



PROVIDER REFERENCE QUICK GUIDE: HEDIS[®] Physical Health Performance Measures

Childhood Immunization Status (CIS) - Combination 3

Guidelines:	<p>The percentage of children 2 years of age who had the following vaccines by their second birthday:</p> <ul style="list-style-type: none"> • Four DTap (diphtheria, tetanus and acellular pertussis) • Three IPV (polio) • One MMR (measles, mumps and rubella) • Three HIB (haemophilus influenza type B) • Three Hep B (hepatitis B) • One VZV (chicken pox) • Four PCV (pneumococcal conjugate) • One Hep A (hepatitis A) • Two or three RV (rotavirus) • Two influenza (flu)
Documentation in Medical Record:	<p>Immunization evidence obtained from the medical record will require evidence that the antigen was rendered from one of the following:</p> <ul style="list-style-type: none"> • A note indicating the name of the specific antigen and the date of the immunization. • A certificate of immunization prepared by an authorized healthcare provider or agency including the specific dates and type of immunization administered.
Coding Information:	<p>DTap: CPT: 90698, 90700, 90723 IPV: CPT: 90698, 90713, 90723 MMR: CPT: 90707, 90710 MMR–Measles: ICD10-CM: B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9 MMR–Mumps: ICD10-CM: B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9 MMR–Rubella: ICD10-CM: B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 Any combination of the following to satisfy recommendation of one MMR: CPT: 90705, 90704, 90706, 90708 HIB: CPT: 90644, 90647, 90648, 90698, 90748 Newborn Hepatitis B Vaccine (Hep B): ICD10-PCS: 3E0234Z Hepatitis B (Hep B): CPT: 90723, 90740, 90744, 90747, 90748, HCPCS: G0010 ICD10-CM: B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 Varicella Zoster (VZV): CPT: 90710, 90716 ICD10-CM: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9 Pneumococcal Conjugate Vaccine (PCV): CPT: 90670, HCPCS: G0009 Hepatitis A (Hep A): CPT: 90633 ICD10-CM: B15.0, B15.9 Rotavirus (RV): CPT: 90681 (2 dose), 90680 (3 dose) Influenza: CPT: 90655, 90657, 90661, 90662, 90673, 90685, 90686, 90687, 90688, 90689, 90660, 90672</p>

Such services are funded in part with the State of New Mexico.

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PERFORMANCE MEASURES (CONTINUED)**Well-Child Visits in the First 30 Months of Life (W30)**

Guidelines:	Children who had the following number of Well-Child visits with a PCP during the last 15 months: <ul style="list-style-type: none">• Well-Child visits for children in the first 15 months of age<ul style="list-style-type: none">– Children who turned 15 months during the measurement year. Six or more Well-Child visits.• Well-Child visits for children 15-30 months of age<ul style="list-style-type: none">– Children who turn 30 months during the measurement year. Two or more visits.
Documentation in Medical Record:	Visit note must include all of the following: <ul style="list-style-type: none">• Health history• Physical developmental history• Mental developmental history• Physical exam• Health education/anticipatory guidance<i>*Telehealth exclusion removed</i>
Coding Information:	CPT: 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461 HCPCS: G0438, G0439, S0302 ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.83, Z02.89, Z02.9, Z76.1, Z76.2 Telehealth Modifiers: GT, 95 Telehealth POS: 02

PERFORMANCE MEASURES (CONTINUED)

Prenatal and Postpartum (PPC) • Timeliness of Prenatal Care • Postpartum Care

Guidelines:	<p>Women who delivered a live birth and experienced:</p> <p>Timeliness of Prenatal Care - A prenatal visit from an OB/GYN, midwife, or PCP in the first trimester</p> <p>Postpartum Care - A postpartum visit with an OB/GYN, midwife, or PCP 7–84 days after delivery</p>
Documentation in Medical Record:	<p>Office visit with provider name, credentials, date performed, and a note indicating one of the following:</p> <p>Timeliness of Prenatal Care</p> <ul style="list-style-type: none"> • Diagnosis of pregnancy AND • A physical OB exam OR • Prenatal care procedure performed (OB panel, TORCH, Rubella antibody test/titer with an RH incompatibility blood typing, ultrasound of a pregnant uterus) OR • Complete OB history with EDD or LMP <p>Office visit with provider name, credentials, date performed, and a note indicating one of the following:</p> <p>Postpartum Care</p> <ul style="list-style-type: none"> • Pelvic exam • Assessment of weight, blood pressure, breasts and abdomen • Notation of postpartum care such as “PP care”, “PP check”, “six-week check”, • Perineal or cesarean incision/wound check • Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders • Glucose screening for women with gestational diabetes <p>HEDIS added telephone visits, e-visits and virtual check-ins to the administrative specifications to Timeliness of the Prenatal and Postpartum Care rate in the 2020-2021 publication.</p>
Coding Information:	<p>TIMELINESS OF PRENATAL CARE</p> <p>Prenatal Visits: CPT/CPT II: 99201-99205, 99211-99215, 99241-99245, 99483 HCPCS/CPT: G0463, T1015</p> <p>Prenatal Bundled Services: CPT/CPT II: 59400, 59425, 59426, 59510, 59610, 59618 HCPCS: H1005</p> <p>Stand Alone Prenatal Visits: CPT/CPT II: 99500, 0500F, 0501F, 0502F HCPCS: H1000-H1004</p> <p>Obstetric Panel: CPT: 80055, 80081</p> <p>Prenatal Ultrasound: CPT: 76801, 76805, 76811, 76813, 76815-76821, 76825-76828</p> <p>ICD-10 PCS: BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ</p> <p>ABO and Rh: CPT (ABO): 86900 CPT (Rh): 86901</p> <p>TORCH: CPT (Toxoplasma): 86777, 86778 CPT (Rubella): 86762</p> <p>CPT (Cytomegalovirus): 86644 CPT (Herpes Simplex): 86694, 86695, 86696</p> <p>Pregnancy Diagnosis (for PCP, use these codes and one of the codes above):</p> <p>ICD-10: O09-O16, O20-O26, O28-O36, O40-O48, O60.00-O60.03, O71, O88, O91, O92, O92.3-O92.6, O92.70, O92.79, O98, O99, O9A, Z03.71-Z03.79, Z34, Z36</p> <p>POSTPARTUM CARE</p> <p>Postpartum Visits: CPT/CPT II: 57170, 58300, 59430H, 99501, 0503F HCPCS: G0101</p> <p>ICD-10 CM Diagnosis: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p>Postpartum Bundled: CPT: 59400, 59410, 59510, 59614, 59618, 59622</p> <p>Cervical Cytology: CPT/CPT II: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175</p> <p>HCPCS: G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3001, Q0091</p> <p>Telephone Visits: CPT: 98966-98968, 99441-99443</p> <p>Online Assessments: CPT: 98970-98972, 99421-99423, 99458</p> <p>Online Assessments: HCPCS: G2010, G2012, G2061-G2063</p>

PERFORMANCE MEASURES (CONTINUED)

Weight Assessment, Counseling for Nutrition, Counseling for Physical Activity (WCC)

Guidelines:	Children/adolescents ages 3–17 years who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the year:		
	• BMI percentile	• Counseling for nutrition	• Counseling for physical activity
Documentation in Medical Record:	<ul style="list-style-type: none"> • Date • Weight AND height • HEDIS added telephone visits, e-visits and virtual check-ins to the administrative specifications to the WCC care rate in the 2020-2021 publication. 	<ul style="list-style-type: none"> • BMI percentile as a value (e.g., 85th percentile) or BMI percentile plotted on an age-growth chart 	<ul style="list-style-type: none"> • Assess and counsel for nutrition • Assess and counsel for physical activity
Coding Information:	<p>Weight Assessment (BMI Percentile): ICD-10: Z68.51, Z68.52, Z68.53, Z68.54</p> <p>Counseling for Nutrition: CPT: 97802-97804 HCPCS: G0270, G0271, G0447, S9470 ICD-10: Z71.3</p> <p>Counseling for Physical Activity: HCPCS: G0447, S9451 ICD-10: Z02.5, Z71.82</p> <p>Telehealth Modifier: GT, 95</p> <p>Telehealth POS: 02</p> <p>Telephone Visits: CPT: 98966-99968, 99441-99443</p> <p>Online Assessments: CPT: 98970-98972, 99421-99423, 99458</p> <p>Online Assessments: HCPCS: G2010, G2012, G2061-G2063</p>		

Identified services are currently covered under Blue Cross Community Centennial. Future coverage is not guaranteed.

The information in this document is being provided for educational purposes only and is not the provision of medical care or advice.

Physicians and other health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. Regardless of any benefit determination, the final decision regarding any treatment or service is between the patient and the health care provider. Additional limitations and requirements may apply.

Coding is in accordance with HEDIS® Measurement Year 2020 and Measurement Year 2021 Volume 2 Technical Specifications for Health Plans, Washington, DC 20005. HEDIS® is a registered trademark of the National Committee for Quality Assurance ("NCQA").