



Practitioner Clinical Guide

HEDIS MY2025

Pediatric Measures

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HEDIS MY2025

The Healthcare Effectiveness Data and Information Set (HEDIS) is one of the most widely used sets of health care performance measures in the United States. HEDIS tracks how well health care organizations perform when providing or facilitating the use of important health services to enrolled populations. HEDIS is published across several volumes. HEDIS MY 2025 includes 87 measures across 6 domains:

- Effectiveness of Care.
- Access/Availability of Care.
- Experience of Care.
- Utilization and Risk Adjusted Utilization.
- Health Plan Descriptive Information.
- Measures Reported Using Electronic Clinical Data Systems.

DEFINITIONS:

- HEDIS: Healthcare Effectiveness Data and Information Set
- NCQA: National Committee for Quality Assurance
- DHHS: Department of Health and Human Services
- MRR: Medical Record Review
- OV: Office Visit
- DE: Data Entry
- DOB: Date of Birth
- DOS: Date of Service
- MY: Measurement Year (2025)
- PY: Prior Year (2024)
- CY: Calendar Year (2026)
- MY-2 or 2MY: Measurement year minus 2 years (2023)
- MY-3 or 3MY: Measurement year minus 3 years (2022)
- MY-4 or 4MY: Measurement year minus 4 years (2021)
- MY-5 or 5MY: Measurement year minus 5 years (2020)
- MY-6 or 6MY: Measurement year minus 6 years (2019)
- MY-7 or 7MY: Measurement year minus 7 years (2018)
- MY-8 or 8MY: Measurement year minus 8 years (2017)
- MY-9 or 9MY: Measurement year minus 9 years (2016)

General Pediatric Measures

AAB: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Description

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did **NOT** result in an antibiotic prescription being dispensed. *A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment. Meaning it is better that an antibiotic dispensing event did NOT occur.*

Measure Information

An antibiotic medication was dispensed on or 3 days after the episode date.

The timeframe for this measure is between July 1st of the prior year of the measurement year and June 30th of the measurement year.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- The visit which contained the diagnosis of bronchitis/bronchiolitis resulted in an inpatient stay.
- Documentation in the 12 months prior to and including the episode date of a comorbid diagnosis.
 - HIV
 - Cancer
 - Emphysema
 - COPD
 - Disorders of the Immune System
 - Other Comorbid Conditions
- There was a competing diagnosis on or 3 days following the episode date.
 - Pharyngitis
 - Other Competing Diagnoses (1000s of them)
- An antibiotic was dispensed/received within 30 days prior to the episode date or was active on the episode date.

HEDIS Coding Guidelines

ICD-10:

Competing Diagnosis

Please refer to the most recent ICD-10 codes.

CWP: Appropriate Testing for Pharyngitis

Description

The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode.

Measure Information

Documentation of a group A strep test (results not required) 3 days prior to the diagnosis of pharyngitis through 3 days after the episode date for a total of 7 days.

The timeframe for this measure is between July 1st of the prior year to the measurement year and June 30th of the measurement year.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- If the member did not receive antibiotics on or up to 3 days after the episode date.
- The visit which contained the diagnosis of pharyngitis resulted in an inpatient stay.
- Documentation in the 12 months prior to and including the episode date of a comorbid diagnosis.
 - HIV
 - Cancer
 - Emphysema
 - COPD
 - Disorders of the Immune System
 - Other Comorbid Conditions
- There was a competing diagnosis on or 3 days following the episode date.
- An antibiotic was dispensed/received within 30 days prior to the episode date or was active on the episode date.

HEDIS Coding Guidelines

CPT:

Group A Strep Test

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

DEV: Developmental Screening in the First Three Years of Life

Description

The percentage children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

Measure Information

Screening for risk of developmental, behavioral, and social delays using a standardized screening tool.

- 1-year-old members: Screening done on or between birth and their 1st birthday.
- 2-year-old members: Screening done after the 1st birthday to on or before their 2nd birthday.
- 3-year-old members: Screening done after the 2nd birthday to on or before their 3rd birthday.

Documentation in the medical record must include ALL of the following:

- A note indicating the date on which the screening was performed.
- The standardized screening tool used.
- The result or score from the screening.

Standardized screening tools must include ALL of the following to be acceptable:

- Motor (fine and gross)
- Language
- Cognitive
- Social-Emotional

Examples of acceptable standardized screening tools:

- ASQ-3: Ages and Stages Questionnaire 3rd Edition
- PEDS: Parents' Evaluation of Developmental Status (Birth to age 8)
- PEDS: Parents' Evaluation of Developmental Status-Developmental Milestones
- SWYC: Survey of Well-Being in Young Children

The following screenings are **NOT** acceptable as they only screen for a specific condition rather than a full general developmental assessment.

- ASQ: SE
- M-Chat

HEDIS Coding Guidelines

CPT: 96110

ICD-10: Z13.42

LSC: Lead Screening in Children

Description

The percentage of children 2 years of age who had one or more capillary or venous lead blood test for lead poisoning on or before their second birthday.

Measure Information

At least one lead (Pb) capillary or venous blood test which was done on or before the member's 2nd birthday.

- There must be a DOS for this screening **along with** a result/finding which can be numeric or alpha.

Documentation which is **NOT** acceptable:

- A lead screening questionnaire.
- A result of "Unknown" is not acceptable.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- Members who did not turn 2 in the measurement year.

HEDIS Coding Guidelines

CPT:

Lead Screening:

83655

WCC: Weight Assessment and Counseling for Nutrition and Counseling for Physical Activity

Description

The percentage of members 3–17 years of age who had evidence of the following items documented during the measurement year:

- Weight Assessment (BMI%)
- Counseling for Nutrition
- Counseling for Physical Activity

Measure Information

Weight Assessment (BMI%):

Documentation **MUST** include all three, HEIGHT/WEIGHT/BMI%, during the measurement year.

- All three must be from the same chart.
- Height/Weight/BMI% can be from different dates of service in the measurement year.

Either of the following meets criteria for BMI percentile (%):

- BMI percentile documented as a number (e.g., 85th percentile or 85%).
- BMI plotted on a BMI% age-growth chart with BMI% lines on the graph.

Documentation which is **NOT** acceptable:

- BMI value.
- Ranges/thresholds, as there must be a specific numeric value unless the BMI% is <1% or 99%. In these cases, the BMI% would be 0% for <1% or 100% for >99%.

Counseling for Nutrition:

Documentation of Counseling for Nutrition or referral for nutrition education during the measurement year is required. A note indicating the date and at least **one of** the following is acceptable:

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education.
- Women, Infants, and Children (WIC) or Supplemental Nutrition Assistance Program (SNAP).
- Member received educational materials **on nutrition** during a face-to-face visit.
- Anticipatory guidance on Nutrition.
- Weight or obesity counseling.

Documentation which is **NOT** acceptable:

- When it is related to an acute or chronic condition.
- “Generic” education/anticipatory guidance that is not specific to nutrition.
- Documentation of “well-nourished” as it does not indicate counseling for nutrition.
- Documentation related to the member’s “appetite.”

Counseling for Physical Activity:

Documentation of Counseling for Physical Activity or referral for physical activity education during the measurement year is required. A note indicating the date and at least **one of** the following is acceptable:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).
- Checklist indicating physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity during a face-to-face visit.
- Anticipatory guidance specific to the child's physical activity.
- Weight or obesity counseling.

Documentation which is **NOT** acceptable:

- When it is related to an acute or chronic condition.
- "Generic" education/anticipatory guidance that is not specific to physical activity.
- Anticipatory guidance related to safety.
- Documentation only related to limiting "screen time."
- Notation of "cleared for gym class" alone without documentation of a discussion.
- Physical developmental milestones such as being able to skip/run/bike.
- Referral to physical therapy.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- Members who had a diagnosis of pregnancy in the MY.

HEDIS Coding Guidelines

BMI%:

ICD-10: For use with patients younger than 20 years of age.
 Z68.51 - Pediatric BMI < 5%
 Z68.52 - Pediatric BMI 5% to < 85%
 Z68.53 - Pediatric BMI 85% – < 95%
 Z68.54 - Pediatric BMI ≥ 95%

Nutrition:

CPT: 97802-97804

HCPCS: G0270, G0271, G0447, S9449, S9452, S9470

ICD-10: Z71.3

Physical Activity:

HCPCS: G0447, S9451

ICD-10: Z71.82

ICD-10: Sports Physical- Z02.5

W30: Well-Child Visits in the First 30 Months of Life

Description

The percentage of members who had the following number of well-visits with a PCP during the last 15 months. Two rates are reported.

- Well-Child visits in the first 15 months: Children who turned 15 months old during the MY.
 - 6 or more well-visits are needed to meet criteria.
- Well-Child visits in the 15th to 30th month: Children who turned 30 months old during the MY.
 - 2 or more well-visits are needed to meet criteria.

Measure Information

Documentation from the medical record must include a note indicating a visit with a PCP, the date when the visit occurred and evidence it was a Well Child visit.

All visits must be completed on or prior to the member turning 15 months of *age (1 year and 90 days)* or 30 months of age.

Telehealth visits do NOT meet criteria.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.

HEDIS Coding Guidelines

Well-Child Visit:

CPT:

99381, 99382, 99391, 99392, 99461

HCPCS:

G0438, G0439, S0302

ICD-10:

Z00.110, Z00.111, Z00.121, Z00.129, Z76.2

WCV: Child and Adolescent Well Care Visits

Description

The percentage of members 3-21 years old who had at least one comprehensive Well-Care visit with a PCP or OB/GYN during the measurement year.

Measure Information

Documentation from the medical record must include a note indicating at least one visit with a PCP or OB/GYN occurred during the measurement year, the date when the visit occurred and evidence it was a Well Care visit.

Telehealth visits do NOT meet criteria.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.

HEDIS Coding Guidelines

Well-Child Visit:

CPT:

99382-99385, 99392-99395

HCPCS:

G0438, G0439, S0302

ICD-10:

Z00.00, Z00.01, Z00.121, Z00.129

Immunization Measures

CIS-E: Childhood Immunization Status

Description

The percentage of children who turned 2 years of age in the measurement year that received the following vaccinations on or before their 2nd birthday.

- 4 doses of each of the following vaccinations:
 - Diphtheria/Tetanus/Acellular Pertussis (DTaP)
 - Pneumococcal Conjugate (PCV)
- 3 doses of each of the following vaccinations:
 - Haemophilus Influenza Type B (HiB)
 - Hepatitis B (HepB)
 - Polio (IPV)
- 2 to 3 doses of the following vaccination:
 - Rotavirus (RV)
- 2 doses of the following vaccination:
 - Influenza (Flu)
- 1 dose of each of the following vaccinations:
 - Hepatitis A (HepA)
 - Measles/Mumps/Rubella (MMR)
 - Varicella Zoster (VZV)

Measure Information

- Hepatitis B (HepB): At least **3 HepB** vaccinations with different DOS.
 - Must be administered on or between birth and the member's 2nd birthday.
 - One of the 3 vaccinations can be a newborn Hep B.
 - History of Hepatitis B illness on or prior to 2nd birthday meets criteria.
 - Anaphylaxis due to the HepB vaccine meets criteria.
- Diphtheria, Tetanus Pertussis (DTaP): At least **4 DTaP** vaccinations with different DOS.
 - Must be administered on or between 42 days after birth and the member's 2nd birthday.
 - Anaphylaxis or Encephalitis due to the DTaP vaccine meets criteria.
 - Kinrix is **NOT** acceptable, as it is for older children.
- Haemophilus Influenzae (HiB): At least **3 HiB** vaccinations with different DOS.
 - Must be administered on or between 42 days after birth and the member's 2nd birthday.
 - Anaphylaxis due to the HiB vaccine meets criteria.

- Inactivated Polio (IPV): At least **3 IPV** vaccinations with different DOS.
 - Must be administered on or between 42 days after birth and the member's 2nd birthday.
 - Anaphylaxis due to the IPV vaccine meets criteria.
- Pneumococcal (PCV): At least **4 PCV** vaccinations with different DOS.
 - Must be administered on or between 42 days after birth and the member's 2nd birthday.
 - Anaphylaxis due to the PCV vaccine meets criteria.
 - PCV 23 is **NOT** acceptable to meet criteria at this time.
- Rotavirus (RV): Any of the following:
 - Must be administered on or between 42 days after birth and the member's 2nd birthday.
 - Anaphylaxis due to the RV vaccine meets criteria.
 - **At least 2 doses of the 2-dose rotavirus vaccine** on different DOS meets criteria.
 - **At least 3 doses of the 3-dose rotavirus vaccine** on different DOS meets criteria.
 - At least 1 dose of the 2-dose rotavirus vaccine AND at least 2 doses of the 3-dose rotavirus vaccine, all on different DOS meets criteria.
 - If documentation does **NOT** indicate whether the vaccination was a 2-dose or 3-dose series, then this **defaults to the 3-dose vaccine**.
- Influenza (FLU): At least **2 influenza** vaccinations with different DOS.
 - Must be administered on or between 6 months (180 days) after birth and the member's 2nd birthday.
 - Anaphylaxis due to the Flu vaccine meets criteria.
 - **LAIV must be administered exactly on the child's 2nd birthday to meet criteria.**
- Hepatitis A (HepA): Only need **1 HepA** vaccination DOS.
 - Must be administered on or between the member's 1st and 2nd birthdays.
 - Anaphylaxis due to the HepA vaccine meets criteria.
 - History of Hepatitis A illness on or before the member's 2nd birthday meets criteria.
- Measles Mumps Rubella (MMR): Only need **1 MMR** vaccination DOS.
 - Must be administered on or between the member's 1st and 2nd birthdays to meet criteria.
 - Anaphylaxis due to the MMR vaccine meets criteria.
 - Documentation of history of the illness anytime on or before the child's 2nd birthday meets criteria.
 - History of Measles illness
 - History of Mumps illness
 - History of Rubella illness
- Varicella (VZV): Only need **1 VZV** vaccination DOS.
 - Must be administered on or between the member's 1st and 2nd birthdays.
 - Anaphylaxis due to the VZV vaccine meets criteria.
 - History of varicella zoster (chicken pox) illness on or before the member's 2nd birthday meets criteria.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- Members who had an organ and/or bone marrow transplant on or before their second birthday.
- Members who did not turn 2 in the measurement year.

HEDIS Coding Guidelines

CPT:

DTaP: 90700	Hep A: 90633	HiB: 90644, 90647
IPV: 90713	MMR: 90707	Hep B: 90740, 90744, 90747
PCV: 90670	VZV: 90716	Rotavirus: 2 Dose: 90681, 3 Dose: 0680
Flu: 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756		LAIV: 90660, 90672

HCPCS:

Hep B: G0010 **PCV:** G0009

ICD 10:

Hep A: B15.0, B15.9

Hep B: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11

Measles: B05.0-B05.4, B05.81, B05.89, B05.9

Mumps: B26.0-B26.3, B26.81-B26.85, B26.89, B26.9

Rubella: B06.00-B06.02, B06.09, B06.81, B06.82, B06.89, B06.9

VZV: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29-B02.34, B02.39, B02.7-B02.9

IMA-E: Immunizations of Adolescents

Description

The percentage of adolescents who turned 13 years of age in the measurement year that received the following vaccinations on or before their 13th birthday.

- Human Papillomavirus (HPV)-Two or Three doses
- Meningococcal Serogroups A/C/W/Y-One dose
- Tetanus/Diphtheria Toxoids/Acellular Pertussis (Tdap)-One dose

Measure Information

Human Papillomavirus (HPV):

- This can be a 2 **OR** 3 dose vaccine series based on how many days apart the vaccine is administered on or between the member's 9th and 13th birthdays.
 - **2-Dose Series:**
 - At least 2 HPV vaccines with 146 days between the 1st and 2nd dose.
 - **3-Dose Series:**
 - At least 3 HPV vaccines with different DOS.
- Anaphylaxis due to the HPV vaccine anytime on or before the member's 13th birthday meets criteria.

Meningococcal:

- At least **1 meningococcal conjugate or pentavalent** vaccine (serogroups **A/C/W/Y or A/C/W/Y/B**) administered on or between the member's 10th and 13th birthdays.
- Anaphylaxis due to the meningococcal vaccine anytime on or before the member's 13th birthday meets criteria.
- Meningococcal recombinant (serogroup B) (Men B) vaccine **alone** is **NOT** acceptable.

Tetanus Diphtheria toxoids Acellular Pertussis (Tdap):

- At least **1 tetanus, diphtheria toxoids, and acellular pertussis** vaccine administered on or between the members 10th and 13th birthdays.
- Anaphylaxis or Encephalitis due to the Tdap vaccine anytime on or before the member's 13th birthday meets criteria.
- "Td" or "tetanus" alone is **NOT** acceptable.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.
- Members who did not turn 13 in the measurement year.

HEDIS Coding Guidelines

CPT:

HPV: 90649-90651

Meningococcal: 90619, 90623, 90733, 90734

Tdap: 90715

Oral Health Measures

OED/OEV: Oral Evaluation, Dental Services

Description

The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Measure Information

Member received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

Note:

- Only dental hygienists who provide services under the supervision of a dentist should be classified as “dental” services which are acceptable.
- Services provided by an independent practicing dental hygienists should be classified as “oral health” which are NOT acceptable.

Situations where members are removed from this measure:

- Members who received hospice care or died in the measurement year.

HEDIS Coding Guidelines

CDT:

D0120, D0145, D0150

SFM: Sealant Receipt on Permanent First

Description

The percentage of members who have received sealants on permanent first molar teeth by their 10th birthday. Two rates are reported:

- At least one sealant.
- All Four molars sealed.

Measure Information

Members who received a sealant in the 48 months before their 10th birthday on:

- At least one permanent first molar tooth.
- All four permanent first molars.

Situations where members are removed from this measure:

- Members who have received treatment (restorations, extractions, endodontic, prosthodontic, and other dental treatments) on all four permanent first molars in the 48 months prior to the 10th birthday.

HEDIS Coding Guidelines

CDT:

D1351

TFC/TFL: Topical Fluoride for Children

Description

The percentage of members 1-20 years of age who during the measurement year received at least two topical fluoride applications as:

- Dental or oral health services.
- Dental services.
- Oral health services.

Measure Information

Members who received at least two fluoride applications during the measurement year as dental or oral health services.

These fluoride applications must be provided on at least two different dates of service.

HEDIS Coding Guidelines

CDT:

D1206

CPT:

99188

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