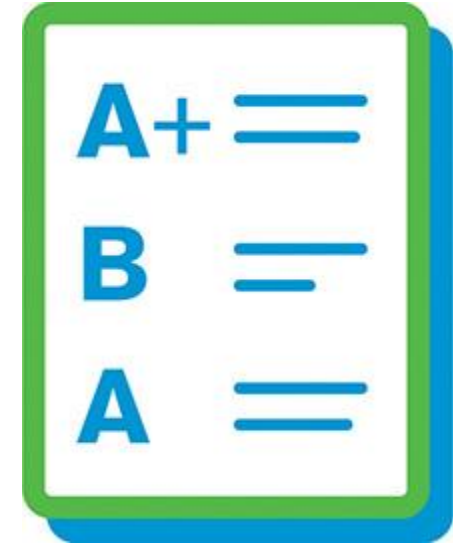
- Offer weekend/evening appointments to accommodate your patients' schedules.
- Consider assigning staff dedicated to preliminary work-up activities.
- If possible, leave a few appointments available each day for urgent visits.
- Offer visits to members to see nurse practitioners or physician assistants.
- Remind patients they can call the 24/7 NurseLine, located on the back of their member ID card, available seven days a week for health-related questions.
- Remind patients when you are not able to accommodate appointments that Amerigroup covers visits to Live Health Online* telemedicine at no cost to them. Visit www.livehealthonline.com to sign up.



CAHPS (cont.)

- **Getting Needed Care tips:**

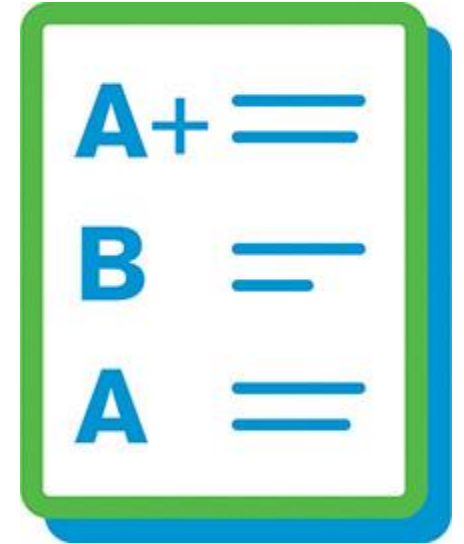
- Offer an appointment agenda where patients can list concerns, or questions they would like to address during their visit.
- Write down details regarding visits and referrals to a specialist for the patient.
- If possible, leave a few appointments available each day for urgent visits.
- Review all available treatment options for the patient in their language.
- Avoid using medical terms that could confuse the patient.
- Provider offices should schedule follow-up appointments for needed screenings, tests, treatments and exams for patients while they are in the office for their visit.



CAHPS (cont.)

- **Coordination of Care tips:**

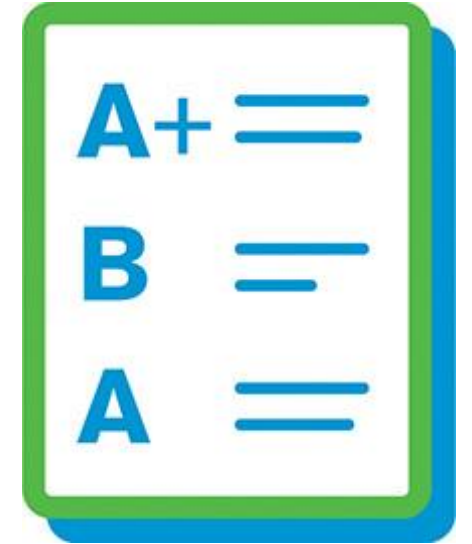
- Regularly talk to your patients about any specialists or other physicians they have seen. Ask about the care they received and if they were given any reports or notes.
- Consider implementing a reminder in the medical record to request test results or follow-up reports. This will ensure appropriate follow-up for the patient.
- Keep an open dialogue with your patient and discuss their previous medical history.
- Set an expectation for the patient so they know when they will receive a follow-up call or test results. If this process is not part of the office protocol, make sure the patient is aware so they understand how they can obtain their results or follow up.



CAHPS (cont.)

- **How Well Providers Communicate tips:**

- Offer an appointment agenda where patients can list concerns or questions they would like to address during their visit.
- Ensure there is enough time for each patient's appointment to allow time for communication between physician and patient. Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit.
- Listen to your patient's needs. Avoid using terms that could confuse the patient.
- Take feedback from your patients by providing short survey cards to see how the office can improve.
- Offer a visit summary to the patient that includes any treatment, goals or action plans that were discussed, prescriptions and what the medications are for, including side effects.
- Allow the opportunity for patients to ask questions and check their understanding of the information provided during the visit.



CAHPS (cont.)

- Most common concerns regarding providers:
 - *“The provider did not listen to me.”*
 - *“The provider did not review my medical record and history.”*
 - *“The appointment felt rushed.”*
 - *“The provider did not seem to care about me.”*



CAHPS (cont.)

- Focus on responding to patients and their needs.
- Take time to listen.
- Effective communication with providers leads to:
 - Better adherence to medical care.
 - Lower ED and hospitalization rates.
 - Positive outcomes.

Resources for your patients

- Washington Recovery Help Line: **866-789-1511**, <https://www.warecoveryhelpline.org>
- Homelessness (ICD-10-Z590, 211):
<http://wliha.org/resources/find-affordable-housing>

Provider resources

- American Academy of Family Physicians (AAFP): <https://www.aafp.org/patient-care.html>
- American Academy of Pediatrics: <https://brightfutures.aap.org>
- Vaccines for Children (VFC) Program, CDC:
<https://www.cdc.gov/vaccines/programs/vfc/index.html>
- NCQA Updates Quality Measures for HEDIS:
<https://www.ncqa.org/hedis/reports-and-research/ratings-2020>
- Consumer Assessment of Healthcare Providers & Systems (CAHPS):
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/index>

Questions?

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* LiveHealth Online is the trade name of Health Management Corporation, an independent company, providing telehealth services on behalf of Amerigroup Washington, Inc.

<https://provider.amerigroup.com>