

HEDIS well-child and immunizations coding tips

We want to help reduce your administrative burden in reporting HEDIS® data to us each year during HEDIS medical review season, so we have prepared the following list of CPT®, ICD 10 CM, and HCPCS codes*. Adding these codes to your claims will help us identify additional information about each visit and improve the accuracy of reporting quality measures.



Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

The codes below identify weight assessment, counseling for nutrition, and physical activity. Member-collected biometric values (height, weight, BMI percentile) are eligible for use in the ways outlined below:

Description	CPT	ICD-10-CM	HCPCS
BMI percentile		<p>Z68.51: Body mass index (BMI) pediatric, less than 5th percentile for age</p> <p>Z68.52: Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age</p> <p>Z68.53: Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age</p> <p>Z68.54: Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age</p>	
Nutrition counseling	97802, 97803, 97804	Z71.3: Dietary counseling and surveillance	G0270: Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in

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Medicaid services provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.

Description	CPT	ICD-10-CM	HCPCS
			<p>same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes</p> <p>G0271: Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes</p> <p>G0447: Face-to-face behavioral counseling for obesity, 15 minutes</p> <p>S9449: Weight management classes, non-physician provider, per session</p> <p>S9452: Nutrition classes, non-physician provider, per session</p> <p>S9470: Nutritional counseling, dietitian visit</p>
Physical activity counseling		<p>Z02.5: Encounter for examination for participation in sport</p> <p>Z71.82: Exercise counseling</p>	<p>G0447: Face-to-face behavioral counseling for obesity, 15 minutes</p> <p>S9451: Exercise classes, non-physician provider, per session</p>

Well-Child Visits in the First 30 Months of Life (W30) and Child and Adolescent Well-Care Visits (WCV)

Codes to identify Texas Health Steps and well child visits:

Description	ICD-10-CM	HCPCS
<p>99381-99385, 99391-99395, 99461</p>	<p>G0438: Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit</p> <p>G0439: Annual wellness visit, includes a personalized PPS, subsequent visit</p> <p>S0302: Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)</p> <p>S0610: Annual gynecological examination, new patient</p> <p>S0612: Annual gynecological examination, established patient</p> <p>S0613: Annual gynecological examination; clinical breast examination without pelvic evaluation</p>	<p>Z00.00: Encounter for general adult medical examination without abnormal findings</p> <p>Z00.01: Encounter for general adult medical examination with abnormal findings</p> <p>Z00.110: Health examination for newborn under 8 days old</p> <p>Z00.111: Health examination for newborn 8 to 28 days old</p> <p>Z00.121: Encounter for routine child health examination with abnormal findings</p> <p>Z00.129: Encounter for routine child health examination without abnormal findings</p> <p>Z00.2: Encounter for examination for period of rapid growth in childhood</p> <p>Z00.3: Encounter for examination for adolescent development state</p> <p>Z01.411: Encounter for gynecological examination (general) (routine) with abnormal findings</p> <p>Z01.419: Encounter for gynecological examination (general) (routine) without abnormal findings</p> <p>Z02.5: Encounter for examination for participation in sport</p>

Description	ICD-10-CM	HCPCS
		<p>Z76.1: Encounter for health supervision and care of foundling</p> <p>Z76.2: Encounter for health supervision and care of other healthy infant and child</p>

Childhood Immunizations Status (CIS)

Vaccines administered by their second birthday:

- Four diphtheria, tetanus, and acellular pertussis (DTaP) — *Do not give prior to 42 days after birth.*
- Three polio (IPV) — *Do not give prior to 42 days after birth.*
- One measles, mumps, and rubella (MMR) — *Must be given between the first and second birthday.*
- Three hepatitis B (Hep B) — *One of the three vaccinations can be a newborn Hep B vaccination.*
- Three haemophilus influenza type B (HiB) — *Do not give prior to 42 days after birth.*
- One chicken pox (VZV) — *Must be given between the first and second birthday.*
- Four pneumococcal conjugate (PCV) — *Do not give prior to 42 days after birth.*
- One hepatitis A (Hep A) — *Must be given between the first and second birthday.*
- Two-three rotavirus (RV) — *Do not give prior to 42 days after birth.*
- Two influenza (flu) vaccines — *Do not give prior to six months (180 days) after birth. One of the two vaccines can be LAIV vaccination on the child's second birthday.*



Codes to identify vaccine procedures:

Description	CPT
Diphtheria, tetanus, pertussis (DTaP)	90697, 90698, 90700, 90723
Inactivated polio vaccine (IPV)	90697, 90698, 90713, 90723
Measles, mumps, and rubella (MMR)	90707, 90710
Haemophilus influenzae type b (HiB)	90644, 90647, 90648, 90697, 90698, 90748
Varicella zoster (VZV)	90710, 90716
Hepatitis B (HBV)	90697, 90723, 90740, 90744, 90747, 90748
Pneumococcal conjugate (PCV)	90670
Hepatitis A	90633
Rotavirus (RV): Two dose schedule	90681
Rotavirus (RV): Three dose schedule	90680
Influenza	90655, 90657, 90661, 90673, 90685-90689, 90756 LAIV: 90660, 90672

Immunizations for Adolescents (IMA)

Vaccines administered on or before their 13th birthday:

- One MCV/meningococcal vaccine on or between their 11th and 13th birthday.
- One Tdap vaccine on or between their 10th and 13th birthday.
- Three doses of HPV vaccine administered on or between ninth and 13th birthday or two doses of HPV with at least 146 days between first and second dose.

Codes to identify vaccine procedures:

Description	CPT
Meningococcal	90619, 90733, 90734
Tdap	90715
HPV	90649, 90650, 90651

Lead Screening in Children (LSC) prior to second birthday

Description	CPT
Lead Tests	83655 (with QW modifier)

Follow-Up Care for Children Prescribed ADHD Medication (ADD)

Description	CPT
Health and behavior assessment or intervention	96156, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Description	CPT
Cholesterol lab test	82465, 83718, 83722, 84478
Glucose lab test	80047, 80048, 80050, 80053, 80069, 82947, 82950, 82951
HbA1c lab test	83036, 83037
LDL-C lab test	80061, 83700, 83701, 83704, 83721

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Description	ICD-10-CM	HCPCS
<p>Psychosocial care</p>	<p>90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880</p>	<p>G0176: Activity therapy, such as music, dance, art, or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)</p> <p>G0177: Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)</p> <p>G0409: Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face to face; individual (services provided by a CORF qualified social worker or psychologist in a CORF)</p> <p>G0410: Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes</p> <p>G0411: Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes</p> <p>H0004: Behavioral health counseling and therapy, per 15 minutes</p>

Description	ICD-10-CM	HCPCS
		<p>H0035: Mental health partial hospitalization, treatment, less than 24 hours</p> <p>H0036: Community psychiatric supportive treatment, face-to-face, per 15 minutes</p> <p>H0037: Community psychiatric supportive treatment program, per diem</p> <p>H0038: Self-help/peer services, per 15 minutes</p> <p>H0039: Assertive community treatment, face to face, per 15 minutes</p> <p>H0040: Assertive community treatment program, per diem</p> <p>H2000: Comprehensive multidisciplinary evaluation</p> <p>H2001: Rehabilitation program, per half day</p> <p>H2011: Crisis intervention service, per 15 minutes</p> <p>H2012: Behavioral health day treatment, per hour</p> <p>H2013: Psychiatric health facility service, per diem</p> <p>H2014: Skills training and development, per 15 minutes</p> <p>H2017: Psychosocial rehabilitation services, per 15 minutes</p> <p>H2018: Psychosocial rehabilitation services, per diem</p> <p>H2019: Therapeutic behavioral services, per 15 minutes</p> <p>H2020: Therapeutic behavioral services, per diem</p>

Description	ICD-10-CM	HCPCS
		<p>S0201: Partial hospitalization services, less than 24 hours, per diem</p> <p>S9480: Intensive outpatient psychiatric services, per diem</p> <p>S9484: Crisis intervention mental health services, per hour</p> <p>S9485: Crisis intervention mental health services, per diem</p>

Topical Fluoride for Children (TFC)

Description	CPT	ICD-10-CM
Application of fluoride varnish	99188	
Oral evaluation & application of fluoride varnish	99429 (with U5 modifier)	<p>Z00.12: Encounter for routine child health examination with abnormal findings</p> <p>Z00.129: Encounter for routine child health examination without abnormal findings</p>



* The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at ama-assn.org. For Texas specific Medicaid requirements, refer to the Texas Medicaid Provider Procedures Manual

at tmhp.com/resources/provider-manuals/tmppm.



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