



# 2025 PROVIDER REFERENCE GUIDE

## PEDIATRIC QUALITY MEASURES



This reference guide can help you better understand the specifications for the HEDIS quality measurement program and tools used to address care opportunities, as well as how to report data and what billing codes to use.

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## Improving Getting Needed Care (CAHPS)

**Description:** Improving a patient's ability to get needed care is a way that we can help a member's experience when seeking care, tests, or treatment. Each year health plans send Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys to gather feedback from consumers about their experience when seeking care. The results are used to gauge patient experience across the network and practice. The feedback will help improve quality of care and the member's overall experience

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**Line of Business (LOB):**    ☒ Medicare        ☒ Medicaid        ☒ Commercial

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Here are the types of questions your patients will be asked about on the CAHPS survey or Prospect's Member Experience Survey and ideas to help improve:

### Questions about getting needed care:

- How often was it easy to get the care, tests, or treatment you needed?
- How often did you get an appointment to see a specialist as soon as you needed?

### Ideas to help Improve Patient's Experience with Getting Needed Care:

- Submit required prior authorizations request within 2 days of members appointment.
- Provide multiple services during a members visit.

### Example: Is there anything else we can do for you while you're here?

- Offer to help schedule your patients follow-up appointment before they leave the office appointment.
- Offer to help assist with the patients specialist appointment if they are unfamiliar with the authorization process.
- Consider using extended office hours.

## We're Here to Help

To learn more about the ways you can improve the patient experience, contact the performance programs department at [Prospectquality@prospectmedical.com](mailto:Prospectquality@prospectmedical.com)



## Improving Getting Appointments and Care Quickly (CAHPS)

**Description:** Improving a patient's ability to get appointments and care quickly is one way that we can help a member's experience when accessing care. Each year health plans send Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys to gather feedback from consumers about their experience when seeking care. The results are used to gauge patient experience across the network and practice. The feedback will help improve quality of care and the member's overall experience.

**Line of Business (LOB):** ☒ Medicare ☒ Medicaid ☒ Commercial

Here are the types of questions your patients will be asked about on the CAHPS survey or Prospect's Member Experience Survey and ideas to help improve:

### Questions about Getting Appointments and Care Quickly:

- How often did you see the person you came to see within 15 minutes of your appointment time? (Wait time included time spent in the waiting room and exam room)
- When you needed care right away, how often did you get care as soon as you need it?
- How often did you get an appointment for a checkup or routine care with your doctor as soon as you needed?

### Ideas to help Improve Patient's Experience with Getting Appointments & Care Quickly:

- Acknowledge the patient upon arrival to their appointment.
- Set wait times and expectations.

**Example:** "Thank you for being patient, the doctor will be with you within 15 minutes. I'll keep you updated if it will be any longer."

If the patient is waiting longer than 15 minutes, ensure you acknowledge the member and let them know of the wait time.

- Reserve time for urgent appointments. The members ability to schedule an appointment timely is important for this CAHPS measure question.
- Follow access standards set forth by Department of Managed Health Care

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## Improving Care Coordination (CAHPS)

**Description:** Improving a patient's ability to get appointments and care quickly is one way that we can help a member's experience when accessing care. Each year health plans send Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys to gather feedback from consumers about their experience when seeking care. The results are used to gauge patient experience across the network and practice. The feedback will help improve quality of care and the member's overall experience.

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**Line of Business (LOB):**    ☒ Medicare    ☒ Medicaid    ☒ Commercial

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Here are the types of questions your patients will be asked about on the CAHPS survey or Prospect's Member Experience Survey and ideas to help improve:

### Questions about Care Coordination:

- How often did you see the person you came to see within 15 minutes of your appointment time? (Wait time included time spent in the waiting room and exam room)
- When you needed care right away, how often did you get care as soon as you need it?
- How often did you get an appointment for a checkup or routine care with your doctor as soon as you needed?

### Ideas to Improve Patient's Experience with Care Coordination:

- Remind patients to share your contact information to other care providers including specialists that they see.
- Make sure test results are shared between primary care and specialist providers.
- Review your patient's medical records with them.

**Example:** "To provide the best care, I will take a minute to review your medical records for new information."

Review all the prescription medications your patients are taking during each visit.

- Always follow up with patients after they have completed lab tests or other tests to discuss results of those tests.

## We're Here to Help

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## Child and Adolescent Well-Care Visits (WCV)

**Description:** The percentage of patients 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year

The former Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures have been combined into Child and Adolescent Well-Care Visits (WCV)

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**Line of Business (LOB):**      ☒ **Medicaid**      ☒ **Commercial**

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### Service Needed for Compliance:

- Perform well-care visit for members 3–21 years as of December 31, 2025 and report three age stratifications and total rate:
  - 3-11 years
  - 12-17 years
  - 18-21 years
- Total

### Important Notes:

- Always include a date of service and document components of care
- Preventive services may be rendered on visits other than well-child visits. Well-child preventive services count toward the measure, regardless of the primary intent of the visit eg: Gyn type visit, but services that are specific to an acute or chronic condition **do not** count toward the measure
- Visits to school-based clinics with practitioners whom the organization would consider PCPs may be counted if documentation that a well-care exam occurred is available in the administrative system in the time frame specified by the measure. The PCP does not have to be assigned to the member
- Telehealth well visits are no longer counted in compliance
- Remember to bill for body mass index (BMI) percentiles

### Measure Best Practices:

- Turn a sick visit into a well-care visit. Take advantage of a sick visit by giving a well-care visit as this might be the only time you see this patient during the measurement year
- Take advantage of school breaks and holidays (such as summer break and winter break), and offer extended/ weekend hours
- Add physical exams to sports physicals and bill for the sports physicals by capturing the ICD-10 code Z02.5
- Reach out and schedule appointments during suitable times for parents and their children
- Capture nutrition and physical activity using the Staying Healthy Assessment form or providing anticipatory guidance. Bill the G0447 code or utilize ICD-10 Z71.82 for physical activity and ICD-10 Z71.3 for nutrition counseling along with the appropriate well-child visit
- Use telehealth services to help complete a well-care visit

### Exclusions:

- Patients in hospice
- Patients who died during measurement year

**For Applicable Coding:** [WCV \(page 14\)](#)



## Childhood Immunization Status (CIS-E)

**Description:** Percentage of children age 2 who had the following immunizations:

**Immunizations and Dose(s):**

- DTaP: 4
- IPV: 3
- MMR: 1
- Hib: 3
- Hep B: 3
- VZV: 1
- PCV: 4
- Hep A: 1
- Rotavirus: 2 to 3
- Influenza: 2

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**Line of Business (LOB):**      ☒ **Medicaid**      ☒ **Commercial**

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**Service Needed for Compliance:**

- Recording the immunizations in your state registry
- Documenting the immunizations (historic and current) within medical records to include:
  - A note indicating the name of the specific antigen and the date of the immunization
  - The certificate of immunization prepared by an authorized health care provider or agency
  - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses or seropositive test result
  - The date of the first hepatitis B vaccine given at the hospital and name of the hospital if available

**Important Notes:**

- Documentation that a member is up to-date with all immunizations, but doesn't include a list of the immunizations and dates they were administered, will **not** meet compliance
- Documentation of physician orders, CPT codes or billing charges will **not** meet compliance
- For Hep A, Hep B, MMR or VZV, documented history of the illness or a seropositive test result count as numerator events – but they must occur on or before a child's second birthday

**Measure Best Practices:**

- If you use an EMR, create a flag to track members due for immunizations
- Extend your office hours into the evening, early morning or weekends to accommodate working parents
- Develop or implement standing orders for nurses and physician assistants in your practice to allow staff to identify opportunities to immunize

**Exclusions:**

- Anaphylactic reaction due to vaccination
- Encephalopathy due to the vaccination
- HIV
- HIV type 2
- Malignant neoplasm of lymphatic tissue
- Disorders of the immune system
- Intussusception
- Severe combined immunodeficiency
- Vaccine causing adverse effect
- Organ and Bone Marrow transplants

**For Applicable Coding:** [CIS \(page 17\)](#)





## Immunizations for Adolescents (IMA-E)

**Description:** Percentage of adolescents age 13 who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and had completed the human papillomavirus (HPV) vaccine series

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**Line of Business (LOB):**      ☒ **Medicaid**                      ☒ **Commercial**

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**Service Needed for Compliance:**

- The following vaccines must be administered on or before their 13<sup>th</sup> birthday:
  - 1 MCV/meningococcal vaccine on or between 11th & 13th birthdays and
  - 1 Tdap or 1 Td vaccine on or between their 10th and 13th birthdays
  - At least 2 doses of HPV vaccine with DOS at 146 days apart on or between the 9th and 13th birthdaysor
- At least 3 HPV vaccines with different dates of service on or between the 9th and 13th birthdays

**Important Notes:**

- A patient's medical record must include:
  - A note with the name of the **specific antigen and the date** the vaccine was administered
  - An immunization record from an authorized healthcare provider or agency (i.e., a registry) including the name of the **specific antigen and the date** the vaccine was administered
- Documentation that a member is up-to-date with all immunizations, but doesn't include a list of the immunizations and dates they were administered, will **not** meet compliance
- Meningococcal conjugate or meningococcal recombinant – serogroup B (MenB) – will **not** meet compliance
- Documentation of physician orders, CPT codes or billing charges will **not** meet compliance

**Measure Best Practices:**

- When possible, please review vaccine status with parents and give immunizations at visits other than only well-child appointments
- Schedule appointments for your patient's next vaccination before they leave your office
- If applicable, please consider participating in your state's immunization registry

**Exclusions:**

- Patients in hospice
- Patients who died during measurement year
- Anaphylactic reaction to vaccine or its components
- Anaphylactic reaction to vaccine serum
- Encephalopathy with a vaccine adverse-effect code
- Vaccine causing adverse effect

**For Applicable Coding:** [IMA \(page 20\)](#)





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

**Description:** Percentage of patients ages 3–17 who had an outpatient visit with a primary care provider or OB/GYN and had evidence of the following during 2025:

- Body mass index (BMI) percentile
- Counseling for nutrition
- Counseling for physical activity

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<b>Line of Business (LOB):</b>	<input checked="" type="checkbox"/> <b>Medicaid</b>	<input checked="" type="checkbox"/> <b>Commercial</b>
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### Measure Best Practices:

- Measure height and weight at least annually and document the BMI percentile in the medical record
- Consider incorporating appropriate nutritional and weight management questioning and counseling into your routine clinical practice
- Discuss proper nutrition and promote physical activity with parents and patients at every visit
- Talk with parents and patients about nutrition and physical activity for at least 15 minutes at each well-child visit
- Provide parents of children ages 4 and older with age appropriate handout(s) that include a section on physical activity outside of developmental milestones. For example:
  - Recommended guidelines for amount of activity per day or week
- Including a checklist in a patient’s medical record is a good way to make sure that all components of this measure are completed. For example:
  - A notation of “well nourished” during a physical exam will not meet compliance for nutritional counseling. However, a checklist indicating that “nutrition was addressed” will
  - A notation of “cleared for gym class” or “health education” will not meet compliance for physical activity counseling. However, a checklist indicating “physical activity was addressed” or evidence of a sports physical will
- Document face-to-face discussion of current nutritional behavior, like appetite or meal patterns, eating and dieting habits, any counselling or referral to nutrition education, any nutritional educational materials that were provided during the visit, anticipatory guidance for nutrition, eating disorders, nutritional deficiencies, underweight, and obesity or overweight discussion
- Document face-to-face discussion of current physical activity behaviors, like exercise routines, participation in sports activities or bike riding, referrals to physical activity, educational material

### Exclusions:

- Patients in hospice
- Patients who are pregnant
- Patients who died during measurement year

**For Applicable Coding:** [WCC \(page 21\)](#)



## Lead Screening in Children (LSC)

**Description:** Children 2 years of age who had two capillary or venous blood tests for lead poisoning at 12 and 24 months of age.

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**Line of Business (LOB):** ☒ Medicaid

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**Service Needed for Compliance:**

- Provide oral or written anticipatory guidance to parent or guardian at every preventative visit about the dangers of lead exposure and recommended screening.
- Order blood work at both 12 and 24 months of age.
- Order blood work at any time if the members is at risk of exposure or at parent or guardian(s) request.

**Important Note:**

- DHCS requires catch up screening for children who were not screened at 12 or 24 months of age, up to 72 months (6 years) of age.
- Initial Blood Lead Screening may be capillary or venous.
- Retesting to confirm risk of exposure must be venous.
- There is a testing schedule if member has initial positive test result.

**Measure Best Practices:**

- If a lead test is not administered, or if parent declines/refuses lead test, document this in patient's chart.
- Report any abnormal lead tests to your county's Department of Public Health and the California Lead Poisoning Prevention Branch.
- Include alert in your EMR system or the patient's chart to screen for lead exposure at 12 and 24 months.
- Offer point-of-care lead testing at your office.

**Exclusions:**

- Patients in hospice
- Patients who died during measurement year

**For Applicable Coding:** [LSC \(page 24\)](#)



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

**Description:** Percentage of patients who turned 15 months old during 2025 and had six or more well-child visits with a primary care provider during their first 15 months of life and at least two or more visits between age 15-30

- W30 replaces the W15 measures with two rates:
- Well Child Visits in the First 15 months: Six or more visits
- Well Child Visits for Age 15-30 months: Two or more visits

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**Line of Business (LOB):**      ☒ **Medicaid**      ☒ **Commercial**

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### Service Needed for Compliance:

- Use well-child visits to give recommended vaccinations
- Schedule the recommended visits per the American Academy of Pediatrics age guidelines at: 2–5 days after birth, 1 month, 2 month, 4 month, 6 month, 9 month, 12 month, 15 month, 18 month and 24 months
- Allow one or two weeks scheduling room for makeup visits before child turns 15 or 30 months
- Inform caregivers about the importance of frequent well-child visits during the first 30 months
- Pursue missed appointments with letters and reminder calls
- Make outreach calls to members who are not on track to complete the recommended number of well-child visits by age 30 months
- Telehealth well visits are no longer accepted for compliance
- Make the most of any patient visit, healthy child or not, to educate parents on their child's health and provide children the needed health assessments, preventive care and screenings

### Measure Best Practices:

- If a care provider is seeing a patient for Evaluation and Management (E/M) services and all components of a well-child visit are completed, attach modifier 25 or 59 to the well-child procedure code so it's reviewed as a significant, separately identifiable procedure
  - Modifier 25 is used to indicate a significant and separately identifiable evaluation and management (E/M) service by the same physician on the same day another procedure or service was performed
  - Modifier 59 is used to indicate that two or more procedures were performed at the same visit, but to different sites on the body
- Documentation of the components of care for a well-care visit can be done at any time during 2025 and on separate visits

### Exclusions:

- Patients in hospice
- Patients who died during measurement year

**For Applicable Coding:** [W30 \(page 22\)](#)



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

### IMPORTANT NOTES:

#### Documentation and Compliance

- Always include a date of service and document these components of care:
  - Physical exam
  - Health history – Assessment of history of disease or illness
  - Notation of allergies, medications or immunizations alone will **not** meet compliance. Documenting all three **will** meet compliance
  - Physical developmental history – Assessment of physical developmental milestones and progress toward developing the skills needed to become a healthy child
    - Notation of Tanner stage or scale **will** meet compliance
    - “Appropriate for age” without a specific reference to development will **not** meet compliance
  - Mental developmental history – Assessment of mental developmental milestones and progress toward developing the skills needed to become a healthy child
    - Notations of “appropriately responsive for age,” “neurological exam” or “well developed” alone will **not** meet compliance
  - Health education/anticipatory guidance – Given to parents or guardians to educate them on emerging issues, expectations and things to watch for at the member’s age
    - Information about medications or immunizations or their side effects will **not** meet compliance
    - Handouts given during a visit without evidence of a discussion will **not** meet criteria for Health Education/Anticipatory Guidance

#### Medical Record Detail Including, But Not Limited To

- Growth charts
- History and physical
- Progress notes
- Vitals sheet
- Well-child visit forms



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

### IMPORTANT NOTES (Cont.):

#### Documentation and Compliance

- The components of care can be completed at any appointment – not just a well-child visit – and on different dates of service. However, services specific to an acute or chronic condition will **not** meet compliance



## Topical Fluoride for Children (TFC)

**Description:** The percentage of members 1-4 years of age received at least two fluoride varnish applications during the measurement year.

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**Line of Business (LOB):** ☒ Medicaid

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**Service Needed for Compliance:**

- Fluoride varnish application done by a trained medical provider (MD, NP, PA) or other trained medical professionals (RN, LVN, MA) under the supervision of an attending physician
- Conduct an oral assessment to check for dental decay
- Fluoride varnish application does not replace routine dental care by a dental provider, refer member to dentist for routine dental exams by the age of one
- Determine whether the member needs additional fluoride varnish applications

**Measure Best Practices:**

- If you use an EMR, create a flag to track members due for fluoride varnishes
- Discuss with parents and/or guardians the importance of having children receive fluoride varnishes to prevent dental caries and how to prepare for the fluoride varnish application
- Identify and review caries risk factors and FV recommended schedule with parents and/or guardians
- Can be applied during well child visits and other medical visits

**Exclusions:**

- Patients in hospice
- Patients who died during measurement year

**For Applicable Coding:** [TFC \(page 25\)](#)



### Child and Adolescent Well-Care Visits (WCV)

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
99381	CPT	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)
99382	CPT	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)
99383	CPT	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)
99384	CPT	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	CPT	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years
99391	CPT	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)
99392	CPT	Periodic comprehensive preventive medicine reevaluation and management of an individual includes an age- and gender-appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures: Early childhood (age 1–4 years)





## Child and Adolescent Well-Care Visits (WCV)

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
99393	CPT	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)
99394	CPT	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)
99395	CPT	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years
99461	CPT	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
G0438	HCPCS	Annual wellness visit: includes a personalized Prevention Plan of Service (PPS), initial visit
G0439	HCPCS	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit



### Child and Adolescent Well-Care Visits (WCV)

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
S0302	HCPCS	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate evaluation and management service)
S0610	HCPCS	Annual gynecological examination, new patient
S0612	HCPCS	Annual gynecological examination, established patient
S0613	HCPCS	Annual gynecological examination; clinical breast examination without pelvic evaluation
Z00.00	ICD-10CM	Encounter for general adult medical examination without abnormal findings
Z00.01	ICD-10CM	Encounter for general adult medical examination with abnormal findings
Z00.110	ICD-10CM	Health examination for newborn under 8 days old
Z00.111	ICD-10CM	Health examination for newborn 8 to 28 days old
Z00.121	ICD-10CM	Encounter for routine child health examination with abnormal findings
Z00.129	ICD-10CM	Encounter for routine child health examination without abnormal findings
Z00.2	ICD-10CM	Encounter for examination for period of rapid growth in childhood
Z00.3	ICD-10CM	Encounter for examination for adolescent development state
Z01.411	ICD10-CM	Encounter for gynecological examination (general) (routine) with abnormal findings
Z01.419	ICD10-CM	Encounter for gynecological examination (general) (routine) without abnormal findings
Z02.5	ICD-10CM	Encounter for examination for participation in sport
Z76.1	ICD-10CM	Encounter for health supervision and care of foundling
Z76.2	ICD-10CM	Encounter for health supervision and care of other healthy infant and child



## Childhood Immunization Status (CIS)

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
90633	CPT	Hepatitis A vaccine (HepA) pediatric/adolescent dosage-2 dose schedule, IM <b>(HAVRIX, VAQTA)</b>
90644	CPT	Hib-MenCY, 4 dose schedule, when administered to children 6 weeks-18 months of age, IM <b>(MenHibrix)</b>
90647	CPT	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, IM <b>(PedvaxHIB)</b>
90648	CPT	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, IM <b>(ActHIB, Hiberix)</b>
90655	CPT	Flu; Influenza virus vaccine
90657	CPT	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, IM <b>(Afluria Trivalent Pediatric Dose, Fluzone Trivalent Pediatric Dose)</b>
90660	CPT	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use <b>(FluMist Trivalent)</b>
90661	CPT	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, IM <b>(Flucelvax Trivalent, Flucelvax Trivalent Preservative Free)</b>
90670	CPT	Pneumococcal conjugate vaccine, 13 valent (PCV13), IM <b>(Prevnar 13)</b>
90671	CPT	Pneumococcal conjugate vaccine, 15 valent (PCV15), IM <b>(VAXNEUVANCE)</b>
90672	CPT	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
90674	CPT	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, IM
90680	CPT	RV; 3 Dose, Rotavirus vaccine, <b>(Rotateq)</b>
90681	CPT	RV; 2 Dose, Rotavirus vaccine, <b>(Rotarix)</b>



## Childhood Immunization Status (CIS)

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
90689	CPT	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, IM
90697	CPT	DTaP-IPV-Hib-HepB, IM ( <b>Vaxelis</b> )
90700	CPT	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals <b>younger than 7 years</b> , IM ( <b>Daptacel, Infanrix</b> )
90707	CPT	Measles, mumps and rubella virus vaccine (MMR), live, SQ ( <b>M-M-R II, PRIORIX</b> )
90710	CPT	Measles, mumps, rubella, and varicella vaccine (MMRV), live, SQ ( <b>ProQuad</b> )
90713	CPT	Poliovirus vaccine, inactivated (IPV), SQ or IM ( <b>IPOL</b> )
90716	CPT	Varicella virus vaccine (VAR), live, SQ ( <b>Varivax</b> )
90744	CPT	HepB, pediatric/adolescent dosage, 3 dose schedule, IM ( <b>Energix B, Recombivax HB</b> )
90756	CPT	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, IM



## Childhood Immunization Status (CIS)

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
G0010	HCPCS	Administration of hepatitis B vaccine
G0008	HCPCS	Administration of influenza virus vaccine
G0009	HCPCS	Administration of pneumococcal vaccine
<b>Combination Vaccines</b>		
90723	CPT	DTaP-HepB-IPV, IM ( <b>Pediarix</b> )
90697	CPT	DTaP-IPV-Hib-HepB, IM ( <b>Vaxelis</b> )
90698	CPT	DTaP-IPV-Hib, IM ( <b>Pentacel</b> )
90748	CPT	HiB-HepB ( <b>Comvax</b> )
<b>Exclusions</b>		
D80.8	ICD-10CM	Other immunodeficiencies w/ predominately antibody defects, unspecified
D81.9	ICD-10CM	Combined immunodeficiency,unspecified
T50.A15 A	ICD-10CM	Adverse effect of pertussis vaccine including combinations w/ a pertussis component, initial
T80.52XA	ICD-10CM	Anaphylactic reaction due to vaccine, initial
G04.32	ICD-10CM	Postimmunization acute necrotizing hemorrhagic encephalopathy



## Immunizations for Adolescents (IMA)

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
90649	CPT	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, IM
90650	CPT	Human papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, IM
90651	CPT	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 3 dose schedule, IM ( <b>GARDASIL 9</b> )
90715	CPT	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, IM ( <b>Adacel, Boostrix</b> )
90619	CPT	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), IM ( <b>MenQuadfi</b> )
90733	CPT	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), SQ ( <b>Menomune-A/C/Y/W-135</b> )
90734	CPT	Meningococcal conjugate vaccine, serogroups A, C, W, Y, and W135, quadrivalent, diphtheria toxoid carrier (MCV4 or MedACWY-D) or CRM197 carrier (MedACWY-CRM), IM ( <b>MENVEO</b> )
<b>Exclusions:</b>		
T80.52XA	ICD-10CM	Anaphylactic reaction due to vaccine, initial
T50.A15A	ICD-10CM	Adverse effect of pertussis or pertussis component
G04.32	ICD-10CM	Postimmunization acute necrotizing hemorrhagic encephalopathy



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

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
Z68.51	ICD-10CM	Body mass index [BMI] pediatric, less than 5th percentile for age
Z68.52	ICD-10CM	Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age
Z68.53	ICD-10CM	Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age
Z68.54	ICD-10CM	Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age
Z71.3	ICD-10CM	Dietary counseling and surveillance
Z71.82	ICD-10CM	Exercise counseling





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

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
99381	CPT	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>new patient; infant (age younger than 1 year)</b>
99382	CPT	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>new patient; early childhood (age 1 through 4 years)</b>
99391	CPT	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>established patient; infant (age younger than 1 year)</b>
99392	CPT	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, <b>established patient; early childhood (age 1 through 4 years)</b>
99461	CPT	Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
G0438	HCPCS	Annual wellness visit: includes a personalized Prevention Plan of Service (PPS), <b>initial visit</b>
G0439	HCPCS	Annual wellness visit, includes a personalized prevention plan of service (pps), <b>subsequent visit</b>
S0302	HCPCS	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)



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

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
Z00.110	ICD-10CM	Health examination for newborn under 8 days old
Z00.111	ICD-10CM	Health examination for newborn 8 to 28 days old
Z00.121	ICD-10CM	Encounter for routine child health examination with abnormal findings
Z00.129	ICD-10CM	Encounter for routine child health examination without abnormal findings
Z00.2	ICD-10CM	Encounter for examination for period of rapid growth in childhood
Z00.3	ICD-10CM	Encounter for examination for adolescent development state
Z02.5	ICD-10CM	Encounter for examination for participation in sport
Z76.1	ICD-10CM	Encounter for health supervision and care of foundling
Z76.2	ICD-10CM	Encounter for health supervision and care of other healthy infant and child



## Lead Screening in Children (LSC)

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
83655	CPT	Lead Test
77307-7	LOINC	Lead [Mass/volume] in Venous blood
R78.71	ICD-10CM	Abnormal lead level in blood
T56.0X1A	ICD-10CM	Toxic effect of lead and its compounds, accidental (unintentional), initial encounter
T56.0X1D	ICD-10CM	Toxic effect of lead and its compounds, accidental (unintentional), subsequent encounter
T56.0X1S	ICD-10CM	Toxic effect of lead and its compounds, accidental (unintentional), sequela
Z00.129	ICD-10CM	Encounter for routine child health examination without abnormal findings
Z13.88	ICD-10CM	Encounter for screening for disorder due to exposure to contaminants
Z77.011	ICD-10CM	Contact with and (suspected) exposure to lead



## Topical Fluoride for Children (TFC)

The table below outlines applicable coding that indicate the services necessary to be compliant for the measure.

Code	Code Type	Description
99188	CPT	Application of topical fluoride varnish by a physician or other qualified health care professional