

HEDIS® Documentation and Coding Guidelines Child 2017

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Access and Availability		
Measure	Documentation required	Coding
<p>Children and Adolescents' Access to Primary Care Practitioners (CAP)</p> <p>Members 12 months–19 years of age who had a visit with a PCP.</p> <ul style="list-style-type: none"> Children 12 months – 6 years who had a visit with a PCP during the measurement year. Children 7–19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year. 	<p>One or more visits with a PCP</p> <ul style="list-style-type: none"> 12 months to 6 years during the measurement year 7–19 years during the measurement year or the year prior to the measurement year. <p>Documentation collection through administrative claims only.</p> <p>NOTE: Specialist visits do not count for this measure.</p>	<p>CPT Codes: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429</p> <p>ICD10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89-Z02.9</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p> <p>UB REV Codes: 0510-0517, 0519-0523, 0526-0529, 0982-0983</p>

Access and Availability

Measure	Documentation required	Coding
<p>Prenatal and Postpartum Care (PPC)</p> <p>Timeliness of Prenatal Care</p> <p>Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year.</p> <p>* Prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.</p>	<p>Prenatal care visit to an OB/GYN or other prenatal care practitioner or primary care practitioner (PCP). For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height. • Evidence that a prenatal care procedure was performed (OB panel, Ultrasound, etc.). • Documentation of LMP or EDD in conjunction with either: Prenatal Risk Assessment and education/counseling or complete obstetrical history. 	<p>Prenatal visits CPT: 99201–99205, 99211–99215, 99241–99245, 99500</p> <p>Cat II: 0500F-0502F</p> <p>HCPCS: G0463, H1000, H1001, H1002, H1003, H1004, H1005, T1015</p> <p>Pregnancy-related diagnosis ICD-10: O09.00–O09.93, O10.011–O10.919, O11.1–O11.9, O12.00–O12.23, O13.1–O13.9, O14.00–O14.93, O15.00–O15.9, O16.1–O16.9, O20.0–O20.9, O21.0–O21.9, O22.00–O26, O28–O36, O40–O48, O60, O71, O88, O91–O92, O98.011–O9A.519, Z03.7–Z36</p>
<p>Frequency of Ongoing Prenatal Care (FPC)</p> <p>Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. Members who had ≥ 81% of expected visits.</p>	<p>Prenatal care visit to an OB/GYN or other prenatal care practitioner or PCP. For visits to a PCP, a diagnosis of pregnancy must be present. Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following:</p> <ul style="list-style-type: none"> • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height • Evidence that a prenatal care procedure was performed (OB panel, Ultrasound, etc.) • Documentation of LMP or EDD in conjunction with either: Prenatal Risk Assessment and education/counseling or complete obstetrical history. 	<p>OB Panel CPT: 80055, 80081</p> <p>Prenatal Ultrasound CPT: 76801, 76805, 76811, 76813, 76815, 76816, 76817, 76818, 76819, 76820, 76821, 76825, 76826, 76827, 76828</p> <p>UB REV CODE: 0514</p>
<p>Prenatal and Postpartum Care (PPC)</p> <p>Postpartum Care</p> <p>Live births between November 6 of the year prior to the measurement year and November 5 of the measurement year.</p> <p>* Postpartum visit on or between 21 and 56 days after delivery.</p>	<p>Documentation in the medical record must include a note indicating the date when a postpartum visit occurred and one of the following:</p> <ul style="list-style-type: none"> • Pelvic exam. • Evaluation of weight, BP, breasts and abdomen. • Notation of postpartum care, including, but not limited to: <ul style="list-style-type: none"> – Notation of “postpartum care,” “PP care,” “PP check,” “6-week check” or preprinted “postpartum care” form. 	<p>Postpartum</p> <p>Cervical Cytology CPT: 88141–88143, 88147–88148, 88150, 88152–88154, 88164–88167, 88174–88175</p> <p>HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091, G0101</p> <p>Bundled Services CPT: 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p> <p>Visits CPT: 57170, 58300, 59430, 99501, 0503F</p> <p>ICD10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p>

Access and Availability

Measure	Documentation required	Coding
<p>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</p> <p>Children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.</p>	<p>Documentation of psychosocial care in the 121-day period from 90 days prior to the Rx dispensing date through 30 days after the Rx dispensing date.</p>	<p>Psychosocial Care CPT codes: 90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880</p> <p>HCPCS: G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011 - H2014, H2017 - H2020, S0201, S9480, S9484, S9485</p>
<p>EXCLUSIONS: At least one acute inpatient OR 2 outpatient encounter(s) with a diagnosis of schizophrenia, bipolar disorder or other psychotic disorder during the measurement year.</p>		

Effectiveness of Care: Prevention and Screening

Measure	Documentation required	Coding
<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)</p> <p>Code the Visit + each appropriate component</p> <p>Members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of each of the following during the measurement year:</p> <ul style="list-style-type: none"> BMI percentile documentation. Counseling for nutrition. Counseling for physical activity. 	<p>BMI Percentile Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source.</p> <p>Counseling for Nutrition Documentation of counseling for nutrition or referral for nutrition education during the measurement year. Examples include:</p> <ul style="list-style-type: none"> Checklist indicating nutrition was addressed. Member received educational materials on nutrition during a face-to-face visit. Weight or obesity counseling. <p>Counseling for Physical Activity Documentation of counseling for physical activity or referral for physical activity during the measurement year. Examples include:</p> <ul style="list-style-type: none"> Checklist indicating physical activity was addressed. Member received educational materials on physical activity during a face-to-face visit. Anticipatory guidance for physical activity or weight/obesity counseling. <p>Common Chart Deficiencies</p> <ul style="list-style-type: none"> BMI documented as number not percentile based on height, weight, age and gender. Developmental milestones do not constitute anticipatory guidance or education for physical activity. No counseling/education on physical activity. Notation of “health education” or “anticipatory guidance” without specific mention of nutrition. <p>Note: Services may be rendered during a visit other than a well-child visit; however, 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.</p>	<p>BMI percentiles</p> <p>BMI >5TH PERCENTILE, PEDIATRIC: Z68.51</p> <p>BMI 5TH -85TH PERCENTILE, PEDIATRIC: Z68.52</p> <p>BMI 85TH -95TH PERCENTILE, PEDIATRIC: Z68.53</p> <p>BMI >95TH PERCENTILE, PEDIATRIC: Z68.54</p> <p>Counseling for nutrition</p> <p>CPT: 97802-97804</p> <p>ICD-10: Z71.3</p> <p>Medical Nutrition Therapy, 15 minutes: G0270</p> <p>Medical Nutrition Therapy, 30 minutes: G0271</p> <p>Face-to-face obesity counseling, 15 min: G0447</p> <p>Weight Mgmt. class, per session: S9449</p> <p>Nutrition classes, per session: S9452</p> <p>Nutritional counseling, dietitian visit: S9470</p> <p>Counseling for physical activity</p> <p>Face-to-face behavioral counseling for obesity, 15 min: G0447</p> <p>Exercise counseling: S9451</p> <p>Encounter for examination for participation in sport: Z02.5</p> <p>Outpatient CPT Codes: 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456</p> <p>HCPCS: G0402, G0438, G0439, G0463, T1015</p>
<p>EXCLUSIONS: Pregnancy diagnosis during the measurement year or the year prior. Medical record must note pregnancy diagnosis.</p>		

Effectiveness of Care: Prevention and Screening

Measure	Documentation required	Coding
<p>Childhood Immunization Status (CIS)</p> <p>When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective January 1, 2014.</p> <p>Children 2 years of age who had 4 DTaP; 3 IPV; 1 MMR; 3 Hib; 3 Hep B; 1 VZV; 4 PCV; 1 Hep A; 2 or 3 RV; and 2 flu vaccines by their second birthday.</p>	<p>A note indicating the name of the specific antigen and the date of the immunization.</p> <p>OR</p> <p>A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</p> <p><i>Initial Hep B given “at birth” or “nursery/hospital” should be documented in the medical record or indicated on the immunization record as appropriate.</i></p> <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Immunizations received after the 2nd birthday. • PCP charts do not contain immunization records if received elsewhere. <ul style="list-style-type: none"> • Health Departments. • Immunizations that are given in the hospital at birth. • No documentation of Contraindications/Allergies. • Flu Mist does NOT count toward flu vaccination completion. 	<p>Use applicable vaccination code or diagnosis indicating history of disease.</p> <p>Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP) CPT: 90698, 90700, 90721, 90723</p> <p>Haemophilus influenzae type b (HiB) CPT: 90644-90648, 90698, 90721, 90748</p> <p>Hepatitis A Vaccine (HepA) CPT: 90633</p> <p>ICD-10: B15.0, B15.9</p> <p>Hepatitis B Vaccine (HepB) CPT: 90723, 90740, 90744, 90747, 90748</p> <p>Hepatitis B Vaccine (HepB) HCPCS: G0010</p> <p>ICD 10: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51</p> <p>Inactivated Poliovirus Vaccine (IPV) CPT: 90698, 90713, 90723</p> <p>Flu CPT: 90655, 90657, 90661-90662, 90673, 90685</p> <p>Flu HCPCS: G0008</p> <p>Measles Vaccine CPT: 90705</p> <p>Measles, Mumps, Rubella & Varicella Vaccine (MMR) CPT: 90707, 90710</p> <p>Measles-rubella Vaccine (MR) CPT: 90708</p> <p>Mumps Vaccine CPT: 90704</p> <p>Rubella Vaccine CPT: 90706</p> <p>Pneumococcal Conjugate Vaccine (PCV) CPT: 90669, 90670</p> <p>PCV HCPCS: G0009</p> <p>Rotavirus Vaccine (RV) CPT: 90680 (3 dose), 90681 (2 dose)</p> <p>Rubella CPT: 90706</p> <p>Varicella Zoster Virus (VZV) CPT: 90710, 90716</p>
<p>When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective January 1, 2014.</p>		

Effectiveness of Care: Prevention and Screening

Measure	Documentation required	Coding
<p>Immunizations for Adolescents (IMA)</p> <p>When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective January 1, 2014.</p> <p>Adolescents 13 years of age who had one dose of each:</p> <ul style="list-style-type: none"> • Meningococcal MCV (between 11th-13th birthday) • Tdap or TD (between 10th-13th birthday) • HPV (3 doses between 9th-13th birthday) by their 13th birthday. 	<p>A note indicating the name of the specific antigen and the date of the immunization.</p> <p>OR</p> <p>A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.</p> <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Immunizations not administered during appropriate timeframes. • PCP charts do not contain immunization records if received elsewhere, i.e. Health Departments. <p>NOTE: HPV vaccination series new to this measure for 2016.</p>	<p>Meningococcal CPT: 90734, 90644</p> <p>Tetanus, diphtheria & acellular pertussis vaccine (Tdap) CPT: 90715</p> <p>HPV CPT: 90649-90651</p>
<p>When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective January 1, 2014.</p>		
<p>Lead Screening Children (LSC)</p> <p>Children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning at any time by their second birthday.</p>	<p>Documentation in the medical record must include both of the following:</p> <ul style="list-style-type: none"> • A note indicating the date the test was performed. • The result or finding. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Lead assessment does not constitute a lead screening. 	<p>CPT: 83655</p>
<p>Chlamydia Screening in Women (CHL)</p> <p>Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p>	<p>Administrative claim for at least one chlamydia test during the measurement year for women 16-24 who are identified as sexually active. Two methods identify sexually active: pharmacy data (dispensed contraceptives during the measurement year) and claim/encounter data.</p>	<p>CPT: 87110, 87270, 87320, 87490 – 87492, 87810</p>
<p>When coding E&M and vaccine administration services on the same date you must append modifier 25 to the E&M code effective January 1, 2014.</p>		

Effectiveness of Care: Respiratory Conditions

Measures	Documentation required	Coding
<p>Appropriate Testing for Children With Pharyngitis (CWP) **</p> <p>Children 3–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.</p>	<p>Outpatient or ED visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the Intake Period (3 days prior and 3 days after). Member is compliant with a Strep test during Intake Period (3 days prior and 3 days after).</p>	<p>Strep Test CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</p> <p>Pharyngitis Diagnosis ICD 10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.90, J03.91</p>
<p>Asthma Medication Ratio (AMR)</p> <p>Members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year.</p>	<p>Oral Medicine Dispensing events: One prescription of an amount lasting 30 days or less. Multiple prescriptions for different medications on the same day are counted as separate dispensing events.</p> <p>Inhaler dispensing event: All inhalers (i.e., canisters) of the same medication dispensed on the same day count as one dispensing event. Medications with different Drug IDs dispensed on the same day are counted as different dispensing events.</p> <p>Injection dispensing events: Each injection counts as one dispensing event. Multiple dispensed injections of the same or different medications count as separate dispensing events.</p> <p>Units of medications: When identifying medication units for the numerator, count each individual medication, defined as an amount lasting 30 days or less, as one medication unit. One medication unit equals one inhaler canister, one injection, or a 30-day or less supply of an oral medication.</p>	<p>Population includes ED, IP and/or observation visits billed with asthma diagnosis or 4 non-controller asthma medication dispensing events during the measurement year and the year prior:</p> <p>Asthma diagnoses ICD-10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909-J45.991, J45.998</p>
<p>Medication Management for People With Asthma (MMA)</p> <p>Members 5-64 years of age during the measurement year who were identified as having persistent asthma and who were dispensed an asthma controller medication that they remained on for the treatment period.</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percent of members who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percent of member who remained on an asthma controller medication for at least 75% of their treatment period. 	<p>Population includes</p> <ul style="list-style-type: none"> • Emergency department visit with primary asthma diagnosis, • Inpatient visit with primary diagnosis of asthma, or • At least 4 observation visits billed with asthma diagnosis and 3 or more non-controller asthma medication dispensing events during the measurement year and the year prior: <p>Asthma diagnoses ICD-10: J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901-J45.902, J45.909-J45.991, J45.998</p>

Utilization		
Measure	Documentation required	Coding
<p>Well-Child Visits in the First 15 Months of Life (W15)</p> <p>Members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.</p>	<p>Documentation from the medical record must include a note indicating a visit with a PCP (PCP or OBGYN for Adolescent), the date when the well-child visit occurred and evidence of all of the following:</p> <ul style="list-style-type: none"> • A health and developmental history (Physical and Mental) • A physical exam. • Health education/anticipatory guidance. <p>Common Chart Deficiencies:</p> <ul style="list-style-type: none"> • Lack of documentation of education and anticipatory guidance • Children or adolescents being seen for sick visits only and no documentation related to well visits. <p>NOTE: Preventive services may be rendered on visits other than well-child visits. Medical records must include documentation of preventive services. Chronic or acute condition assessment and treatment are excluded from this provision.</p>	<p>Use age-appropriate preventive E&M CPT: 99381 – 99385, 99391 – 99395, 99461</p> <p>ICD-10: 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 (Any doctor's office or outpatient visit procedure code meets requirements when billed with ICD-10 codes listed.)</p> <p>HCPCS: G0438, G0439</p>
<p>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</p> <p>Members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.</p>		
<p>Adolescent Well-Care Visits (AWC)</p> <p>Members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p>		

Utilization		
Measure	Documentation required	Coding
<p>Annual Dental Visit (ADV)</p> <p>Members 2-21 years of age who had at least one dental visit during the measurement year.</p>	<p>Administrative claim for at least one ambulatory or preventive care visit during the measurement year.</p>	<p>Administrative claim for at least one ambulatory or preventive care visit during the measurement year.</p> <p>CPT: 70300, 70310, 70320, 70350, 70355</p> <p>CDT: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180, D0190, D0191, D0210, D0220, D0230, D0240, D0250, D0260, D0270, D0272-D0274, D0277, D0290, D0310, D0320-D0322, D0330, D0340, D0350, D0351, D0364-D0371, D0380-D0386, D0391, D0393-D0395, D0415-D0418, D0421, D0425, D0431, D0460, D0470, D0472-D0486, D0502, D0601-D0603, D0999, D1110, D1120, D1206, D1208, D1310, D1320, D1330, D1351-D1353, D1510, D1515, D1520, D1525, D1550, D1555, D1999, D2140, D2150, D2160, D2161, D2330-D2332, D2335, D2390-D2394, D2410, D2420, D2430, D2510, D2520, D2530, D2542-D2544, D2610, D2620, D2630, D2642-D2644, D2650-D2652, D2662-D2664, D2710, D2712, D2720-D2722, D2740, D2750-D2752, D2780-D2783, D2790-D2792, D2794, D2799, D2910, D2915, D2920, D2921, D2929-D2934, D2940, D2941, D2949-D2955, D2957, D2960-D2962, D2970, D2971, D2975, D2980-D2983, D2990, D2999, D3110, D3120, D3220-D3222, D3230, D3240, D3310, D3320, D3330-D3333, D3346-D3348, D3351-D3353, D3355-D3357, D3410, D3421, D3425, D3426-D3432, D3450, D3460, D3470, D3910, D3920, D3950, D3999, D4210-D4212, D4230, D4231, D4240, D4241, D4245, D4249, D4260-D4270, D4273-D4278, D4320, D4321, D4341, D4342, D4355, D4381, D4910, D4920, D4921, D4999, D5110, D5120, D5130, D5140, D5211-D5214, D5225, D5226, D5281, D5410, D5411, D5421, D5422, D5510, D5520, D5610, D5620, D5630, D5640, D5650, D5660, D5670, D5671, D5710, D5711, D5720, D5721, D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761, D5810, D5811, D5820, D5821, D5850, D5851, D5862-D5867, D5875, D5899, D5994, D6010-D6013, D6040, D6050-D6052, D6055-D6077, D6080, D6090-D6095, D6100-D6104, D6110-D6117, D6190, D6194, D6199, D6205, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7282, D7283, D7285-D7288, D7290-D7295, D7310, D7311, D7320, D7321, D7340, D7350, D7410-D7415, D7440, D7441, D7450, D7451, D7460, D7461, D7465, D7471-D7473, D7485, D7490, D7510, D7511, D7520, D7521, D7530, D7540, D7550, D7560, D7610, D7620, D7630, D7640, D7650, D7660, D7670, D7671, D7680, D7710, D7720, D7730, D7740, D7750, D7760, D7770, D7771, D7780, D7810, D7820, D7830, D7840, D7850, D7852, D7854, D7856, D7858, D7860, D7865, D7870-D7877, D7880, D7899, D7910-D7912, D7920, D7921, D7940, D7941, D7943-D7953, D7955, D7960, D7963, D7970-D7972, D7980-D7983, D7990, D7991, D7995-D7999, D8010, D8020, D8030, D8040, D8050, D8060, D8070, D8080, D8090, D8210, D8220, D8660, D8670, D8680, D8690-D8694, D8999, D9110, D9120, D9210-D9212, D9215, D9219-D9221, D9230, D9241, D9242, D9248, D9310, D9410, D9420, D9430, D9440, D9450, D9610, D9612, D9630, D9910, D9911, D9920, D9930, D9931, D9940-D9942, D9950-D9952, D9970-D9975, D9985-D9987, D9999</p>

Effectiveness of Care: Behavioral Health

Measure	Documentation required	Coding
<p>Follow-Up Care for Children Prescribed ADHD Medication (ADD)</p> <p>Children newly prescribed 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.</p>	<p>Initiation Phase: Members 6-12 years of age at the prescription dispensing date who had one follow-up visit with practitioner during 30 days of initiation phase.</p> <p>Continuation Phase: Members 6-12 years of age at the prescription dispensing date who had 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 within 270 days after the Initiation Phase ended.</p> <p>Common Chart Deficiencies: Follow-up visit more than 30 days after medication dispensed.</p>	<p>Compliance = 1 follow-up visit (outpatient, doctor's office or other behavioral health visit) during the 30-day initiation phase and 2 additional visits within the next 9 months or continuation phase.</p> <p>ADD Stand Alone Visit CPT: 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</p>
Exclusions: Diagnosis of Narcolepsy		
<p>Follow-Up After Hospitalization for Mental Illness (FUH)</p> <p>Discharged members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:</p> <ul style="list-style-type: none"> The percentage of discharges for which the member received follow-up within 30 days of discharge. The percentage of discharges for which the member received follow-up within 7 days of discharge. 	<p>An outpatient visit, intensive outpatient visit or partial hospitalization with a mental health practitioner within 7 and 30 days after discharge. Include outpatient visits, intensive outpatient visits or partial hospitalizations that occur on the date of discharge</p> <ul style="list-style-type: none"> A visit with a mental health practitioner. A visit in a behavioral health care setting. A visit in a nonbehavioral healthcare setting with a mental health practitioner OR with a diagnosis of mental illness. Transitional care management services where the date of service on the claim is 29 days after the eligible population event/diagnosis date of discharge. 	<p>Transitional care management services CPT: 99495, 99496</p> <p>Follow up after Hospitalization visits CPT: 90791-90792, 90832-90834, 90836-908340, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 98960-98962, 99078, 99201-205, 99211,99215, 99217-99220, 99241-66245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411-99412, 99510</p>
Exclusions: Discharges followed by readmission or direct transfer to an acute inpatient care setting within the 30-day follow-up period if the principal diagnosis was for non-mental health.		
<p>Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</p> <p>Children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.</p>	<p>Both of the following during the measurement year:</p> <ul style="list-style-type: none"> At least one test for blood glucose or HbA1c <p>AND</p> <ul style="list-style-type: none"> At least one test for LDL-C or cholesterol 	<p>Glucose Test CPT Codes: 80047-80048, 80050, 80053, 80069, 82947, 82950, 82951</p> <p>HbA1C Test CPT Codes: 83036, 83037, 3044F-3046F</p> <p>LDL-C Test CPT Codes: 80061, 83700-83701, 83704, 83721, 3048F-3050F</p> <p>LDL-C other test (cholesterol): 82465, 83718, 84478</p>

*Medication lists and NDC tables are updated annually on www.NCQA.org.

**Lower rate indicates better performance.



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