

### **HEDIS Tip of the Week – November 8, 2022**

### **Childhood Immunization Status (CIS-10)**

To meet the HEDIS measure, the following vaccines must be completed **before the second birthday.** This is time driven. One day after second birthday, even if given, will not meet the HEDIS measure.

- ✓ Four (4) DTaP (Diphtheria, Tetanus, Acellular, Pertussis)
- √ Three (3) IPV Polio
- ✓ One (1) MMR (Measles, Mumps, Rubella)
- √ Three (3) HiB (haemophilus influenza type B)
- √ Three (3) Hep B (Hepatitis B)
- ✓ One (1) VZV (Varicella) or History of Chicken Pox
- ✓ Four (4) PCV (Pneumococcal Conjugate)
- ✓ One (1) HepA (Hepatis A)
- ✓ RV (Rotavirus): 2-dose or 3-dose schedule
- ✓ Two (2) Influenza: One of the two can be an LAIV vaccination administered on the second birthday

### Influenza:

CAIR is used to validate immunizations for HEDIS. Many second influenza shots are missing. Please document parent refusal. Please see the second article link below.

https://www.immunize.org/askexperts/experts\_inf.asp https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7227621/

### **Newborn Hepatitis B:**

For HepB – first shot in the hospital. This gets missed as baby may not yet have name and not matched up later or be under the mom's name. MD office can add the first vaccine done in hospital by asking at first immunization visit and transcribing vaccine into CAIR.

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

- Use complete and accurate code sets associated with Anthem and AAH (attached)
- Upload immunizations to California Immunization Registry (CAIR2) (<a href="https://cairweb.org/cair

**Phone number is 800-578-7889** or **CAIRHelpDesk@cdph.ca.gov** (include CAIR ORG code & username)



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➤ If vaccines given by another MD and not recorded into CAIR: See CAIR2 video on adding historical immunization records:

https://www.youtube.com/watch?v=lg2BGHTmluY

# 2022 P4P PROGRAM QUICK REFERENCE GUIDE FOR CFMG BILLING STAFF

MEASURE	DESCRIPTION	CODES		
Childhood Immunizations: Combo 10	Children who turned 2 in 2022 and received the following immunizations by their 2nd birthday:  • Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis)  • Three (3) IPV (Polio)  • One (1) MMR (Measles, Mumps, Rubella)  • Three (3) HiB (H Influenza Type B)  • Three (3) HepB (Hepatitis B)  • One (1) VZV (Varicella) or History of Chicken Pox  • Four (4) PCV (Pneumococcal Conjugate)  • One (1) HepA (Hepatitis A)  • RV (Rotavirus): 2-dose or 3-dose schedule  • Two (2) Influenza: One of the two can be an LAIV vaccination administered on the 2nd birthday	DTaP CPT: 90698, 90700, 90723 IPV CPT: 90698, 90713, 90723 MMR CPT: 90707, 90710 HiB CPT: 90644, 90647, 90648, 90698, 90748 HepB CPT: 90723, 90740, 90744, 90747, 90748 VZV CPT: 90710, 90716 History of Chicken Pox - ICD-10 Dx: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29, B02.30-B02.34, B02.39, B02.7, B02.8, B02.9 PCV CPT: 90670 HepA CPT: 90633 RV CPT: 90681 (2-dose schedule), 90680 (3-dose schedule) Influenza CPT: 90655, 90657, 90673, 90685-90689 Influenza LAIV CPT: 90660, 90672		
Immunizations for Adolescents: Combo 2	Adolescents who turned 13 in 2022 and received the following immunizations by their 13th birthday:  One (1) Meningococcal Serogroups A, C, W, Y  One (1) Tdap (Tetanus, Diphtheria, Acellular Pertussis)  Two (2) HPV at least 146 days apart or Three (3) HPV between the 9th and 13th birthday	Meningococcal CPT: 90734 Tdap CPT: 90715 HPV CPT: 90649, 90650, 90651		
Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits*	Children who turned 15 months old during 2022 and had six (6) or more well-child visits with a PCP PCP during their first 15 months of life.	CPT: 99381, 99382, 99391, 99392, 99461 Or ICD-10 Dx: Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2		
Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits*	Children who turned 30 months old during 2022 and had two (2) or more well-child visits with a PCP between the child's 15-month birthday plus 1 day and the 30-month birthday.	CPT: 99381, 99382, 99391, 99392, 99461 Or ICD-10 Dx: Z00.121, Z00.129, Z00.2, Z76.1, Z76.2		
Child and Adolescent Well-Care Visits*	Members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during 2022.	<b>CPT:</b> 99382-99385, 99392-99395 <b>Or ICD-10 Dx:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2		
Child and Adolescent BMI Percentile Documentation*	Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during 2022 and had evidence of BMI percentile documentation.	ICD-10 Dx: Z68.51, Z68.52, Z68.53, Z68.54		
Child and Adolescent Counseling for Nutrition*	Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during 2022 and had evidence of counseling for nutrition.	CPT: 97802, 97803, 97804 Or HCPCS: G0447 Or ICD-10 Dx: Z71.3		
Child and Adolescent Counseling for Physical Activity*	Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN during 2022 and had evidence of counseling for physical activity.	HCPCS: G0447 Or ICD-10 Dx: Z02.5, Z71.82		
PCP Visits per 1,000	Measures PCP Visits in 2022 for members assigned to CFMG.	CPT: 99201-99499, if covered Medi-Cal code		
Members*		Visit must be in an outpatient setting – e.g., Office POS 11, FQHC POS 50.		
	Á	Visit must be with a provider that is contracted as a PCP or mid-level.		
Flu Vaccination Rate	Measures the percentage of members age six (6) months and above assigned to CFMG who received the flu vaccination in 2022.	<b>Influenza CPT:</b> 90630, 90653-90658, 90661, 90662, 90673, 90674, 90682, 90685-90689, 90756		
		Influenza LAIV CPT: 90660, 90672		

<sup>\*</sup>Telehealth is allowed for services that can be done via telehealth. Please bill with POS 02 and modifier 95.

If you have any questions, please call the Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm Phone Number: 1.510.747.4510 www.alamedaalliance.org





# HEDIS MY2022

# Quick Reference Guide



# Child health

Measure	Description	Compliance codes	
AAB Acute Bronchitis	Members with initial diagnosis of acute bronchitis and <b>not</b> dispensed antibiotic within 1 to 4 days	Acute bronchitis: J20.3-J20.9, J21. J21.1, J21.8, J21.9	
AMR Asthma Medication Ratio	5 to 64 years old, with persistent asthma and had a ratio of controller medications to total medications of .50+*	ICD-10-CM asthma: J45.21-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.991, J45.998	
BLL & LSC Blood Lead Levels & Lead Screening in Children	Children 12 to 24 months to have blood lead levels by capillary or venous method (must have two blood lead tests by age 24 months)	CPT®: 83655	
CHL Chlamydia Screening	Women 16 to 24 years old and sexually active who had at least one chlamydia test during 2022	CPT: 87110, 87270, 87320, 87490, 87491, 87492, 87810	
CIS Childhood Immunization Status	Children turning 2 years of age in 2022 need the following immunizations on or before their second birthday:  3 HepB 4 Dtap 4 PCV 3 IPV 3 Hib 1 MMR 1 VZV 1 Hep A 2 Influenza 2 to 3 Rotavirus	HepB — CPT: 90697, 90723, 90740, 90744, 90747, 90748  DTaP — CPT: 90697, 90698, 90700, 90723  PCV — CPT: 90697, 90698, 90713, 90723  HIB — CPT: 90644, 90647, 90648, 90697, 90698, 90748  MMR — CPT: 90707, 90710  VZV — CPT: 90710, 90716  HepA — CPT: 90655, 90657, 90661, 90673, 90688, 90688, 90687, 90688, 90688, 90688, 90688, 90688, 90688, 80689  Rotavirus (2 Dose) — CPT: 90681  Rotavirus (3 Dose) — CPT: 90680	

Measure	Description	Compliance codes		
IHA Initial Health Assessment	All new Anthem Blue Cross members must have a comprehensive exam and assessment within 120 days of enrollment*	CPT: 96160, 99202-99205, 99212-99215, 99381-99387, 99391-99397 ICD-10: Z0000, Z0001, Z00121, Z00129		
IMA Adolescent Immunization Status	Adolescents need one meningococcal (age 11 to 12) and one Tdap (age 10 to 12) and two or three HPV (age 9 to 12)	Meningococcal — CPT: 90619, 90733, 90734 Tdap — CPT: 90715 HPV — CPT: 90649, 90650, 90651		
<mark>W30</mark> Well-Child	Children turning 15 months in 2022 need six well-child visits from 0 to 15 months and children turning 30 months in 2022 need two well-child visits from 15 to 30 months*	CPT: 99381, 99382, 99391, 99392, 99461 HCPCS: G0438, G0439, S0302 ICD-10: Z00.110, Z00.111, Z00.121 Z00.129, Z00.2, Z76.1, Z76.2		
<b>WCV</b> Well-Child	Children 3 to 21 years old in 2022 need one well-child visit in 2022*	CPT: 99382, 99383, 99384, 99385, 99392,99393, 99394, 99395 HCPCS: G0438, G0439, S0302, S0610, S0612, S0613 ICD-10: Z00.00, Z00.01, Z00.121, Z00.129, Z00.2 Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2		
<b>WCC</b> Body Mass Index	Children 3 to 17 years old in 2022 need a BMI percentile*	ICD-10 percentile codes may only be coded with clinically associated diagnosis:  ■ Z68.51 = < 5th ■ Z68.52 = 5th-84th ■ Z68.53 = 85th-94th ■ Z68.54 = 95th +		

\* Telehealth allowances available

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### https://providers.anthem.com/ca

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association.

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Angeles County.

ACAPEC-3454-22



### **CIS: Childhood Immunization Status**

This HEDIS measure looks at patients who turn 2 years old in the measurement year and received the following vaccinations by their 2nd birthday.

#### Record your efforts

Once you give patients their needed immunizations, let us and the state know by:

- Recording the immunizations in your state immunization registry including the birth hepatitis B:
  - o Enroll in California Immunization Registry CAIR at http://enroll.cairweb.org.
- Documenting the immunizations (historic and current) within medical records and include:
  - o Documented history of illness or seropositive test result.
  - o The date of the first Hep B vaccine given at the hospital and name of the hospital.

### Code your services correctly

Use these procedure codes to document immunizations for children from birth to 2 years of age. Add appropriate modifiers per coding guidelines when needed. Combo vaccines are ok.

Ex.					
Required by age 2	Immunization — individual vaccines listed but combo vaccines are okay	CPT— indicates administration	CVX— indicates manufacturer formulation		
Four	DTaP - diphtheria, tetanus and acellular pertussis	90697, 90698, 90700, 90723	20, 50, 106, 107 <b>Combos:</b> 110, 120, 146		
Three	IPV - polio	90697, 90698, 90713, 90723	10, 89 <b>Combos:</b> 110, 120, 146		
One	MMR - measles, mumps and rubella	90707, 90710	03, 94		
Three	Hib - haemophilus influenza type B	90644, 90647, 90648, 90697, 90698, 90748	17, 46, 47, 48, 49 <b>Combos:</b> 50, 51, 120, 146, 148		
Three	Hep B - hepatitis B	90697, 90723, 90740, 90744, 90747, 90748	08, 44, 45 Combos: 51, 110, 146		
One	VZV - varicella zoster (chicken pox)	90710, 90716	21 Combo: 94		
Four	PCV - pneumococcal conjugate	90670	133, 152		
One	Hep A - hepatitis A	90633	31, 83, 85		
Two or Three	Rotavirus (two-dose or three-dose)	Two-dose: 90681 Three-dose: 90680	Two-dose: 119 Three-dose: 116, 122		
Two	Influenza - flu	90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689	88, 140, 141, 150, 153, 155, 158, 161		

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The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care; this information does not guarantee reimbursement, benefit coverage or payment. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate nor control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for a high volume of medical record review requests and provider audits. Proper coding also helps us review the quality of care provided to our members and meet the HEDIS® measure for quality reporting. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). The information provided is based on MY HEDIS 2022 technical specifications and is subject to change based on guidance given by the NCQA, the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.