

Pediatric Measures

Measure	HEDIS Guidelines	Codes*
WELL-CHILD VISITS to a Primary Care Provider (includes OB/GYN). Documentation <i>must include</i> : Date of visit and each of the following 1) health history; 2) physical development assessment; 3) mental development assessments; 4) physical exam; and 5) health education discussion/anticipatory guidance.		
Well-Child Visits in the First 30 Months of Life (W30)	Ages 0–15 months (must turn 15 months during the measurement year) – 6 or more well-child visits. Ages 15–30 months (must turn 30 months during the measurement year) – 2 or more well-child visits.	99381, 99382, 99391, 99392, 99461 Z00.110, Z00.111, Z00.121, Z00.129
Child and Adolescent Well Care Visits (WCV)	Ages 3–21 years At least one well care visit during the measurement year.	99382-99385, 99392-99395 Z00.00, Z00.01, Z00.121, Z00.129
AGE AND TIME-SENSITIVE PEDIATRIC MEASURES		
Lead Screening for Children (LSC)	One capillary or venous blood lead test on or before the 2 nd birthday.	83655
Weight Assessment and Counseling (WCC) Ages 3–17 years	Visits with PCP or OB/GYN in the measurement year and evidence of each of the following: <ul style="list-style-type: none"> • BMI Percentile • Counseling for Nutrition • Counseling for Physical Activity 	BMI %tile: Z68.51-Z68.54 Nutrition: 97802-97804, G0270, G0271, Z71.3 Activity: G0447, S9451, Z02.5, Z71.82
Appropriate Testing for Pharyngitis (CWP) 3 years of age and older	Episodes that included <i>each</i> of the following: <ol style="list-style-type: none"> 1. Diagnosed with pharyngitis, and 2. Dispensed an antibiotic, and 3. Received a group A strep test 	Strep Test: 87070, 87071, 87081, 87430, 87650-87652, 87880
Follow-Up for Prescribed ADHD Medication (ADD) Ages 6–12 years	<u>Initiation Phase</u> : A follow-up visit with a prescribing practitioner within 30 days after the initial prescription dispensing date. <u>Continuation & Maintenance Phase</u> : Two follow-up visits with any practitioner from 31-300 days/10 months after initial prescription dispensing date.	Sample of codes: 99201-99205, 99211-99215, 99241-99245, 99394, 99421-99423, 99441-99443
IMMUNIZATIONS		
Childhood Immunization Status (CIS) Completed on or before the 2 nd birthday	DTaP (Diphtheria, Tetanus, acellular Pertussis) – 4 Vaccines	90697, 90698, 90700, 90723
	PCV (Pneumococcal conjugate) – 4 Vaccines	90670, G0009
	IPV (Inactivated Polio) – 3 Vaccines	90713, 90723, 90697, 90698
	HiB (Haemophilus Influenza Type B) – 3 Vaccines	90644, 90647, 90648, 90697, 90698, 90748
	Hep B (Hepatitis B) – 3 Vaccines	90697, 90723, 90740, 90744, 90747, 90748, G0010
	RV (Rotavirus) – 2 or 3 Vaccines	2 Doses: 90681 3 Doses: 90680
	Flu (Influenza) – 2 Vaccines	90655, 90657, 90661, 90673, 90674, 90685-90689, 90756, G0008 LAIV: 90660, 90672
	VZV (Varicella) – 1 Vaccine	90710, 90716
	MMR (Measles, Mumps, Rubella) – 1 Vaccine	90707, 90710
Immunizations for Adolescents (IMA)	Hep A (Hepatitis A) – 1 Vaccine	90633
	HPV – 2 or 3 Vaccines given on or between the 9 th and 13 th birthdays	90649-90651
	Tdap – 1 Vaccine given on or between the 10 th and 13 th birthdays	90715
	Meningococcal – 1 Vaccine on or between the 11 th and 13 th birthdays	90619, 90733, 90734

*Codes subject to change.