## **HEDIS® Pediatric Pocket Guide: 2025 Measurement Year**

For a complete list of codes, please visit the NCQA website at **ncqa.org**, or see the HEDIS value sets. The following is a subset only of the NCQA approved codes.

## All Well-Child Visits

Must include the following: Documentation of a visit with an acceptable provider type, the date of the visit, and services to validate a well-child visit was performed.

| Measure   | Best Practice  | Codes  |
|---|--|--|
| (W30) Well-Child Visits in the First 30 Months of Life (0–30 months) <sup>1,2</sup> | Well-Child Visits in the First 15 Months. For children who turned 15 months old during the measurement year: Six or more well-child visits.  Well-Child Visits for 15–30 Months of Age. For children who turned 30 months of age during the measurement year: Two or more well-child visits. | 99381, 99382, 99391, 99392, 99461, G0438, G0439, S0302, Z00.110, Z00.121, Z00.129  |
| (WCV) Child and Adolescent Well-Care Visits (3–21 years of age) <sup>1,2</sup>      | One or more comprehensive well-care visits with a PCP or OB/GYN within the measurement year. Visits occurring anytime in the measurement year, including prior to or after the patient's birthday, close the gap.  | 99382-99385, 99391-99395, G0438, G0439, S0302, S0610, S0612, S0613, Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.2 |
| Respiratory Conditions  |  |  |
| Measure   | Best Practice  | Codes  |
|   | Episodes for members <b>3 years of age and older</b> where the member is:  | Group A Strep Test:  |

· Diagnosed with pharyngitis · Dispensed an antibiotic

· Received a group A strep test Note: Test for Group A Strep before dispensing an antibiotic.

Weight Assessment and Counseling for Nutrition & Physical Activity

87070, 87071, 87081, 87430, 87650-87652, 87880

Pharyngitis:

J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

Measure

(WCC) Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (3-17 years of age)1,2

(CWP) Appropriate Testing for Pharyngitis<sup>1,2</sup>

**Best Practice** 

Visit with PCP or OB/GYN in measurement year with documentation of or claim for discussion of BMI percentile, AND nutrition and diet, AND physical activity.

Codes BMI: Z68.51, Z68.52, Z68.53, Z68.54

Nut: 97802-97804, G0270, G0271, G0447, S9449, S9452, S9470

PA: G0447, S9451, Z02.5, Z71.82

**Lines of Business:** 

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<sup>1</sup>Medicaid <sup>2</sup>Marketplace

OklahomaCompleteHealth.com

Oklahoma Complete Health and Ambetter are affiliated products serving Medicaid and Health Insurance Marketplace members, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Relations.





| Measure  | Best Practice  | Codes   |
|--|--|---|
| (CIS-E) Childhood Immunizations <sup>1,2</sup><br>(Completed on or before the 2nd birthday)        | DTaP - 4 Doses   | 90697, 90698, 90700, 90723                                  |
|  | PCV - 4 Doses  | 90670, 90671, G0009   |
|  | IPV - 3 Doses  | 90697, 90698, 90713, 90723                                  |
|  | HiB - 3 Doses  | 90644, 90647, 90648, 90697, 90698, 90748                    |
|  | Hep B – 3 Doses  | 90697, 90723, 90740, 90744, 90747, 90748, G0010             |
|  | RV – 2 or 3 Doses  | 2 Doses: 90681<br>3 Doses: 90680                            |
|  | Flu – 2 Doses<br>(LAIV meets criteria for one of the two required vaccinations if administered<br>on the 2nd birthday)   | 90655, 90657, 90660, 90661, 90672-90674, 90685-90689, 90756 |
|  | VZV - 1 Dose   | 90710, 90716  |
|  | MMR - 1 Dose   | 90707, 90710  |
|  | Hep A – 1 Dose   | 90633   |
| (IMA-E) Immunizations for Adolescents <sup>1,2</sup><br>(Completed on or before the 13th birthday) | Meningococcal – 1 Dose   | 90619, 90623, 90733, 90734                                  |
|  | Tdap - 1 Dose  | 90715   |
|  | HPV - 2 or 3 Doses   | 90649-90651   |
| 🚺 Lead Screening   |  |   |
| Measure  | Best Practice  | Codes   |
| (LSC) Lead Screening in Children <sup>1</sup>  | Percentage of children who had one or more capillary or venous lead blood tests by their 2nd birthday. At least one lead screening result documented by age 2. | 83655   |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  | 2700102 NACDDDOODE  |

Immunizations