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| **AMR** | **Asthma Medication Ratio** | Members 5-64 years of age with persistent asthma who had a ratio of controller medications to total asthma medications of 0.5 or greater in the calendar year. | Calculated using the following:  
- Diagnosis of asthma  
- Date and type of asthma medications dispensed | **Asthma**  
**ICD 10:** J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998  
**CPT:** 99221-99223; 99231-99233; 99238-99239; 99251-99255; 99291 99281-99285; 99201-99205; 99211-99215; 99241-99245; 99341-99345; 99347-99350; 99429  
**HEDIS Reference Codes:**  
**CPT:** 99217-99220; 99381-99387; 99391-99397; 99401-99404; 99411, 99412, 99455-99456 |  
- At each visit, verify that prescriptions are being filled and that the member is compliant  
- Conduct parent and patient education on compliance and proper medication use  
- Follow up with newly diagnosed patients |
| **CAP** | **Children and Adolescents’ Access to Primary Care Providers (PCP)** |  
- Members 12-24 months who had a visit with a PCP within the calendar year.  
- Members 25 months to 6 years of age who had a visit with a PCP within the calendar year.  
- Members 7-11 years of age who had a visit with a PCP within the calendar year or a year prior.  
* Any PCP visit counts but specialist visits are excluded | Documentation of the date of service of ambulatory or preventive care at the PCP office. | **Ambulatory Visit**  
**CPT:** 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99384, 99391-99394, 99401, 99429  
**HCPCS:** T1015 |  
- Outreach to families with children and adolescent members at least yearly for well child checks  
- Educate parents on the importance of regular well child visits through adolescence  
- When an appointment is made for one child, schedule well child visits for all siblings in the family |

*HEDIS Reference Codes (tracking purposes only)  
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### PEDIATRIC P4P MEASURES - QUICK REFERENCE GUIDE

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<td><strong>CAP cont’d</strong></td>
<td>• Members 12-19 years of age who had a visit with a PCP within the calendar year or a year prior.</td>
<td>Documentation indicating name of specific antigen and date of immunization, documented evidence of illness OR Immunization record</td>
<td>DTaP CPT: 90698, 90700, 90723 IPV CPT: 90698, 90713, 90723 Hib CPT: 90698, 90748 HepB ICD10: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 CPT: 90723, 90740, 90744, 90747, 90748 VZV CPT: 90710, 90716 MMR CPT: 90707, 90710 Rotavirus 2 dose CPT: 90681 Rotavirus 3 dose CPT: 90680 HepA CPT: 90633 ICD10CM: B15.0, B15.9 Flu CPT: 90655, 90657, 90662, 90673 HEDIS Reference Codes: Hib CPT: 90644-90648 HepB ICD10: Z22.51 MMR CPT: 90704, 90706, 90708 Flu CPT: 90661, 90685-90688</td>
<td>• Use chart preparation time before the visit to review the record for overdue immunizations • Review, recommend and confirm all immunizations with the parent at each visit • Consistently document and date all immunizations • Document any parent refusal, allergies or contraindications • Include immunizations given in the hospital at birth and at other health departments • See CDC immunization schedules: <a href="https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html</a></td>
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<td><strong>CIS - Combo 3 Childhood Immunizations</strong></td>
<td>Children who received the following immunizations by their 2nd birthday: • 4 DTaP • 3 IPV • 3 HepB • 3 Hib • 1 VZV (chicken pox) • 1 MMR • 4 PCV (Pneumo) • 1 HepA • RV (complete 2 dose or 3 dose series) 2 Influenza</td>
<td><em>Document all immunizations in the California Immunization Registry (CAIR)</em></td>
<td>DTaP CPT: 90698, 90700, 90723 IPV CPT: 90698, 90713, 90723 Hib CPT: 90698, 90748 HepB ICD10: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 CPT: 90723, 90740, 90744, 90747, 90748 VZV CPT: 90710, 90716 MMR CPT: 90707, 90710 Rotavirus 2 dose CPT: 90681 Rotavirus 3 dose CPT: 90680 HepA CPT: 90633 ICD10CM: B15.0, B15.9 Flu CPT: 90655, 90657, 90662, 90673 HEDIS Reference Codes: Hib CPT: 90644-90648 HepB ICD10: Z22.51 MMR CPT: 90704, 90706, 90708 Flu CPT: 90661, 90685-90688</td>
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| **IMA** Immunizations in Adolescents | Adolescents who received the following immunizations by their 13th birthday in the calendar year:  
- 1 meningococcal conjugate  
- 1 Tdap  
- 2 HPV *  
* HPV series is required for both males and females | Documentation indicating name of specific antigen and date of immunization  
OR Immunization record  
*Document all immunizations in the California Immunization Registry (CAIR)* | Tdap CPT: 90715  
Meningococcal CPT: 90734  
HPV CPT: 90649, 90650, 90651 | • Use chart preparation time before the visit to review the record for overdue immunizations  
• Review, recommend and confirm all immunizations with the parent at each visit  
• Consistently document and date all immunizations  
• Document any parent refusal, allergies or contraindications  
• See CDC immunization schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html |
| **WCC** Weight Assessment & Counseling for Nutrition and Physical Activity | Children and adolescents 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the calendar year:  
- Counseling for nutrition  
- Counseling for physical activity  
*Weight or obesity counseling meets the criteria for both nutrition and physical activity indicators* | Documentation of the following:  
- Counseling, education, or anticipatory guidance for nutrition*  
- Counseling, education, or anticipatory guidance for physical activity*  
*Nutrition Counseling ICD-10: Z71.3  
CPT: 97802-97804  
HCPCS: G0447, S9470  
HEDIS Reference Codes: G0270, G0271, S9449, S9452  
Physical Activity Counseling ICD-10: Z02.5, Z71.82  
HCPCS: G0447  
HEDIS Reference Codes: S9451 | • Do not forget to document “physical activity” and “nutrition/diet” health education/anticipatory guidance discussions  
• Note: PM160 forms do not address physical activity |

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| W34 Well Child Visits (ages 3-6) | Children 3-6 years of age as of December 31, who had at least one well-child visit with a primary care practitioner (PCP) in the calendar year. | Documentation must include the date of the visit and evidence of all of the following:  
  - Health history  
  - Mental developmental history  
  - Physical developmental history  
  - Physical exam  
  - Health education/anticipatory guidance  
* Inpatient or ED visits are excluded | **Well-Care**  
CPT: 99381-99385, 99391-99395, 99461  
ICD-10: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.71, Z02.79, Z02.81, Z02.82, Z02.89, Z02.9  
**HEDIS Reference Codes:**  
HCPCS: G0438, G0439  
ICD-10: Z02.6, Z02.83 | • Use the Staying Healthy Assessment to note health education/anticipatory guidance: [http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx](http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx)  
• Consider and bill for a well child visit at the time of a sick visit by submitting appropriate codes or modifier codes  
• When completing school forms, add a physical, history and anticipatory guidance  
• EMR templates can help ensure proper documentation  
Document the specific topics of the health education/anticipatory guidance provided |

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