peach state health plan

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# Quick Reference Guide HEDIS® 2020

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## CONTENTS

# HEDIS® Quick Reference Guide

**Updated to reflect NCQA HEDIS 2020 Technical Specifications**

Peach State Health Plan, Ambetter from Peach State Health Plan and Allwell from Peach State Health Plan strive 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 and to use to address care opportunities for your patients. 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) to objectively measure, report, and compare quality across health plans. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care 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 claim/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 claim/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

## PAY FOR PERFORMANCE (P4P)

P4P is an activity-based reimbursement, with a bonus payment based on achieving defined and measurable goals related to access, continuity of care, patient satisfaction and clinical outcomes.

## QUESTIONS?

**Peach State Health Plan**
**1-866-874-0633 • pshp.com**

**Ambetter from Peach State Health Plan**
**1-877-687-1180 • ambetter.pshpgeorgia.com**

**Allwell from Peach State Health Plan**
**https://allwell.pshpgeorgia.com**
**HMO: 1-844-890-2326: (TTY: 711)**
**HMO SNP: 1-877-725-7748: (TTY: 711)**

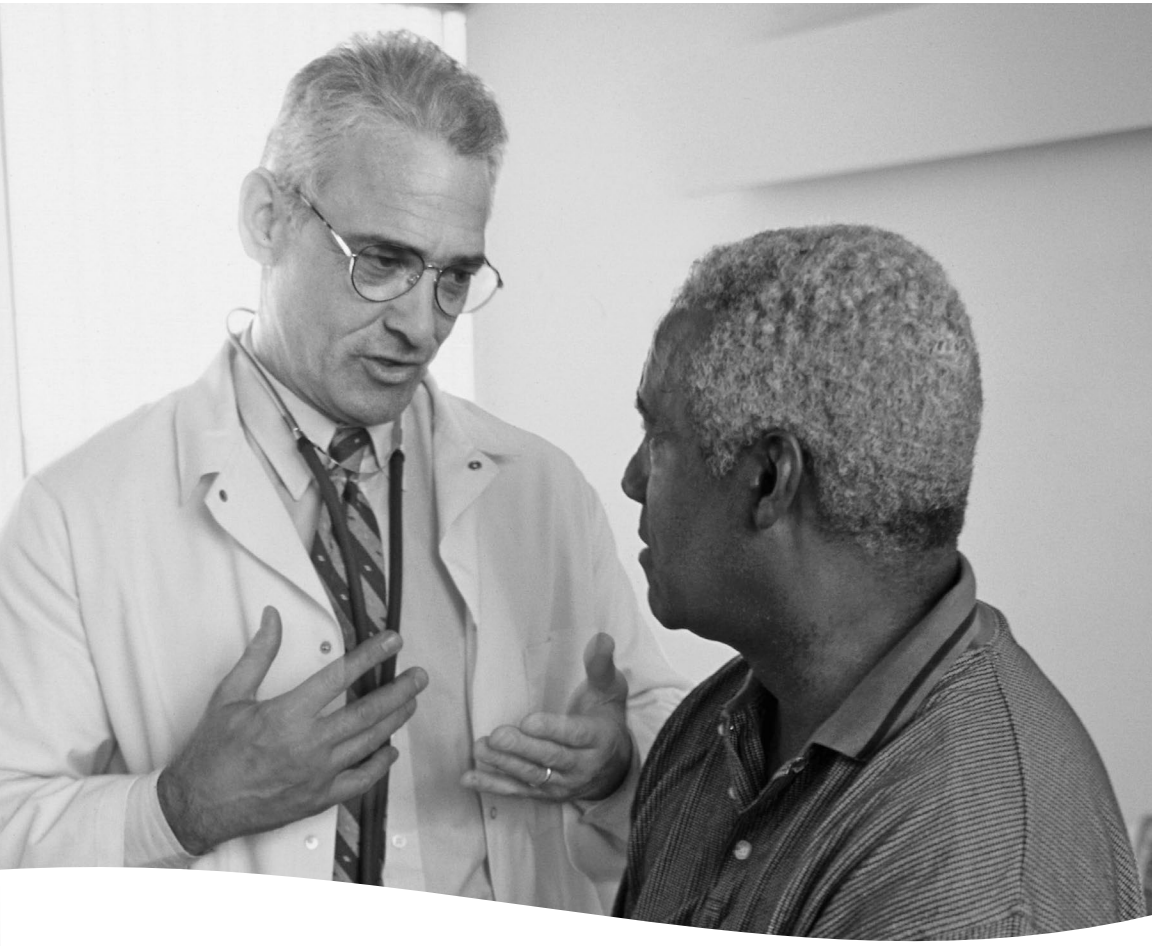
Providers and other health care staff should document to the highest specificity to aid with the most correct coding choice.

Ancillary staff:

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

This guide has been updated with information from the release of the HEDIS 2020 Volume 2 Technical Specifications by NCQA and is subject to change.

# ADULT HEALTH



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## (AAP) Adults' Access to Preventive/Ambulatory Health Services

Measure evaluates the percentage of members 20 years and older who had an ambulatory or preventive care visit. Services that count include outpatient evaluation and management (E&M) Visits, consultations, assisted living/home care oversight, preventive medicine, and counseling.

| CPT |
| --- |
| 99201 - 99205, 99211 -99215, 99241 - 99245, 99341 - 99345, 99347 -99350, 99381 - 99387, 99391 - 99397, 99401 -99404, 99411, 99412, 99429, 92002, 92004, 92012, 92014, 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337, 98966 - 98968, 99441 - 99443, 98969, 99444, 99483 |
| **HCPCS** |
| G0402, G0438, G0439, G0463, T1015, S0620, S0621 |
| **ICD-10** |
| Z00.00, Z00.01, Z00.121, Z00.129, Z00.3, Z00.5, 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, Z76.1, Z76.2 |

*codes subject to change

### To Improve HEDIS Score

- ☐ Ensure members 20 years and older receive preventative visits during the calendar year
- ☐ Appropriate coding will ensure the visit is captured through claims

## (ABA) Adult BMI Assessment

This measure demonstrates the percentage of members ages 18 to 74 who had and outpatient visit and whose body mass index (BMI) was documented.

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: BMI Value Set (age 20+) |
| --- |
| Z68.1, Z68.20, Z68.21, Z68.22, Z68.23, Z68.24, Z68.25, Z68.26, Z68.27, Z68.28, Z68.29, Z68.30, Z68.31, Z68.32, Z68.33, Z68.34, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45 |

| ICD-10: BMI Percentile Value Set (age younger than 20) |
|---|
| Z68.51, Z68.52, Z68.53, Z68.54 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Ensure patients receive a BMI assessment every two years.
- ☐ Ensure appropriate documentation and coding for the patient's age (see above grid).

**Common Chart Deficiencies:**

- Height and weight are documented but there is no calculations of the BMI
- A distinct BMI percentile or BMI value is required. Ranges are not acceptable

## (AMM) Antidepressant Medication Management

Measure evaluates percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

Two rates are reported:

**Effective Acute Phase Treatment:** percentage of members who remained on an antidepressant medication for at least **84 days** (12 weeks)

**Effective Continuation Phase Treatment:** percentage of members who remained on an antidepressant medication for at least **180 days** (6 months)

### *Antidepressant Medications*

| Description | Prescription | | |
|---|---|---|---|
| Miscellaneous antidepressants | › Bupropion | › Vilazodone | › Vortioxetine |
| Monoamine oxidase inhibitors | › Isocarboxazid<br>› Phenelzine | › Selegiline<br>› Tranylcypromine | |
| Phenylpiperazine antidepressants | › Nefazodone | › Trazodone | |
| Psychotherapeutic combinations | › Amitriptyline-chlordiazepoxide<br>› Amitriptyline-perphenazine | | › Fluoxetine-olanzapine |
| SNRI antidepressants | › Desvenlafaxine<br>› Duloxetine | › Levomilnacipran<br>› Venlafaxine | |
| SSRI antidepressants | › Citalopram<br>› Escitalopram | › Fluoxetine<br>› Fluvoxamine | › Paroxetine<br>› Sertraline |

| Description | Prescription | | |
|---|---|---|---|
| Tetracyclic antidepressants | › Maprotiline | › Mirtazapine | |
| Tricyclic antidepressants | › Amitriptyline<br>› Amoxapine<br>› Clomipramine | › Desipramine<br>› Doxepin (>6 mg)<br>› Imipramine | › Nortriptyline<br>› Protriptyline<br>› Trimipramine |

*subject to change

## (CBP) Controlling High Blood Pressure

Measure evaluates the percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg).

| DESCRIPTION | CODE |
|---|---|
| Hypertension | **ICD-10:** I10 |
| Systolic greater than/ equal to 140 | **CPT-CAT-II:** 3077F |
| Systolic less than 140 | **CPT-CAT-II:** 3074F, 3075F |
| Diastolic greater than/ equal to 90 | **CPT-CAT-II:** 3080F |
| Diastolic 80-89 | **CPT-CAT-II:** 3079F |
| Diastolic less than 80 | **CPT-CAT-II:** 3078F |
| Remote Blood Pressure Monitoring codes | **CPT:** 93784, 93788, 93790, 99091 |
| Outpatient codes | **CPT:** 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345<br>**HCPCS:** G0402, G0438, G0439, G0463, T1015 |
| Non-acute Inpatient codes | **CPT:** 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337 |

*codes subject to change

### To Improve HEDIS Score

- ☐ Schedule follow-up appointments and/or BP and A1c re-checks if the BP or A1c is not controlled.
- ☐ Include CPT coding identified above. HEDIS rules state that the last BP taken during the year on or after the date of the second diagnosis of hypertension is the only one that counts towards meeting the measure! In addition the last A1c taken during the year is the only one that counts towards meeting the measure.
- ☐ Document the blood pressure value exactly as taken. For example, if a blood pressure reading is 139/80 it should be documented as such and not rounded to 140/80.
- ☐ HEDIS rules state that the organization may include BP readings from remote monitoring devices that are digitally stored and transmitted to the provider. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to and interpreted by the provider.

## (CDC) Comprehensive Diabetes Care

Measure evaluates percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had each of the following:

- › Hemoglobin A1c (HbA1c) testing
- › HgA1c poor control (>9.0%)
- › HgbA1c control (<8.0%)
- › HbA1c control (<7.0%)
- › Eye exam (retinal) performed
- › Medical attention for nephropathy
- › BP control (<140/90 mm Hg)

| DESCRIPTION | CODES |
|---|---|
| Outpatient Codes | **CPT:** 99201-99205, 99211-99215, 99241-99245, 99347-99350, 99381-99387, 99391-99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345<br>**HCPCS:** G0402, G0438, G0439, G0463, T1015 |
| Non-acute Inpatient | **CPT:** 99304-99310, 99315, 99316, 99318, 99324-99328, 99334, -99337 |
| Remote BP Monitoring | **CPT:** 93784, 93788, 93790, 99091 |
| Diastolic 80-89 | **CPT-CAT-II:** 3079F |

| DESCRIPTION | CODES |
|---|---|
| Diastolic Greater Than/Equal to 90 | **CPT-CAT-II:** 3080F |
| Diastolic Less Than 80 | **CPT-CAT-II:** 3078F |
| Systolic Greater Than/Equal to 140 | **CPT-CAT-II:** 3077F |
| Systolic Less Than 140 | **CPT-CAT-II:** 3074F, 3075F |
| Diabetic Retinal Screening with Eye Care Professional | **CPT-CAT-II:** 2022F, 2024F, 2026F |
| Unilateral Eye Enucleation with a bilateral modifier | **CPT:** 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114<br>**CPT Modifier:** 50 |
| HbA1C | **CPT:** 83036, 83037<br>**CPT-CAT-II:** 3044F, 3045F, 3046F |
| Urine Protein Tests | **CPT:** 81000-81003, 81005, 82042-82044, 84156<br>**CPT-CAT-II:** 3060F, 3061F, 3062F |
| Nephropathy Treatment | **CPT-CAT-II:** 3066F, 4010F |
| A1C greater than 9.0 | **CPT:** 83036, 83037<br>**CPT-CAT-II:** 3046F |

*codes subject to change

### To Improve HEDIS Score

- ☐ Schedule follow-up appointments and/or BP and A1c re-checks if the BP or A1c is not controlled.
- ☐ Include CPT coding identified above. HEDIS rules state that the last BP taken during the year on or after the date of the second diagnosis of hypertension is the only one that counts towards meeting the measure! In addition the last A1c taken during the year is the only one that counts towards meeting the measure.
- ☐ Document the blood pressure value exactly as taken. For example, if a blood pressure reading is 139/80 it should be documented as such and not rounded to 140/80.
- ☐ HEDIS rules state that the organization may include BP readings from remote monitoring devices that are digitally stored and transmitted to the provider. There must be documentation in the medical record that clearly states the reading was taken by an electronic device, and results were digitally stored and transmitted to and interpreted by the provider.

**Common Chart Deficiencies:**

› Diagnosis date of hypertension not clearly documented

› No documentation of repeat blood pressures

## (COA) Care for Older Adults

Measure evaluates percentage of adults 66 years and older who had each of the following:

› Advanced care planning

› Medication review

› Functional status assessment

› Pain assessment

| DESCRIPTION | CODES |
|---|---|
| Advanced Care Planning | **CPT:** 99483, 99497<br>**CPT-CAT-II:** 1123F, 1124F, 1157F, 1158F<br>**HCPCS:** S0257<br>**ICD-10:** Z66 |
| Medication Review<br>Would need both CPT-CAT II codes to get credit. 1159F (Medication List) & 1160F (Medication Review) | **CPT:** 90863, 99605, 99606, 99483<br>**CPT-CAT-II:** 1159F, 1160F<br>**HCPCS:** G8427 |
| Functional Status Assessment | **CPT:** 99483<br>**CPT-CAT-II:** 1170F<br>**HCPCS:** G0438, G0439 |
| Pain Assessment | **CPT-CAT-II:** 1125F, 1126F |

*codes subject to change

### To Improve HEDIS Score

- ☐ Document discussion of advance care planning on an annual basis.
- ☐ Ensure that at least one of the following is documented in the medical record.
- ☐ Presence of an advance care plan in the medical record- advance directive, actionable medical orders, living will, surrogate decision maker.
- ☐ Advance care planning discussion and date (during the current measurement year); oral statements documented from family members or friends is acceptable.
- ☐ Notation that a previous executed advance care plan was completed (must be dated on or before December 31 of the measurement year)

**Common Chart Deficiencies:**

› No documentation of Advance care planning
› No documentation of medication review
› No documentation of pain assessment
› No documentation of functional status assessment

## (COL) Colorectal Cancer Screening

Measure evaluates the percentage of members 50-75 years of age who has appropriate screening for colorectal cancer.

| DESCRIPTION | CODES |
|---|---|
| Colonoscopy | **CPT:** 44388-44394, 44397, 44401-44408, 45355, 45378-45393, 45398<br>**HCPCS:** G0105, G0121 |
| CT Colonography | **CPT:** 74261-74263 |
| FIT- DNA | **CPT:** 81528<br>**HCPCS:** G0464 |
| Flexible Sigmoidoscopy | **CPT:** 45330-45335, 45337-45342, 45345-45347, 45349-45350<br>**HCPCS:** G0104 |
| FOBT | **CPT:** 82270, 82274<br>**HCPCS:** G0328 |
| Colorectal Cancer | **HCPCS:** G0213, G0214, G0215, G0231<br>**ICD-10:** C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048 |
| Total Colectomy | **CPT:** 44150-44153, 44155-44158, 44210-44212 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Ensure members 50-75 years receive appropriate colorectal cancer screening during the appropriate timeframe.
- ☐ Appropriate coding will ensure the visit is captured through claims.

**Common Chart Deficiencies:**

› Colorectal screenings are not consistently documented in the health history
› Colorectal screenings are not always provided on the health history form as part of the medical record submission

## (MRP) Medication Reconciliation Post Discharge

Measure evaluates the percentage of discharges from January 1-December 1 for members 18 years of age or older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

| CPT | CPT-CAT-II |
|---|---|
| 99495, 99496, 99483 | 1111F |

*codes subject to change

**To Improve HEDIS Scores, ensure the following:**

- ☐ Make a follow-up appointment for the patient within 48 hours of inpatient discharge
- ☐ Provide needed services for the patient, e.g., home healthcare, case management
- ☐ Use patient analytics to identify members who have had recent inpatient stays and/or ER visits

**Common Chart Deficiencies:**

› No documentation of completion and the date it was done

› No documentation of medication reconciliation that was completed by prescribing provider on or within 30 days of discharge

## (PBH) Persistence of Beta-Blocker Treatment After a Heart Attack

This measure demonstrates the percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

### *Beta-Blocker Medications*

| Description | Prescription | | |
|---|---|---|---|
| Noncardioselective beta-blockers | › Carvedilol<br>› Labetalol<br>› Nadolol<br>› Pindolol | › Propranolol<br>› Timolol<br>› Sotalol | |
| Cardioselective beta-blockers | › Acebutolol<br>› Atenolol | › Betaxolol<br>› Bisoprolol | › Metoprolol<br>› Nebivolol |

| Description | Prescription |
|---|---|
| Antihypertensive combinations | › Atenolol-chlorthalidone<br>› Bendroflumethiazide-nadolol<br>› Bisoprolol-hydrochlorothiazide<br>› Hydrochlorothiazide-metoprolol<br>› Hydrochlorothiazide-propranolol |

*subject to change

## (PCE) Pharmacotherapy Management of COPD Exacerbation

Measure evaluates percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1-November 30 and were dispensed appropriate medications.

Two rates are reported:

› Dispensed a systemic **corticosteroid** (or there was evidence of an active prescription) **within 14 days of the event**

› Dispensed a bronchodilator (or there was evidence of an active prescription) **within 30 days of the event**

### *Systemic Corticosteroid Medications*

| Description | Prescription | |
|---|---|---|
| Glucocorticoids | › Cortisone-acetate<br>› Dexamethasone<br>› Hydrocortisone | › Methylprednisolone<br>› Prednisolone<br>› Prednisone |

*subject to change

### *Bronchodilator Medications*

| Description | Prescription | | |
|---|---|---|---|
| Anticholinergic agents | › Albuterol-ipratropium<br>› Aclidinium-bromide | › Ipratropium<br>› Tiotropium | › Umeclidinium |

| Description | Prescription | | |
|---|---|---|---|
| Beta 2-agonists | › Albuterol<br>› Arformoterol<br>› Budesonide-formoterol<br>› Fluticasone-salmeterol<br>› Fluticasone-vilanterol<br>› Formoterol | › Formoterol-glycopyrrolate<br>› Indacaterol<br>› Indacaterol-glycopyrrolate<br>› Levalbuterol<br>› Formoterol-mometasone<br>› Metaproterenol | › Olodaterol hydrochloride<br>› Olodaterol-tiotropium<br>› Salmeterol<br>› Umeclidinium-vilanterol |
| Antiasthmatic combinations | › Dyphylline-guaifenesin | | |

*subject to change

## (SMD) Diabetes Monitoring for People with Diabetes and Schizophrenia

Measure evaluates the percentage of members 18-64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test.

| DESCRIPTION | CODES |
|---|---|
| HbA1C Tests | **CPT:** 83036, 83037<br>**CPT-CAT-II:** 3044F, 3045F, 3046F |
| LDL-C Tests | **CPT:** 80061, 83700, 83701, 83704, 83721<br>**CPT-CAT-II:** 3048F, 3049F, 3050F |

*codes subject to change

## (SPR) Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Measure evaluates the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm diagnosis.

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

*codes subject to change

**To Improve HEDIS Score**

- ☐ Refer members to a specialist if unable to perform test in the office (Allergist or Pulmonologist).
- ☐ Ensure results of specialist testing is kept in the member's chart.

## (SSD) Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

Measure evaluates percentage of members 18-64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test.

| DESCRIPTION | CODES |
|---|---|
| HbA1C Tests | **CPT:** 83036, 83037<br>**CPT-CAT-II:** 3044F, 3045F, 3046F |
| Glucose Tests | **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Schedule annual assessment and screening for Diabetes for members with schizophrenia or Bipolar Disorder who were dispensed antipsychotic medication

**Common Chart Deficiencies:**

› Not including the date when the HbA1c test was performed and the result in the medical record

# WOMEN'S HEALTH

For more information, visit **www.ncqa.org**

## (BCS) Breast Cancer Screening

Measure evaluates the percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.

| CPT | HCPCS | ICD-10 (bilateral mastectomy) |
|---|---|---|
| 77055-77057, 77061-77063, 77065-77067 | G0202, G0204, G0206 | Z90.13 |

*codes subject to change

### To Improve HEDIS Score

- ☐ Ensure that an order or prescription for a mammogram is given at well-woman exams for women 50-74 years old.
- ☐ Document unilateral or bilateral mastectomy and date in chart. Use Z90.13 to indicate exclusion on claim (acquired absence of breast).
- ☐ Members may contact health plan to find the nearest mammography center.

## (CCS) Cervical Cancer Screening

This measure demonstrates the percentage of women 21-64 years of age who were screened for cervical cancer using **either** of the following criteria:

› Women 21-64 years of age who had cervical cytology performed within last 3 years.

› Women 30-64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.

› Women 30-64 years of age who had cervical cytology/high risk human papillomavirus (hrHPV) co-testing within the last 5 years.

| DESCRIPTION | CODES |
|---|---|
| Cervical Cytology (20-64) | **CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175<br>**HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 |
| HPV Tests (30-64) | **CPT:** 87620-87622, 87624, 87625<br>**HCPCS:** G0476 |

| DESCRIPTION | CODES |
|---|---|
| Absence of Cervix | **CPT:** 51925, 56308, 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200, 58210, 58240, 58260, 58262, 58263, 58267, 58267, 58270, 58275, 58280, 58285, 58290-58294, 58548, 58550, 58552-58554, 58570-58573, 58575, 58951, 58953, 58954, 59856, 59135<br>**ICD-10:** Q51.5, Z90.710, Z90.712 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Document hysterectomy, type (partial, total) and date performed in chart
- ☐ Use ICD 10 Q51.5, Z90.710 or Z90.712 to indicate the exclusion (acquired absence of cervix/uterus)
- ☐ Stop screening average-risk women older than age 65 who have had three consecutive negative cytology results or two consecutive negative cytology results plus HPV test results within 10 years, with the most recent test performed within five years.
- ☐ Document date and results of completed screening in medical record.
- ☐ Medical record must have cervical cytology test results and HPV results documented, even if member self-reports being previously screened by another provider.
- ☐ Submit claims and encounter data in a timely manner. Refer to the coding table.

**Common Chart Deficiencies:**

› Incomplete documentation related to hysterectomy
› HPVs ordered due to positive Pap tests do not count
› Missing documentation of "total," "radical," "complete," abdominal or vaginal hysterectomy

## (CHL) Chlamydia Screening in Women

Measure evaluates the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia.

Sexually active is defined as any member who:

› Had a pregnancy test
› Had any other STD testing completed
› Had a prescription filled for contraceptives

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

*codes subject to change

**To Improve HEDIS Score**

- ☐ Ensure females 16-24 years of age receive appropriate screening for Chlamydia each year.
- ☐ Chlamydia infection often times have no symptoms so routine screening when at risk is important. The CDC recommends non-invasive nucleic acid amplification test or NAAT for chlamydia screening. This can be completed through a urine test. Use CPT code 87491. In addition, the following CPT codes are acceptable to use when services are performed: 87110, 87270, 87320, 87490-87492, and 87810.
- ☐ Appropriate coding will ensure the visit is captured through claims.

## (OMW) Osteoporosis Management in Women Who Had a Fracture

Measure evaluates the percentage of women 67-85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

| DESCRIPTION | CODES |
|---|---|
| Bone Mineral Density Tests | **CPT:** 76977, 77078, 77080-77082, 77085, 77086 |
| Osteoporosis Medications | **HCPCS:** J0897, J1740, J3110, J3489 |
| Long-Acting Osteoporosis Medications during Inpatient Stay | **HCPCS:** J0897, J1740, J3489 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Consider BMD every two years in this age group

### *Osteoporosis Medications*

| Description | Prescription | |
|---|---|---|
| Bisphosphonates | › Alendronate<br>› Alendronate-cholecalciferol<br>› Ibandronate | › Risedronate<br>› Zoledronic acid |

| Description | Prescription |
|---|---|
| Other agents | › Abaloparatide<br>› Denosumab<br>› Raloxifene<br>› Teriparatide |

*subject to change

## (PPC) Prenatal and Postpartum Care

Measure evaluates percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and post-partum care.

**Timeliness of Prenatal Care:** percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization

**Postpartum Care:** percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery

| DESCRIPTION | CODES |
|---|---|
| Prenatal Visits | **CPT:** 99201-99205, 99211-99215, 99241-99245, 99483<br>**CPT-CAT-II:** G0463, T1015 |
| Stand Alone Prenatal Visits | **CPT:** 99500<br>**CPT-CAT-II:** 0500F, 0501F, 0502F<br>**HCPCS:** H1000, H1001, H1002, H1003, H1004 |
| Cervical Cytology | **CPT:** 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175<br>**HCPCS:** G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091 |
| Postpartum Visits | **CPT:** 57170, 58300, 59430, 99501<br>**CPT-CAT-II:** 0503F<br>**HCPCS:** G0101<br>**ICD-10:** Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Ensure that a Notification of Pregnancy form has been sent to the Health Plan
- ☐ Encourage patient to attend all scheduled prenatal visits
- ☐ Ensure that an antepartum flow sheet is completed at each visit
- ☐ Note: Appointments for only ultrasounds are not classified as prenatal care visits

**Common Chart Deficiencies:**

- Office visit that occurred outside of the time frame
- Incision check for post C-section alone is not a postpartum visit

**Postpartum**

**To Improve HEDIS Score**

- ☐ Ensure postpartum visit is completed 7-84 days after delivery and includes one of the following:
  - Pelvic exam; or
  - Evaluation of weight, BP, breast, and abdomen or notation of breastfeeding; or
  - Notation of postpartum care (i.e. pp check, pp care, postpartum care, 6-week check, preprinted form)

# PEDIATRIC HEALTH

For more information, visit **www.ncqa.org**

## (ADD) Follow up Care for Children Prescribed ADHD Medication

Measure evaluates percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who 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 are reported:

› **Initiation Phase:** percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

› **Continuation and Maintenance (C&M) Phase:** percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase.

| DESCRIPTION | CODES |
|---|---|
| An Outpatient Visit | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 |
| BH Outpatient Visit | **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483<br>**HCPCS:** G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015 |
| Observation Visit | **CPT:** 99217-99220 |
| Health and Behavior Assessment/Intervention | **CPT:** 96150-96154 |
| Visit Setting Unspecified Value Set with Partial Hospitalization POS | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251–99255<br>**POS:** 52 |

| DESCRIPTION | CODES |
|---|---|
| Partial Hospitalization/ Intensive Outpatient | **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 |
| Visit Setting Unspecified Value Set with Community Mental Health Center POS | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**POS:** 53 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Schedule a two week follow-up to check member and ensure return by 30 days.
- ☐ Schedule 6 weeks, 3 months and 6 months to ensure child has 2 visits in 9 months.
- ☐ Explain the importance of taking medication as prescribed every day and including weekends.

## (APM) Metabolic Monitoring for Children and Adolescents on Antipsychotics

This measure demonstrates the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic testing. Three rates reported:

1. Percentage of children and adolescents on antipsychotics who received blood glucose testing
2. Percentage of children and adolescents on antipsychotics who received cholesterol testing
3. Percentage of children and adolescents on antipsychotics who received blood glucose and cholesterol testing

| DESCRIPTION (Need either A1C or Glucose AND LDL-C) | CODES |
|---|---|
| HbA1C Tests | **CPT:** 83036, 83037<br>**CPT-CAT-II:** 3044F, 3045F, 3046F |
| Glucose Tests | **CPT:** 80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951 |
| LDL-C Tests | **CPT:** 80061, 83700, 83701, 83704, 83721<br>**CPT-CAT-II:** 3048F, 3049F, 3050F |

*codes subject to change

## (CAP) Children and Adolescents' Access to Primary Care

This measure demonstrates the percentage of members 12 months-19 years of age who had a visit with a PCP.

1. Children 12-24 months-6 years who has a visit with a PCP
2. Children 7-11 years and adolescents 12-19 years who had a visit with a PCP

| CPT | HCPCS | ICD-10 |
|---|---|---|
| 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381 -99387, 99391-99397, 99401 -99404, 99411, 99412, 99429, 99483, 98969, 99444, 98966, 98967, 98968, 99441, 99442, 99443 | G0402, G0438, G0439, G0463, T1015 | Z00.00, Z00.01,Z00.121, Z00.129, Z00.3, Z00.5, 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, Z76.1, Z76.2 |

*codes subject to change

### To Improve HEDIS Score

- ☐ Ensure members 12 months to 24 months and 25 months to 6 years of age receive appropriate preventive visits during the calendar year.
- ☐ Ensure members 7-11 years and adolescents 12-19 years receive appropriate preventive visits during the measurement year or the year prior.
- ☐ Appropriate coding will ensure the visit is captured through claims.

## (CIS) Childhood Immunization Status

This measure demonstrates the percentage of children 2 years of age who completed immunizations on or before child's second birthday.

| DESCRIPTION | CODES |
|---|---|
| DTAP (4 dose) | **CPT:** 90698, 90700, 90721, 90723<br>**CVX:** 20, 50, 106, 107, 110, 120 |
| HIB (3 dose) | **CPT:** 90644, 90645, 90646, 90647, 90648, 90698, 90721, 90748<br>**CVX:** 17, 46, 47, 48, 49, 50, 51, 120, 148 |

| DESCRIPTION | CODES |
|---|---|
| Newborn Hep B (3 dose) | **CPT:** 90723, 90740, 90744, 90747, 90748<br>**CVX:** 08, 44, 45, 51, 110<br>**HCPCS:** G0010<br>**ICD-10:** B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51 |
| IPV (3 dose) | **CPT:** 90698, 90713, 90723<br>**CVX:** 10, 89, 110, 120 |
| MMR (1 dose) | **CPT:** 90705, 90707, 90710, 90708, 90704, 90706<br>**CVX:** 05, 03, 94, 04, 07, 06<br>**ICD-10:** B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9, B26.0, B26.1, B26.2, B26.3, B26.81, B26.82. B26.83, B26.84, B26.85, B26.89, B26.9, B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 |
| Pneumococcal Conjugate PCV (4 dose) | **CPT:** 90670<br>**CVX:** 133, 152<br>**HCPCS:** G0009 |
| Varicella VZV (1 dose) | **CPT:** 90710, 90716<br>**CVX:** 21, 94<br>**ICD-10:** B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9 |
| Hep A (1 dose) | **CPT:** 90633<br>**CVX:** 31, 83, 85<br>**ICD-10:** B15.0, B15.9 |
| Influenza Flu (2 dose) | **CPT:** 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689, 90660, 90672<br>**CVX:** 88, 135, 140, 141, 150, 153, 155, 158, 161, 111, 149<br>**HCPCS:** G0008 |
| Rotavirus (2 Dose) | **CPT:** 90681<br>**CVX:** 119 |
| Rotavirus (3 Dose) | **CPT:** 90680<br>**CVX:** 116, 122 |

*codes subject to change *Rotavirus is either 2 dose OR 3 dose for compliancy

### To Improve HEDIS Score

- ☐ Check compliance with immunizations and lead screening at 18-month well-child visit (not 2 years old)
- ☐ Schedule a visit to "catch up" on immunizations and lead screenings
- ☐ If using Certified Lead Analyzer, submit CPT code 83655
- ☐ Encourage and offer flu shots during the months of September through May
- ☐ Members with Medicaid coverage are considered at risk for lead poisoning and should be screened by age 1 and 2 years
- ☐ Overdue immunizations and lead testing can be administered at sick visits as medically appropriate
- ☐ Anaphylactic reaction due to vaccination: submit ICD–10 codes T80.52XA, T80.52XD, or T80.52XS

**Common Chart Deficiencies:**

› No documentation of contraindications/allergies

› Charts that do not contain immunizations records from health departments and hospitals at birth

› No parental refusal form

## (IMA) Immunizations for Adolescents

Measure evaluates percentage of adolescents 13 years of age who completed immunizations on or before member's 13th birthday

| DESCRIPTION | CODES |
|---|---|
| Meningococcal -serogroup A,C,W, and Y: (1 dose) | **CPT:** 90734<br>**CVX:** 108, 114, 136, 147, 167 |
| Tdap (1 dose) | **CPT:** 90715<br>**CVX:** 115 |
| HPV (2 or 3 dose series) | **CPT:** 90649-90651<br>**CVX:** 62, 118, 137, 165 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Check the status of immunizations at 11-year-old well visit (not 12-year-old well visit).
- ☐ Schedule a visit to "catch up" on immunizations and lead screenings.
- ☐ Encourage and explain benefits of HPV immunizations to members.
- ☐ Overdue immunizations can be administered at sick visits (as medically appropriate).
- ☐ Anaphylactic reaction can happen and should be documented with ICD-10 diagnosis codes: T80.52XA, T80.52XD, or T80.52XS.

**Common Chart Deficiencies:**

› Immunizations administered outside of appropriate timeframes
› No documentation of contraindications/allergies
› Charts that do not contain immunizations records from health departments or other providers

## (LSC) Lead Screening in Children

Measure evaluates percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

| CPT |
|---|
| 83655 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Check compliance with immunizations and lead screening at 18-month well-child visit (not 2 years old)
- ☐ If using Certified Lead Analyzer, submit CPT code 83655
- ☐ Members with Medicaid coverage are considered at risk for lead poisoning and should be screened by age 1 and 2 years

## (W15/W34/AWC) Well Child and Adolescent Well-Care Visits

Components of a comprehensive well care visit include: **A health history, a physical developmental history, a mental developmental history, a physical exam, and health education/anticipatory guidance.** Visits must be with a PCP and assessment or treatment of an acute or chronic condition do not count towards the measure. Be sure to use age-appropriate codes.

Eight (8) visits should occur by age 15 months (HEDIS requires at least six visits). Children over 3 years of age should receive a well-child visit every year.

### To Improve HEDIS Score

- ☐ Each well-child visit should have the following completed and documented:
  - › A health history
  - › A physical developmental history
  - › A mental developmental history
  - › A physical exam
  - › Health education/anticipatory guidance
  - › BMI percentile either plotted on a growth chart or as a percentile
- ☐ Remember to:
  - › Refer members to a dentist by 1 year of age
  - › Ensure shots are up to date for children turning 2 years old and for adolescents by their 13th birthday
  - › Ensure lead screening completed before the 2nd birthday (all members on Medicaid are considered at risk for lead poisoning and should be screened)

**(W15) Well Child Visits in the First 15 Months of Life:** Children who turned 15 months old and who had at least 6 well-child visits with a PCP prior to turning 15 months.

| CPT | HCPCS | ICD-10 |
|---|---|---|
| 99381, 99382, 99391, 99392, 99461 | G0438, G0439 | Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.0, Z02.71, Z02.82, Z00.5 |

*codes subject to change

### To Improve HEDIS Score

- ☐ Ensure members birth through 15 months receive appropriate preventive visits during the calendar year during the appropriate time frames.
- ☐ Ensure documentation includes all appropriate screening requirements. Reference the American Academy/Bright Futures site for additional guidance on appropriate documentation.
- ☐ Appropriate coding for the members age will ensure the visit is captured through claims.

**(W34) Well Child Visits First 3-6 Years of Life:** Children 3-6 years of age who had one or more well-child visits with a PCP

| CPT | HCPCS | ICD-10 |
|---|---|---|
| 99382, 99383, 99392, 99393 | G0438, G0439 | Z00.121, Z00.129, Z00.8, Z02.0, Z02.2, Z02.5, Z02.6, Z02.71, Z02.82 |

*codes subject to change

**To Improve HEDIS Score**

- ☐ Ensure members 3-6 years of age receive appropriate preventive visits during the calendar year.
- ☐ Ensure documentation includes all appropriate screening requirements. Reference the American Academy/Bright Futures site for additional guidance on appropriate documentation.
- ☐ Appropriate coding for the members age will ensure the visit is captured through claims.
- ☐ Ensure BMI is either plotted on a growth chart or documented as a percentile.
- ☐ 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. Use age-appropriate codes when submitting well child visits.

**(AWC) Adolescent Well-Care Visit:** Members 12-21 years of age who had at least one comprehensive well-care visit with a PCP **or** OB/GYN

| CPT | HCPCS | ICD-10 |
|---|---|---|
| 99381-99383, 99384-99385, 99391-99393, 99394-99395, 99461 | G0438, G0439 | Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2 |

*codes subject to change

**Common Chart Deficiencies:**

› Adolescents sick visit charts and no well visit related documentation

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

This measure demonstrates the percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following:

› BMI Percentile
› Counseling for Nutrition
› Counseling for physical activity

| DESCRIPTION | CODES |
|---|---|
| BMI Percentile | **ICD-10:** Z68.51, Z68.52, Z68.53, Z58.54 |
| Nutrition Counseling | **CPT:** 97802, 97803, 97804<br>**HCPCS:** G0270, G0271, G0447, S9449, S9452, S9470<br>**ICD-10:** Z71.3 |
| Physical Activity | **HCPCS:** G0447, S9451<br>**ICD-10:** Z02.5, Z71.82 |

*codes subject to change

All children ages 13-17 years old must have documentation of BMI Percentile, Nutritional Counseling and Physical Activity Counseling in the Medical Record.

**To Improve HEDIS Score**

- ☐ Nutritional counseling: add informational diagnosis code Z71.3 to claim, Medical Nutrition Therapy CPT codes: 97802-97804; Medical Nutrition HCPCS codes: G0270, G0271, G0447, S9449, S9452, S9470; ICD 10 code Z71.3
- ☐ Physical activity counseling: add HCPCS codes G0447 and S9451; ICD 10 codes Z02.5 and Z71.82

## EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) QUICK REFERENCE GUIDE

| INFANCY AND EARLY CHILDHOOD EPSDT PREVENTIVE MEDICAL VISITS | | | |
|---|---|---|---|
| Children should have 11 EPSDT visits before 3 years old* Eight (8) visits should be completed within 15 months. Three (3) additional EPSDT preventive medical visits should occur before age 3 years: | | | |
| › 3-5 day | › by 1 month | › 2 months | › 4 months |
| › 6 months | › 9 months | › 12 months | › 15 months |
| › 15 months | › 18 months | › 24 months | › 30 months |
| **HEDIS Requirements** | | | |
| HEDIS requires at least 6 visits by 15 months. Note: EPSDT preventive medical visits that occur at 15 months and 1 day old, will not count towards HEDIS scores. | | | |

**Tips**

› If the Provider is compliant with the Bright Futures guideline, they will be compliant with the HEDIS requirements.

› Schedule a visit for members who may need to catch up with the BFG periodicity schedule.

› Document type of anticipatory guidance.

› Assess for a dental home and first dental exam no later than 12 months. According to American Academy of Pediatrics (AAP) 2019 Bright Futures "Recommendations for Pediatric Health Care" Periodicity Schedule.

**DEVELOPMENTAL SCREENINGS**

A Developmental Screening using a STANDARIZED DEVELOPMENTAL SCREENING TOOL must be performed at the 9 month, 18 month and 30 month EPSDT preventive medical visits.

**ACCEPTABLE STANDARDIZED TOOLS**

› Ages and Stages Questionnaire (ASQ) – 2 months to 5 years

› Ages and Stages Questionnaire – 3rd Edition (ASQ-3)

› Battelle Developmental Inventory Screening Tool (BDI-ST) Birth to 95 months

› Bayley Infant Neuro-developmental Screen (BINS) – 3 months to 2 years

› Brigance Screens-II – Birth to 90 months

› Child Development Inventory (CDI) - 18 months to 6 years

› Infant Development Inventory – Birth to 18 months

› Parents' Evaluation of Developmental Status (PEDS) – Birth to 8 years

› Parent's Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)

To be reimbursed for performing developmental screening using a standardized tool providers must bill CPT Code 96110 with the EP modifier and the appropriate preventive ICD-10 diagnosis code

**AUTISM SCREENINGS**

Autism Screenings are required at the 18 month and 24 month preventive medical visits and/or any time parents raise a concern. The screening should be performed with an autism-specific screening tool.

**The Modified Checklist for Autism in Toddlers (MCHAT) is the recommended tool and downloadable at https://m-chat.org.**
Providers should submit CPT code 96110 with the EP and UA modifier.

**For catch up visits, the provider should submit CPT code 96110 and the EP, UA and HA modifiers.**

**CHILDHOOD IMMUNIZATIONS**

› Assess the need for immunizations at each EPSDT preventive medical visit.

› Immunizations, if needed and appropriate, must be given at the time of the visit.

**HEDIS Requirements**

Children must be fully immunized on or before the 2nd birthday.

Note: If the child is 2 years and 1 day old, service(s) will not count towards HEDIS scores.

**Tips**

› If the Provider is compliant with the Bright Futures and ACIP guidelines, they will be in compliance with the HEDIS requirements.

› Consider administering overdue immunizations at sick visits (if medically appropriate).

› Ensure compliance with immunizations before the 24 month EPSDT preventive medical visit.

› Schedule a visit for members who may need to catch up with the BFG periodicity schedule.

› Encourage and offer flu shots during the months of September through May.

› Providers should perform immunization "catch up" visits for members who may need to be current with the ACIP schedule.

› Enter immunizations in GRITS registry as required www.grits.state.ga.us

**BLOOD LEAD LEVEL (BLL) SCREENING TEST**

A BLL screening test must be done at the 12 month AND 24 month EPSDT preventive medical visits.

**HEDIS Requirements**

Children must have at least one BLL screening test on or before the 2nd birthday.

Note: If the child is 2 years and 1 day old, service(s) will not count towards HEDIS scores.

If a provider performs the BLL screenings as required by Bright Futures, they will be compliant with the HEDIS requirements.

**Tips**

› Consider performing past due BLL screening test at sick visit

› Ensure at least one BLL screening test before the 24 month EPSDT preventive medical visit

› Report BLL screening test results https://sendss.state.ga.us

› If using a Certified Lead Analyzer, submit CPT Code 83655

A blood lead risk assessment is required at 6, 9 and 18 months and 3 to 6 years per the BFG periodicity schedule. Children between the ages of 36 months and 72 months must receive one Blood Lead Level (BLL) screening test if they have not previously been tested.

**SCREENING AND TESTING FOR STI/HIV**

STI – Risk Assessment: At the 11 through 20 year visits.

Screening: Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases.

HIV – Risk Assessment: At the 11 through 14 year and 19 through 20 year visits

Screening: Adolescents should be screened for HIV according to the USPSTF recommendations once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm)

Documentation of risk assessment, screening or referral to an appropriate provider for this service must be in the medical record.

**HEDIS Requirements**

Sexually active females who are ages 16 - 24 years old must be tested for Chlamydia each year.

Note: HEDIS specifications indicate females who are “sexually active” and need Chlamydia screenings based on a history of specific diagnoses and prescriptions.

Make every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

| DEVELOPMENTAL/BEHAVIORAL ASSESSMENT |
|---|
| Tobacco, Alcohol & Drug Use Assessment are required at each EPSDT preventive medical visit beginning at 11 years old. Depression Screenings are required at each EPSDT preventive medical visit beginning at 12 years old. |
| **Tips** |
| The Recommend Alcohol & Drug Use screening tool is the CRAFFT Tool available at http://www.crafft.org.<br><br>Depression screenings should be completed using a standardized tool such as the Patient Health Questionnaire (PHQ)-2 (http://www.cqaimh.org/pdf/tool_phq2.pdf) or other tools available in the GLAD-PC toolkit and at: http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf |

| CHILDHOOD AND ADOLESCENT EPSDT PREVENTIVE MEDICAL VISITS |
|---|
| Children must have an EPSDT preventive medical visit at every age, starting at **3 years old.*** |
| **HEDIS Requirements** |
| **HEDIS requires annual visits to be complete before December 31st of each calendar year.** |
| **Tips** |
| › Perform EPSDT preventive medical visits in place of sports/camp physicals, only if the member has not received the annual preventive medical visit.<br>› Document the type of anticipatory guidance.<br>› Ensure a dental home is established by age 1 years old; encourage members to see a dentist every 6 months.<br>› According to American Academy of Pediatrics (AAP) 2019 Bright Futures "Recommendations for Pediatric Health Care" Periodicity Schedule. |

## Immunization Schedule: Birth to 15 Months

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups
- No recommendation/Not applicable

| Vaccine | Birth | 1 mo | 2 mos | 4 mos | 6 mos | 9 mos | 12 mos | 15 mos |
|---|---|---|---|---|---|---|---|---|
| Hepatitis B (HepB) | 1st dose | 2nd dose | | | ←3rd dose→ | | | |
| Rotavirus: (RV) RV1 (2-dose series); RV5 (3-dose series | | | 1st dose | 2nd dose | See notes* | | | |
| Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs) | | | 1st dose | 2nd dose | 3rd dose | | | ←4th dose→ |
| Haemophilus influenzae type b (Hib) | | | 1st dose | 2nd dose | See notes* | | ←3rd or 4th dose, See notes*→ | |
| Pneumococcal conjugate (PCV13) | | | 1st dose | 2nd dose | 3rd dose | | ←4th dose→ | |
| Inactivated poliovirus (IPV: <18 yrs) | | | 1st dose | 2nd dose | ←3rd dose→ | | | |
| Influenza (IIV) | | | | | Annual vaccination 1 or 2 doses | | | |
| or Influenza (LAIV) | | | | | | | | |
| Measles, mumps, rubella (MMR) | | | | | See notes* | | ←1st dose→ | |
| Varicella (VAR) | | | | | | | ←1st dose→ | |
| Hepatitis A (HepA) | | | | | See notes* | | ←2-dose series, See notes*→ | |
| Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs) | | | | | | | | |
| Human papillomavirus (HPV) | | | | | | | | |
| Meningococcal (MenACWY-D: ≥9 mos; MenACWY-CRM: ≥2 mos) | | | See notes* | | | | | |
| Meningococcal B (MenB) | | | | | | | | |
| Pneumococcal polysaccharid (PPSV23) | | | | | | | | |

*For additional information please reference The Centers for Disease Control and Prevention at

https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

## Immunization Schedule: 18 Months to 18 Years

- Range of recommended ages for all children
- Range of recommended ages for catch-up immunization
- Range of recommended ages for certain high-risk groups
- Recommended based on shared clinical decision-making or *can be used in this age group
- No recommendation/Not applicable

| Vaccine | 18 mos | 19-23 mo | 2-3 yrs | 4-6 yrs | 7-10 yrs | 11-12 yrs | 13-15 yrs | 16 yrs | 17-18 yrs |
|---|---|---|---|---|---|---|---|---|---|
| Hepatitis B (HepB) | ←3rd dose→ | | | | | | | | |
| Rotavirus: (RV) RV1 (2-dose series); RV5 (3-dose series | | | | | | | | | |
| Diphtheria, tetanus, & acellular pertussis (DTaP: <7 yrs) | ←4th dose→ | | | 5th dose | | | | | |
| Haemophilus influenzae type b (Hib) | | | | | | | | | |
| Pneumococcal conjugate (PCV13) | | | | | | | | | |
| Inactivated poliovirus (IPV: <18 yrs) | ←3rd dose→ | | | 4th dose | | | | | |
| Influenza (IIV) | Annual vaccination 1 or 2 doses | | | | | Annual vaccination 1 dose only | | | |
| or Influenza (LAIV) | | | Annual vaccination 1 or 2 doses or | | | Annual vaccination 1 dose only | | | |
| Measles, mumps, rubella (MMR) | | | | 2nd dose | | | | | |
| Varicella (VAR) | | | | 2nd dose | | | | | |
| Hepatitis A (HepA) | ← 2-dose series, See notes*→ | | | | | | | | |
| Tetanus, diphtheria, & acellular pertussis (Tdap: ≥7 yrs) | | | | | | Tdap | | | |
| Human papillomavirus (HPV) | | | | | * | See notes* | | | |
| Meningococcal (MenACWY-D: ≥9 mos; MenACWY-CRM: ≥2 mos) | | | | | | 1st dose | | 2nd dose | |
| Meningococcal B (MenB) | | | | | | See notes* | | | |
| Pneumococcal polysaccharid (PPSV23) | | | See notes* | | | | | | |

*For additional information please reference The Centers for Disease Control and Prevention at

https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html

# Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.



| | INFANCY | | | | | | | | EARLY CHILDHOOD | | | | | | | MIDDLE CHILDHOOD | | | | | | ADOLESCENCE | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **AGE**[1] | **Prenatal**[2] | **Newborn**[3] | **3-5 d**[4] | **By 1 mo** | **2 mo** | **4 mo** | **6 mo** | **9 mo** | **12 mo** | **15 mo** | **18 mo** | **24 mo** | **30 mo** | **3 y** | **4 y** | **5 y** | **6 y** | **7 y** | **8 y** | **9 y** | **10 y** | **11 y** | **12 y** | **13 y** | **14 y** | **15 y** | **16 y** | **17 y** | **18 y** | **19 y** | **20 y** | **21 y** |
| **HISTORY** Initial/Interval | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **MEASUREMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Length/Height and Weight | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Head Circumference | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | |
| Weight for Length | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | |
| Body Mass Index[5] | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Blood Pressure[6] | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **SENSORY SCREENING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision[7] | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ● | ● | ● | ● | ★ | ● | ★ | ● | ★ | ● | ★ | ★ | ● | ★ | ★ | ★ | ★ | ★ | ★ |
| Hearing | | ●[8] | ●[9] | ——→ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ● | ● | ● | ★ | ● | ★ | ● | ←—— | | | | ●[10] | ★ | ←—— | | ●[10] | ★ | ——→ |
| **DEVELOPMENTAL/BEHAVIORAL HEALTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Developmental Screening[11] | | | | | | | | ● | | | ● | | ● | | | | | | | | | | | | | | | | | | | |
| Autism Spectrum Disorder Screening[12] | | | | | | | | | | | ● | ● | | | | | | | | | | | | | | | | | | | | |
| Developmental Surveillance | | ● | ● | ● | ● | ● | ● | | ● | ● | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Psychosocial/Behavioral Assessment[13] | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Tobacco, Alcohol, or Drug Use Assessment[14] | | | | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Depression Screening[15] | | | | | | | | | | | | | | | | | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Maternal Depression Screening[16] | | | | | ● | ● | ● | ● | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHYSICAL EXAMINATION**[17] | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **PROCEDURES**[18] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Newborn Blood | | ●[19] | ●[20] | ——→ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Newborn Bilirubin[21] | | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Critical Congenital Heart Defect[22] | | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunization[23] | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Anemia[24] | | | | | | ★ | | | ● | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Lead[25] | | | | | | | ★ | ★ | ● or ★[26] | | ★ | ● or ★[26] | | ★ | ★ | ★ | ★ | | | | | | | | | | | | | | | | |
| Tuberculosis[27] | | | | ★ | | | ★ | | ★ | | | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| Dyslipidemia[28] | | | | | | | | | | | | ★ | | | ★ | | ★ | | ★ | ←— | ● —→ | ★ | ★ | ★ | ★ | ★ | ←—— | | | | ● —→ | |
| Sexually Transmitted Infections[29] | | | | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ |
| HIV[30] | | | | | | | | | | | | | | | | | | | | | | ★ | ★ | ★ | ★ | ←—— | ● —→ | ★ | ★ | ★ | ★ | ★ |
| Cervical Dysplasia[31] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ● |
| **ORAL HEALTH**[32] | | | | | | | | ●[33] | ●[33] | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | | | | | | | | | | | | | | | | |
| Fluoride Varnish[34] | | | | | | | | ←—— | | | —→ | ● | ←—— | | | | —→ | | | | | | | | | | | | | | | | |
| Fluoride Supplementation[35] | | | | | | | | ★ | ★ | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | | | | | |
| **ANTICIPATORY GUIDANCE** | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/S1/183.full).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://crafft.org.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at (https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf).
16. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://pediatrics.aappublications.org/content/143/1/e20183259).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.

*(continued)*

**KEY:** ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←—— ● ——→ = range during which a service may be provided

BFNC 2020 PSFEB 3-355/0220

**Periodicity schedule:**
**Recommendations for Preventive Pediatric Health Care**
https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

# Periodicity schedule: Recommendations for Preventive Pediatric Health Care

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

*(continued)*

19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/newborn-screening/states) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/124/4/1193).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at https://redbook.solutions.aap.org/SS/immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (http://pediatrics.aappublications.org/content/138/1/e20161493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases.*
30. Adolescents should be screened for HIV according to the USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening1) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
31. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/cervical-cancer-screening2). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/3/583.full).
32. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
33. Perform a risk assessment (https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx). See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
34. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/dental-caries-in-children-from-birth-through-age-5-years-screening). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).
35. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).

## Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care

(Periodicity Schedule)

This schedule reflects changes approved in October 2019 and published in March 2020.
For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

### CHANGES MADE IN OCTOBER 2019

**MATERNAL DEPRESSION**

- Footnote 16 has been updated to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice' (https://pediatrics.aappublications.org/content/143/1/e20183259)."

### CHANGES MADE IN DECEMBER 2018

**BLOOD PRESSURE**

- Footnote 6 has been updated to read as follows: "Screening should occur per 'Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents' (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

**ANEMIA**

- Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter)."

**LEAD**

- Footnote 25 has been updated to read as follows: "For children at risk of lead exposure, see 'Prevention of Childhood Lead Toxicity' (http://pediatrics.aappublications.org/content/138/1/e20161493) and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' (https://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)."

HRSA
Health Resources & Services Administration
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# GENERAL HEALTH

For more information, visit **www.ncqa.org**

## (AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis:

The percentage of episodes of members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

**Clinical Goal:**

Members treated for acute bronchitis should NOT be prescribed antibiotics unless there are co-morbid conditions or competing diagnoses that require antibiotic therapy.

Note: This measure is reported as an inverted rate. A higher rate indicates appropriate treatment of adults with acute bronchitis. It describes the proportion for whom antibiotics were not prescribed.

**Exclusions**

Exclude episode dates when the member had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the episode date.
A code form any of the following meet criteria for comorbid condition:

| EXCLUSIONS/CO-MORBID CONDITIONS |
|---|
| Comorbid Conditions, Competing Diagnosis, COPD, Cystic Fibrosis, Disorders of Immune System, Emphysema, HIV, HIV Type 2, Malignant Neoplasms, Other Malignant Neoplasms of Skin, and Pharyngitis |

**Documentation:**

Evidence from claim/encounter data with a date of service for any outpatient or ED visit with an acute bronchitis diagnosis and no new or refill prescription for an antibiotic medication in the measurement year

Criteria to Meet the Goal: Proper coding is critical to ensure accurate reporting of these measures, and it may also decrease the need for medical record reviews.

| DESCRIPTION | CODES |
|---|---|
| Acute Bronchitis | ICD-10-CM: J20.0-J20.9 |
| ED | CPT: 99281-99285 |
| Observation | CPT: 99217-99220 |
| Outpatient | CPT: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347- 99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412,99483, 99429, 99455, 99456<br>HCPCS: G0402, G0438,G0439, G0463, T1015 |

## AAB Antibiotic Medication

| DESCRIPTION | PRESCRIPTION | |
|---|---|---|
| Aminoglycosides | › Amikacin<br>› Gentamicin· | › Streptomycin<br>› Tobramycin |
| Aminopencillins | › Amoxicillin | › Ampicillin |
| Beta-lactamase inhibitors | › Amoxicillin-clavulanate<br>› Ampicillin-sulbactam | › Piperacillin-tazobactam |
| First-generation cephalosporins | › Cefadroxil<br>› Cephalexin | › Cefazolin |
| Fourth-generation cephalosporins | › Cefepime | |
| Ketolides | › Telithromycin | |
| Lincomycin derivatives | › Clindamycin | › Lincomycin |
| Macrolides | › Azithromycin<br>› Clarithromycin | › Erythromycin<br>› Erythromycin ethylsuccinate<br>› Erythromycin lactobionate<br>› Erythromycin stearate |
| Miscellaneous antibiotics | › Aztreonam<br>› Chloramphenicol<br>› Dalfopristin-quinupristin | › Daptomycin<br>› Linezolid<br>› Metronidazole<br>› Vanomycin |
| Natural penicillins | › Penicillin G benza-thine-procaine<br>› Penicillin G potassium | › Penicillin G procaine<br>› Penicillin G sodium<br>› Penicillin V potassium<br>› Penicillin G benzathine |
| Penicillinase resistant penicillins | › Dicioxacillin | › Nafcillin<br>› Oxacillin |
| Quinolones | › Ciprofloxacin<br>› Gemifloxacin | › Levofloxacin<br>› Moxifloxacin<br>› Ofloxacin |
| Rifamycin derivatives | › Rifampin | |
| Second-generation cephalosporin | › Cefaclor<br>› Cefotetan | › Cefoxitin<br>› Cefprozil<br>› Cefuroxime |

| DESCRIPTION | PRESCRIPTION | |
|---|---|---|
| Sulfonamides | › Sulfadiazine | › Sulfamethoxazole-trimethoprim |
| Tetracyclines | › Doxycycline | › Minocycline<br>› Tetracycline |
| Third-generation cephalosporins | › Cefdinir<br>› Cefditoren<br>› Cefixime | › Cefotaxime<br>› Cefpodoxime<br>› Ceftazidime<br>› Ceftibuten<br>› Ceftriaxone |
| Urinary anti-infectives | › Fosfomysin<br>› Nitrofurantoin<br>› Nitrofurantoin macrocrystals | › Nitrofurantoin macrocrystals-monohydrate<br>› Trimethoprim |

## To Improve HEDIS Score

Refer to the illness as a "chest cold" or viral upper respiratory infection and suggest at home treatments such as:

- ☐ Using over-the-counter cough medicine and anti-inflammatory medicine
- ☐ Drinking extra fluids and resting
- ☐ Using a nasal irrigation device or steamy hot shower for nasal and sinus congestion relief

If the patient or caregiver insists on an antibiotic:

- ☐ Review the absence of bacterial infection symptoms with the patient and caregiver and educate that antibiotics will not help with viral infections
- ☐ Discuss the side effects of taking antibiotics
- ☐ Arrange for an early follow-up visit, either by phone call or re-examination

## (AMR) Asthma Medication Ratio

Measure evaluates the percentage of members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medication of 0.50 or greater.

› For each member, count the units of asthma controller medications (**Asthma Controller Medications List**) dispensed during the measurement year.

› For each member, count the units of asthma reliever medications (**Asthma Reliever Medications List**) dispensed during the measurement year.

  › For each member, sum the units calculated in step 1 and step 2 to determine units of total asthma medications

  › For each member, calculate ratio using the below:

    ■ Units of Controller Medications / Units of Total Asthma Medications

### *Asthma Controller Medications*

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Antiasthmatic combinations | › Dyphylline-guaifenesin | Dyphylline Guaifenesin Medications List | Oral |
| Antibody inhibitors | › Omalizumab | Omalizumab Medications List | Subcutaneous |
| Anti-interleukin-5 | › Benralizumab | Benralizumab Medications List | Subcutaneous |
| Anti-interleukin-5 | › Mepolizumab | Mepolizumab Medications List | Subcutaneous |
| Anti-interleukin-5 | › Reslizumab | Reslizumab Medications List | Intravenous |
| Inhaled steroid combinations | › Budesonide-formoterol | Budesonide Formoterol Medications List | Inhalation |
| Inhaled steroid combinations | › Fluticasone-salmeterol | Fluticasone Salmeterol Medications List | Inhalation |
| Inhaled steroid combinations | › Fluticasone-vilanterol | Fluticasone Vilanterol Medications List | Inhalation |
| Inhaled steroid combinations | › Formoterol-mometasone | Formoterol Mometasone Medications List | Inhalation |
| Inhaled corticosteroids | › Beclometha-sone | Beclomethasone Medications List | Inhalation |
| Inhaled corticosteroids | › Budesonide | Budesonide Medications List | Inhalation |
| Inhaled corticosteroids | › Ciclesonide | Ciclesonide Medications List | Inhalation |

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Inhaled corticosteroids | › Flunisolide | Flunisolide Medications List | Inhalation |
| Inhaled corticosteroids | › Fluticasone | Fluticasone Medications List | Inhalation |
| Inhaled corticosteroids | › Mometasone | Mometasone Medications List | Inhalation |
| Leukotriene modifiers | › Montelukast | Montelukast Medications List | Oral |
| Leukotriene modifiers | › Zafirlukast | Zafirlukast Medications List | Oral |
| Leukotriene modifiers | › Zileuton | Zileuton Medications List | Oral |
| Methylxanthines | › Theophylline | Theophylline Medications List | Oral |

*subject to change

### *Asthma Reliever Medications*

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Short-acting, inhaled beta-2 agonists | Albuterol | Albuterol Medications List | Inhalation |
| Short-acting, inhaled beta-2 agonists | Levalbuterol | Levalbuterol Medications List | Inhalation |

*subject to change

## (CWP) Appropriate Testing for Pharyngitis

This measure demonstrates the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

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

*codes subject to change

**To Improve HEDIS Score**

Use Rapid Strep Test in office - Peach State Health Plan reimburses providers for this test (87880).

☐ "Prescribe" OTC symptom reliever and call in an antibiotic if positive strep test.

## (FUH) Follow-Up After Hospitalization for Mental Illness

Measure evaluates percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.

Two rates are reported:

Discharges for which the member received **follow-up within 30 days after discharge.**

Discharges for which the member received **follow-up within 7 days after discharge.**

| DESCRIPTION | CODES |
|---|---|
| Visit Setting Unspecified Value Set with Outpatient POS with Mental Health Practitioner | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72 |
| BH Outpatient Visit with Mental Health Practitioner | **CPT:** 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99510, 99483<br>**HCPCS:** G0155, G0176, G0177, G0409, G0463, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013, H2014, H2015, H2016, H2017, H2018, H2019, H2020, M0064, T1015 |
| Visit Setting Unspecified Value Set with Partial Hospitalization POS with Mental Health Practitioner | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**POS:** 52 |
| Partial Hospitalization/ Intensive Outpatient | **HCPCS:** G0410, G0411, H0035, H2001, H2012, S0201, S9480, S9484, S9485 |

| DESCRIPTION | CODES |
|---|---|
| Visit Setting Unspecified Value Set with Community Mental Health Center POS | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**POS:** 53 |
| Electroconvulsive Therapy with Ambulatory Surgical Center POS/ Community Mental Health Center POS/ Outpatient POS/ Partial Hospitalization POS | **CPT:** 90870<br>Ambulatory **POS:** 24<br>Comm. **POS:** 53<br>Partial Hosp. **POS:** 52<br>Outpatient **POS:** 03, 05, 07, 09, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 33, 49, 50, 71, 72, 52 |
| Telehealth Visit | **CPT:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255<br>**POS:** 02 |
| Observation | **CPT:** 99217-99220 |
| Transitional Care Management | **CPT:** 99495, 99496 |

*codes subject to change

## (IET) Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment

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

› **Initiation of AOD Treatment:** percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment **within 14 days** of the diagnosis

› **Engagement of AOD Treatment:** percentage of members who initiated treatment and who were engaged in ongoing AOD treatment **within 34 days** of the initiation visit

| CPT | HCPCS | POS |
|---|---|---|
| 98960-98962, 99078, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99408-99409, 99411-99412, 99510, 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875-90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99483, 99217-99220 | G0155, G0176, G0177, G0396, G0397, G0409-G0411, G0443, G0463, H0001, H0002, H0004, H0005, H0007, H0015, H0016, H0022, H0031, H0034-H0037, H0039, H0040, H0047, H2000, H2001, H2010-H2020, H2035, H2036, M0064, S0201, S9480, S9484, S9485, T1006, T1012, T1015 | 02, 03, 05, 07, 09, 11-20, 22, 33, 49- 50, 52-53, 57, 71-72 |

*codes subject to change

*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.

## (MMA) Medication Management for People with Asthma

This measure demonstrates the percentage of members 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.

› The percentage of members who remained on an asthma controller medication for at least 50% of their treatment period.

› The percentage of members who remained on an asthma controller medication for at least 75% of their treatment period

***Asthma Controller Medications***

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Antiasthmatic combinations | › Dyphylline-guaifenesin | Dyphylline Guaifenesin Medications List | Oral |
| Antibody inhibitors | › Omalizumab | Omalizumab Medications List | Subcutaneous |

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Anti-interleukin-5 | › Benralizumab | Benralizumab Medications List | Subcutaneous |
| Anti-interleukin-5 | › Mepolizumab | Mepolizumab Medications List | Subcutaneous |
| Anti-interleukin-5 | › Reslizumab | Reslizumab Medications List | Intravenous |
| Inhaled steroid combinations | › Budesonide-formoterol | Budesonide Formoterol Medications List | Inhalation |
| Inhaled steroid combinations | › Fluticasone-salmeterol | Fluticasone Salmeterol Medications List | Inhalation |
| Inhaled steroid combinations | › Fluticasone-vilanterol | Fluticasone Vilanterol Medications List | Inhalation |
| Inhaled steroid combinations | › Formoterol-mometasone | Formoterol Mometasone Medications List | Inhalation |
| Inhaled corticosteroids | › Beclomethasone | Beclomethasone Medications List | Inhalation |
| Inhaled corticosteroids | › Budesonide | Budesonide Medications List | Inhalation |
| Inhaled corticosteroids | › Ciclesonide | Ciclesonide Medications List | Inhalation |
| Inhaled corticosteroids | › Flunisolide | Flunisolide Medications List | Inhalation |
| Inhaled corticosteroids | › Fluticasone | Fluticasone Medications List | Inhalation |
| Inhaled corticosteroids | › Mometasone | Mometasone Medications List | Inhalation |
| Leukotriene modifiers | › Montelukast | Montelukast Medications List | Oral |
| Leukotriene modifiers | › Zafirlukast | Zafirlukast Medications List | Oral |
| Leukotriene modifiers | › Zileuton | Zileuton Medications List | Oral |
| Methylxanthines | › Theophylline | Theophylline Medications List | Oral |

*subject to change

**To Improve HEDIS Score**

- ☐ If sample is given document the following; name of sample, date sample was given, and quantity.
- ☐ Ensure members who are referred to a specialist for Asthma are keeping appointments.
- ☐ Coordinate with the referred provider on receiving a list of current medications prescribed.
- ☐ Controller medications include:
  - See above Drug Specifications

### *Asthma Reliever Medications*

| Description | Prescriptions | Medication Lists | Route |
|---|---|---|---|
| Short-acting, inhaled beta-2 agonists | Albuterol | Albuterol Medications List | Inhalation |
| Short-acting, inhaled beta-2 agonists | Levalbuterol | Levalbuterol Medications List | Inhalation |

*subject to change

## (URI) Appropriate Treatment for Upper Respiratory Infection

This measure is the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

**Clinical Goals:**

Effectively evaluate to prevent the inappropriate prescription of antibiotics. A higher rate indicates appropriate treatment.

**Criteria to Meet the Goal:** Proper coding is critical to ensure accurate reporting of these measures, and it may also de-crease the need for medical record reviews.

| DESCRIPTION | CODES |
|---|---|
| Upper Respiratory Infection | ICD-10-CM: J00, J06.0, J06.9 |

## NOTES

## NOTES

Peach State Health Plan
1-866-874-0633 • pshp.com

Ambetter from Peach State Health Plan
1-877-687-1180 • ambetter.pshpgeorgia.com

Allwell from Peach State Health Plan
https://allwell.pshpgeorgia.com
HMO: 1-844-890-2326: (TTY: 711)
HMO SNP: 1-877-725-7748: (TTY: 711)