

# Follow-Up Care for Children Prescribed ADHD Medication (ADD)



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## Q: Which members are included in the sample?

- A:** Children 6-12 years newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported.
- ☑ *Initiation Phase.* Children with an ambulatory prescription dispensed for ADHD medication that had one follow-up visit during the 30-day Initiation Phase.
  - ☑ *Continuation and Maintenance (C&M) Phase.* Members who (a) remained on ADHD medication for at least 210 days (7 months) and (b) had at least two follow-up visits within 270 days (9 months) after the Initiation Phase ended.

## Q: What codes are used?

- A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

- A:** *None.* This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

# Follow-Up Care for Children Prescribed ADHD Medication (ADD)



## Q: What type of document is acceptable?

**A:** Evidence from a claim/encounter

1. Children in the specified age range who were dispensed an ADHD medication

Description	Prescription
CNS stimulants	<ul style="list-style-type: none"><li>• <u>Amphetamine-dextroamphetamine</u></li><li>• <u>Dexmethylphenidate</u></li></ul> <ul style="list-style-type: none"><li>• <u>Dextroamphetamine</u></li><li>• <u>Lisdexamfetamine</u></li><li>• Methylphenidate</li><li>• Methamphetamine</li></ul>
Alpha-2 receptor agonists	<ul style="list-style-type: none"><li>• Clonidine</li><li>• <u>Guanfacine</u></li></ul>
Miscellaneous ADHD medications	<ul style="list-style-type: none"><li>• <u>Atomoxetine</u></li></ul>

2. Member follow-up visit with a practitioner with prescribing authority, within 30 days of ADHD medication dispensing
  - a. Of these members, in the following 9 months, who received at least 2 additional follow-up visits with any practitioner

## Q: How to improve score for this HEDIS measure?

**A:**

- Use of complete and accurate Value Set Codes
- Timely submission of claims and encounter data
- Schedule 30-day follow-up for all children who are dispensed ADHD medication to assess how medication is working

# Follow-Up Care for Children Prescribed ADHD Medication (ADD)



## SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

N/A

### CPT codes

ADD Stand Alone Visits	96150-96154, 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401-99404, 99411, 99412, 99510
ADD Visits Group 1	90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90875, 90876
ADD Visits Group 2	99221-99223, 99231-99233, 99238, 99239, 99251-99255
Telephone Visits	98966-98968, 99441-99443

### HCPCS codes

ADD Stand Alone Visits	G0155, G0176, G0177, G0409- G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015
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### Exclusion codes

Refer to Chemical Dependency Value Set, Mental Health Diagnosis Value Set, Narcolepsy Value Set, Acute Inpatient Value Set

# Adolescent Well-Care Visits (AWC)



## Q: Which members are included in the sample?

**A:** Members 12-21 years of age who had at least one comprehensive well-care visit with a Primary Care Practitioner or an OB/GYN practitioner in **2016**.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** Documentation in the medical record must include a note indicating a visit with a PCP or OB/GYN practitioner, the date when the well-care visit occurred and evidence of all of the following:

- A health/interval history*
- A physical developmental history*
- A mental developmental history*
- A physical exam*
- Health education/anticipatory guidance*

Physical Exam	Health History	Physical Health Development	Mental Health Development	Anticipatory Guidance
Weight	Interval history	Developing appropriately for age	Making good grades at school	Safety (seat belt)
Height	Active problems	Does not smoke or drink alcohol	Has good circle of friends	Nutrition (vitamins, frequency of eating, snacks, ideal weight)
Chest	Past medical history	Participates in team sports at school	Transitioning to high school well	Fitness and the importance of exercise
Heart	Surgical history	Discussions about P.E. at school	Seems detached from family/friends	Oral health (dental visits, eating habits, need for orthodontics)
Lungs	Family history	Discussions on menstrual cycle	Sleeps more than usual	Sexuality (safe sex, birth control)
Tanner Stages	Social history in addition to any of the above	Has problems gaining weight	Seems depressed all the time	Substance abuse

# Adolescent Well-Care Visits (AWC)



## Q: What type of medical record is acceptable?

**A:**

- PM 160/CHDP*
- Progress notes/Office visit notes with dated growth chart*
- Complete Physical Examination Form*
- Anticipatory Guidance/Developmental Milestone Form*

## Q: How to improve score for this HEDIS measure?

**A:**

- Use every office visit (including sick visits and sports physicals) to provide a well-care visit and immunizations
- Use standardized templates for AWC in EHRs
- Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups ([http://www.lacare.org/sites/default/files/LA1401\\_0815.pdf](http://www.lacare.org/sites/default/files/LA1401_0815.pdf))
- Use of complete and accurate Value Set Codes
- Timely submission of claims and encounter data
- Ensure proper documentation of all components in the medical record for each visit where preventative services are rendered /addressed

*Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.*

# Adolescent Well-Care Visits (AWC)



## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

Well-Care	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9
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### CPT codes

Well-Care	99381-99385, 99391-99395, 99461
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### HCPCS codes

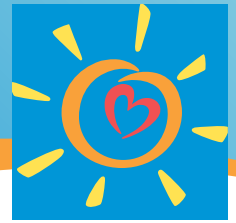
Well-Care	G0438, G0439
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### Exclusion codes

N/A



# Childhood Immunization Status (CIS)



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## Q: Which members are included in the sample?

**A:** Children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines **by their second birthday.**

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** Documentation must include any of the following:

*Specific for: MMR, HepB, VZV, and HepA*

- Evidence of the antigen or combination vaccine (include specific dates)
- Documented history of the illness
- A seropositive test result

*Specific for: DTaP, HiB, IPV, PCV, rotavirus, and influenza*

- Evidence of the antigen or combination vaccine (include specific dates)

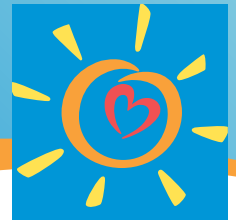
### **OR**

- Notation indicating contraindication for a specific vaccine:  
(Use designated Value Set Codes for each)

Any Particular Vaccine	<ul style="list-style-type: none"> <li>• Anaphylactic reaction to the vaccine or its components</li> </ul>
DTaP	<ul style="list-style-type: none"> <li>• Encephalopathy <i>with</i> a vaccine adverse-effect code</li> </ul>
MMR, VZV, and Influenza	<ul style="list-style-type: none"> <li>• Immunodeficiency</li> <li>• HIV</li> <li>• Anaphylactic reaction to neomycin</li> <li>• Lymphoreticular cancer, Multiple Myeloma, or Leukemia</li> </ul>
Rotavirus	<ul style="list-style-type: none"> <li>• Severe combined immunodeficiency</li> <li>• History of intussusception</li> </ul>



# Childhood Immunization Status (CIS)



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## Q: What documentation is needed in the medical record?

### OR

- ☑ Notation indicating contraindication for a specific vaccine:  
(Use designated Value Set for each)

IPV	Anaphylactic reaction to streptomycin, polymyxin B or neomycin
Hepatitis B	Anaphylactic reaction to common baker's yeast

## Q: What type of medical record is acceptable?

**A:** One or more of the following:

- ☑ Certificate of immunization including specific dates and types of vaccines
- ☑ Hospital record with notation of HepB
- ☑ Immunization Record and Health History Form
- ☑ Health Maintenance Form
- ☑ Lab report for seropositive test
- ☑ Print out of LINK/CAIR registry
- ☑ Progress/office notes with notations of vaccines given
- ☑ Medical History Form

## Q: How to improve score for this HEDIS measure?

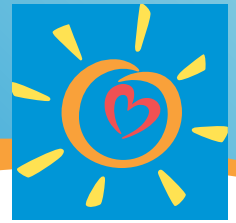
**A:**

- ☑ Upload immunizations on to California Immunizations Registry (<http://cairweb.org>)
- ☑ Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups ([http://www.lacare.org/sites/default/files/LA1401\\_0815.pdf](http://www.lacare.org/sites/default/files/LA1401_0815.pdf))
- ☑ Educate parents about the importance of timely vaccinations and share the immunization schedule
- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure proper documentation of dates and types of immunizations, test results, history of illness, or contraindication for a specific vaccine.





# Childhood Immunization Status (CIS)



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## SAMPLE CODES

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ICD-10 PC code	
Newborn Hepatitis B	3E0234Z

CPT codes	
DTap Vaccine	90698, 90700, 90721, 90723
Haemophilus Influenzae Type B (HiB) Vaccine	90644-90648, 90698, 90721, 90748
Hepatitis A Vaccine	90633
Hepatitis B Vaccine	90723, 90740, 90744, 90747, 90748
Inactivated Polio Vaccine (IPV)	90698, 90713, 90723
Influenza Vaccine	90655, 90657, 90661, 90662, 90673, 90685
Measles Vaccine	90705
Measles, Mumps and Rubella Vaccine	90707, 90710
Measles/Rubella Vaccine	90708
Mumps Vaccine	90704
Pneumococcal Conjugate Vaccine	90669, 90670
Rotavirus Vaccine (2 dose)	90681
Rotavirus Vaccine (3 dose)	90680
Rubella Vaccine	90706
Varicella Zoster Vaccine	90710, 90716

# Childhood Immunization Status (CIS)



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## HCPCS codes

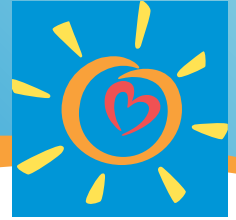
Influenza	G0008
Pneumococcal	G0009
Hepatitis B Vaccine	G0010

## Exclusion codes

Refer to Anaphylactic Reaction Due to Vaccination Value Set, Encephalopathy Due to Vaccination Value Set, Vaccine Causing Adverse Effect Value Set, Disorders of the Immune System Value Set, HIV Value Set, and Malignant Neoplasm of Lymphatic Tissue Value Set, Severe Combined Immunodeficiency Value Set, Intussusception Value Set.



# Appropriate Testing for Children with Pharyngitis (CWP)



**L.A. Care**  
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## Q: Which members are included in the sample?

**A:** Children 2-18 years of age, who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode (7/1/2015 - 6/30/2016) during any outpatient or ED visit.

## Q: What codes are used?

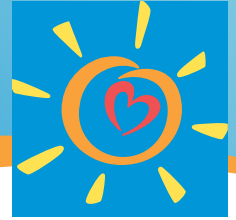
**A:** Please reference attached sample codes and Value Set Directory for additional codes.

### Antibiotic Medications:

Description	Prescription
Aminopenicillins	<ul style="list-style-type: none"> <li>Amoxicillin</li> <li>Ampicillin</li> </ul>
Beta lactamase inhibitors	<ul style="list-style-type: none"> <li>Amoxicillin-clavulanate</li> </ul>
First generation cephalosporins	<ul style="list-style-type: none"> <li>Cefadroxil</li> <li>Cefazolin</li> <li>Cephalexin</li> </ul>
Folate antagonist	<ul style="list-style-type: none"> <li>Trimethoprim</li> </ul>
Lincomycin derivatives	<ul style="list-style-type: none"> <li>Clindamycin</li> </ul>
Macrolides	<ul style="list-style-type: none"> <li>Azithromycin</li> <li>Clarithromycin</li> <li>Erythromycin</li> <li>Erythromycin ethylsuccinate</li> <li>Erythromycin lactobionate</li> <li>Erythromycin stearate</li> </ul>
Miscellaneous antibiotics	<ul style="list-style-type: none"> <li>Erythromycin-sulfisoxazole</li> </ul>
Natural penicillins	<ul style="list-style-type: none"> <li>Penicillin G potassium</li> <li>Penicillin G sodium</li> <li>Penicillin V potassium</li> </ul>
Penicillinase-resistant penicillins	<ul style="list-style-type: none"> <li>Dicloxacillin</li> </ul>
Quinolones	<ul style="list-style-type: none"> <li>Ciprofloxacin</li> <li>Levofloxacin</li> <li>Moxifloxacin</li> <li>Ofloxacin</li> </ul>
Second generation cephalosporins	<ul style="list-style-type: none"> <li>Cefaclor</li> <li>Cefprozil</li> <li>Cefuroxime</li> </ul>
Sulfonamides	<ul style="list-style-type: none"> <li>Sulfamethoxazole-trimethopim</li> </ul>
Tetracyclines	<ul style="list-style-type: none"> <li>Doxycycline</li> <li>Minocycline</li> <li>Tetracycline</li> </ul>
Third generation cephalosporins	<ul style="list-style-type: none"> <li>Tetracycline Cefdinir</li> <li>Tetracycline Cefixime</li> <li>Cefpodoxime</li> <li>Ceftibuten</li> <li>Cefditoren</li> <li>Ceftriaxone</li> </ul>



# Appropriate Testing for Children with Pharyngitis (CWP)



**L.A. Care**  
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## Q: What documentation is needed in the medical record?

**A:** *None.* This measure requires **claim/encounter data** submission only using the appropriate Value Set Codes.

## Q: What type of document is acceptable?

**A:** Evidence of claims/encounter data:

- Date of service for an outpatient or ED visit with a diagnosis of pharyngitis
- Throat culture lab report
- Date and result of strep test with a diagnosis of pharyngitis
- Antibiotic prescription for the episode

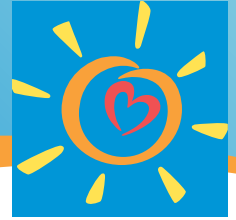
## Q: How to improve score for this HEDIS measure?

**A:**

- Use of complete and accurate Value Set Codes
- Timely submission of claims and encounter data
- Ensure proper documentation in medical record



# Appropriate Testing for Children with Pharyngitis (CWP)



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## SAMPLE CODES

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### ICD-10 codes

Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
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### CPT codes

Group A Strep Tests	87070, 87071, 87081, 87430, 87650-87652, 87880
ED	99281-99285
Observation	99217-99220
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

### HCPCS codes

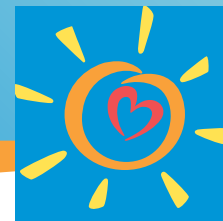
Outpatient	G0402, G0438, G0439, G0463, T1015
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### Exclusion codes

Refer to Inpatient Stay Value Set	
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# Immunizations for Adolescents (IMA)



**L.A. Care**  
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## Q: Which members are included in the sample?

**A:** Adolescents who had one dose of meningococcal conjugate vaccine (MCV), one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) and three doses of the human papillomavirus (HPV) vaccines **by their 13th birthday**.

- Combo 1 - (Meningococcal, Tdap)
- Combo 2 - (Meningococcal, Tdap, HPV)

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** Must include any of the following:

- A note indicating the name of specific antigen and the date of the immunization
- A certificate of immunization that includes specific dates and types of immunizations administered
- Anaphylactic reaction to the vaccine or its components any time on or before the member's 13<sup>th</sup> birthday
- Anaphylactic reaction to the vaccine or its components with a date of service prior to October 1, 2011

***Meningococcal vaccine*** – given between member's 11<sup>th</sup> and 13<sup>th</sup> birthday

***Tdap vaccine*** – given between member's 10<sup>th</sup> and 13<sup>th</sup> birthday

***HPV vaccine*** – 3 doses given between member's 9<sup>th</sup> and 13<sup>th</sup> birthday

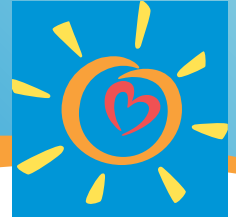
## Q: What type of medical record is acceptable?

**A:** One or more of the following:

- Certificate of immunization including specific dates and types of vaccines
- Immunization Record and health History Form
- Health Maintenance Form/Report
- Print out of LINK/CAIR registry
- Progress note/Office visit – with notations of vaccines given
- Notation of anaphylactic reaction to serum or vaccination



# Immunizations for Adolescents (IMA)



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## Q: How to improve score for this HEDIS measure?

### A:

- ☑ Upload immunizations on to California Immunizations Registry (<http://cairweb.org>)
- ☑ Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups ([http://www.lacare.org/sites/default/files/LA1401\\_0815.pdf](http://www.lacare.org/sites/default/files/LA1401_0815.pdf))
- ☑ Use every office visit (including sick visits) to provide immunizations and well-child visits
- ☑ Educate parents about the importance of timely vaccinations and share the immunization schedule
- ☑ Use EHR alerts to notify staff of immunizations
- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter forms
- ☑ Ensure proper documentation of dates and types of immunizations, or contraindication for a specific vaccine

# Immunizations for Adolescents (IMA)



## SAMPLE CODES

The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

N/A

### CPT codes

Meningococcal Vaccine	90644, 90734
Tdap Vaccine	90715
HPV Vaccine	90649-90651

### HCPCS codes

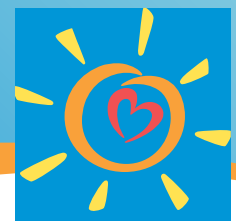
N/A

### Exclusion codes

Refer to Anaphylactic Reaction Due To Vaccination Value Set, Anaphylactic Reaction Due To Serum Value Set



# Lead Screening in Children (LSC)



**L.A. Care**  
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## Q: Which members are included in the sample?

**A:** Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning **by their second birthday.**

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** Documentation must include both of the following:

- A note indicating the date the test was performed
- The result or finding

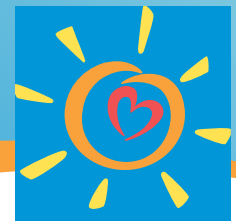
## Q: What type of document is acceptable?

- A:**
- Laboratory Report
  - Chronic Problem List
  - Health Maintenance Form
  - Progress note with notation of the date and the result of lead screening

## Q: How to improve score for this HEDIS measure?

- A:**
- Use of complete and accurate Value Set Codes
  - Timely submission of claims and encounter data
  - Ensure proper documentation in medical record

# Lead Screening in Children (LSC)



**L.A. Care**  
HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

N/A

### CPT codes

Lead Test

83655

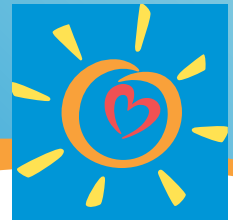
### HCPCS codes

N/A

### Exclusion codes

N/A

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



**L.A. Care**  
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## Q: Which members are included in the sample?

**A:** Children 3 months -18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription in **2016**.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What type of document is acceptable?

**A:** Evidence from a claim/encounter with a date of service for any outpatient or ED visit with **only** a URI diagnosis and no new or refill prescription for an antibiotic medication in 2016.

## Q: How to improve score for this HEDIS measure?

- A:**
- Use of complete and accurate Value Set Codes
  - Timely submission of claims and encounter data
  - Ensure proper documentation in medical record
  - Exclude claims/encounters with more than one diagnosis code and ED visits or observation visits that result in an inpatient stay

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



**L.A. Care**  
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## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

URI	J00, J06.0, J06.9
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### CPT codes

ED	99281-99285
Observation	99217-99220
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456

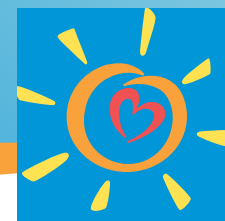
### HCPCS codes

Outpatient	G0402, G0438, G0439, G0463, T1015
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### Exclusion codes

Refer to Pharyngitis Value Set, Competing Diagnosis Value Set, Inpatient Stay Value Set

# Well-Child Visits in the First 15 Months of Life (W15)



**L.A. Care**  
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## Q: Which members are included in the sample?

**A:** Members who turned 15 months old in **2016** and who had 0, 1, 2, 3, 4, 5, 6 or more well-child visits with a primary care practitioner during their first 15 months of life.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

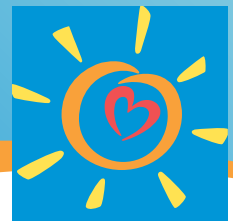
## Q: What documentation is needed in the medical record?

**A:** Documentation in the medical record must include a **note** indicating a visit with a primary care practitioner, the **date** when the well-child visit occurred and evidence of **all** of the following:

- A health/interval history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

Physical Exam	Health History	Physical Health Development	Mental Health Development	Anticipatory Guidance
Weight	Interval history	Developing appropriately for age	Coos and babbles at parents	Safety (car seats, laying baby on back for sleep, child-proofing home, etc.)
Height	Active problems	Turns face to side when placed on stomach	Pleasurable response to familiar, enjoyable situations (bottle, bath, faces, etc.)	Nutrition (vitamins, ideal weight)
Head circumference	Past medical history	Follows parents with eyes	Cries more than normal	Independence (baby's decreased interest in breast as he/she grows older)
Chest	Surgical history	Sits unsupported for 10 minutes	Shows fear of strangers	Family (changing roles, sibling interaction, etc.)
Heart	Family history	Responds appropriately to variations in sound	Quiets down when picked up	Discussions on how to recognize an ill baby
Lungs	Social history with above	Walks alone with one hand held	Looks for toy fallen out of sight	Discussions about socialization (i.e. play groups) and play

# Well-Child Visits in the First 15 Months of Life (W15)



**L.A. Care**  
HEALTH PLAN®

## Q: What type of medical record is acceptable?

### A:

- PM 160/CHDP
- Progress notes/Office visit notes with dated growth chart
- Complete Physical Examination Form
- Anticipatory Guidance/Developmental Milestone Form

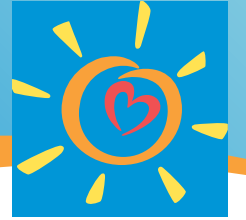
## Q: How to improve score for this HEDIS measure?

### A:

- Use of complete and accurate Value Set Codes
- Timely submission of claims and encounter data
- Ensure proper documentation of ALL components in the medical record for each visit where preventative services are rendered/addressed

*Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.*

# Well-Child Visits in the First 15 Months of Life (W15)



**L.A. Care**  
HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

Well-Care

Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z02.2, Z02.71, Z02.79,  
Z02.81, Z02.82, Z02.89, Z02.9

### CPT codes

Well-Care

99381, 99391, 99382, 99392

### HCPCS codes

Well-Care

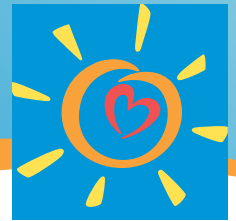
G0438, G0439

### Exclusion codes

N/A



# Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)



**L.A. Care**  
HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Members 3-6 years of age who had one or more well-child visits with a primary care practitioner in **2016**.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** Documentation in the medical record must include a **note** indicating a visit with a primary care practitioner, the **date** when the well-child visit occurred and evidence of **all** of the following:

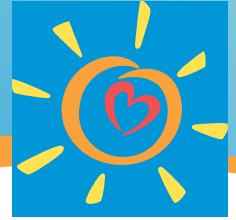
- A health/interval history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

Physical Exam	Health History	Physical Health Development	Mental Health Development	Anticipatory Guidance
Weight	Interval history	Developing appropriately for age	Making good grades in school	Safety (car seats, swimming lessons, seat belts, helmets, knee and elbow pads, strangers, etc.)
Height	Active problems	Can skip	Understands and responds to commands	Nutrition (vitamins, frequency of eating, snacks, ideal weight)
Chest	Past medical history	Hops on one foot	Learning alphabet and numbers	Discussion on fitness and the importance of exercise
Heart	Surgical history	Runs and climbs well	Competent with fork and spoon	Oral health (Dental visits, eating habits, need for orthodontics, etc.)
Lungs	Family history	Rides a tricycle	Very imaginative play	Mental Health (confidence, self-esteem, etc.)
Tanner Stage	Social history with above	Stands on one foot for 3-5 seconds	Knows own sex	Preparing for school





# Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)



**L.A. Care**  
HEALTH PLAN®

## Q: What type of medical record is acceptable?

**A:**

- PM 160/CHDP
- Progress notes/Office visit notes with dated growth chart
- Complete Physical Examination Form
- Anticipatory Guidance/Developmental Milestone Form

## Q: How to improve score for this HEDIS measure?

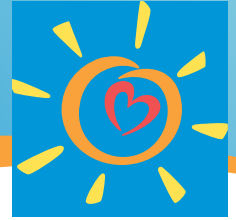
**A:**

- Use every office visit (including sick visits) to provide a well-child visit and immunizations
- Use standardized templates for W34 in EHRs
- Use W34 self-inking stamps for paper charts that capture all 5 components of the visit (order via email to [quality@lacare.org](mailto:quality@lacare.org) *Note: All emails containing member PHI MUST be securely encrypted.*)
- Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups ([http://www.lacare.org/sites/default/files/LA1401\\_0815.pdf](http://www.lacare.org/sites/default/files/LA1401_0815.pdf))
- Use of complete and accurate Value Set Codes
- Timely submission of claims and encounter data
- Ensure proper documentation of all components in the medical record for each visit where preventative services are rendered/addressed

*Note: Services specific to the assessment or treatment of an acute chronic condition do not count toward the measure.*



# Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)



**L.A. Care**  
HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

<http://www.lacare.org/providers/provider-resources/hedis-resources>

### ICD-10 codes

Well-Care

Z00.121, Z00.129, Z00.8, Z02.2, Z02.71, Z02.79, Z02.81, Z02.82, Z02.89, Z02.9

### CPT codes

Well-Care

99381-99385, 99391-99395, 99461

### HCPCS codes

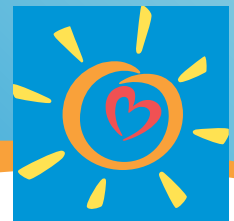
Well-Care

G0438, G0439

### Exclusion codes

N/A

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



**L.A. Care**  
HEALTH PLAN®

## Q: Which members are included in the sample?

**A:** Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of BMI percentile with height and weight documentation, counseling for nutrition, and counseling for physical activity in **2016**.

## Q: What codes are used?

**A:** Please reference attached sample codes and Value Set Directory for additional codes

## Q: What documentation is needed in the medical record?

**A:** Documentation in the medical record must include a note indicating the **date** of the office visit and evidence of the following:

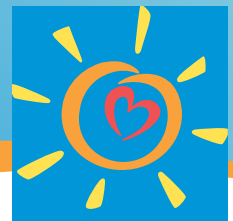
- BMI percentile *or* BMI percentile plotted on age-growth chart
- Height and weight
- Counseling for nutrition or referral for nutrition education
- Counseling for physical activity or referral for physical activity

## Q: What type of medical record is acceptable?

**A:** One or more of the following:

- PM 160/CHDP
- Progress notes/Office visits notes
- Anticipatory Guidance Form
- Staying Healthy Assessment Form
- Complete Physical Examination Form
- Dated growth chart/log
- Nutrition and Physical Activity Assessment Form
- What Does Your Child Eat Form

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



**L.A. Care**  
HEALTH PLAN®

## Q: How to improve score for this HEDIS measure?

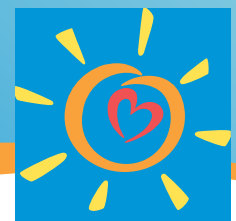
### A:

- ☑ Use of complete and accurate Value Set Codes
- ☑ Timely submission of claims and encounter data
- ☑ Ensure presence of all components in the medical record documentation

*Exclusion (optional): A diagnosis of pregnancy in 2016.*

*Note: Services specific to the assessment or treatment of an acute or chronic condition do not count toward the “Counseling for nutrition” and “Counseling for physical activity” indicators.*

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



**L.A. Care**  
HEALTH PLAN®

## SAMPLE CODES

*The codes listed below are not inclusive and do not represent a complete list of codes found in the NCQA HEDIS® Value Set. To ensure accurate documentation, please refer to the HEDIS® 2017 Value Set Directory located on the L.A. Care Website at:*

<http://www.lacare.org/providers/provider-resources/hedis-resources>

ICD-10 codes	
BMI Percentile	Z68.51-Z68.54
Nutrition Counseling	Z71.3
Physical Activity Counseling	Z02.5

CPT codes	
Outpatient	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456
Nutrition Counseling	97802-97804

HCPCS codes	
Outpatient	G0402, G0438, G0439, G0463, T1015
Nutrition Counseling	G0270, G0271, G0447, S9449, S9452, S9470
Physical Activity Counseling	G0447, S9451

Exclusion codes	
Refer to Pregnancy Value Set	