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<tr>
<td>Adult BMI Assessment (ABA)</td>
<td>18 – 74-year-old members</td>
<td>Documentation must indicate the weight and BMI value for the current calendar year. The weight and BMI must be from the same visit. For members younger than 21 years, the BMI percentile: - Must be documented as a value (e.g., 85th percentile) or plotted on age-growth chart. - Ranges and thresholds do not meet criteria for this indicator.</td>
<td>ICD10: Z683.1, Z68.20-Z68.39, Z68.41-Z68.45</td>
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<tr>
<td>Breast Cancer Screening – (BCS)</td>
<td>50 – 74-year-old women</td>
<td>One or more mammograms any time on or between October 1 two years prior and December 31 of the requested year. Biopsies, breast ultrasounds, MRIs or tomosynthesis (3D mammography), are not appropriate methods for primary breast cancer screening. <strong>Exclusion:</strong> Bilateral mastectomy: Unilateral mastectomy with a bilateral modifier; with same date of service, Two unilateral mastectomies, 14 days or greater apart; History of bilateral mastectomy.</td>
<td>Mammography (CPT): 77055-77057 <strong>Exclusions:</strong> History of Bilateral Mastectomy (ICD10): Z90.13 (Bilateral Mastectomy) (ICD10): 0HT0ZZ (Absence of Breasts) (ICD10): Z90.12 (Left), Z90.11 (Right) (Unilateral Mastectomy) (ICD10): Left: 0HT0ZZ, Right: 0HTT0ZZ Bilateral simple mastectomy 85.42 Bilateral extend simple mastectomy 85.44 Bilateral radical mastectomy 85.46 Bilateral extend radical mastectomy 85.48</td>
</tr>
<tr>
<td>Colorectal Cancer Screening – (COL)</td>
<td>51 – 75-year-old members</td>
<td>Screening for colorectal cancer by any one of the following: - Fecal occult blood test (FOBT) during the requested year. - Flexible sigmoidoscopy during the requested year or years prior. - Colonoscopy during the requested year or nine years prior. - CT colonography during, or the four years prior to, the measurement year. - FIT-DNA test during the measurement year or the two years prior to the measurement year. <strong>Exclusions:</strong> There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (FIT) exclusion: indication of colorectal cancer or total colectomy in member’s medical record anytime in member’s history through December 31 of current year.</td>
<td>FBOT (CPT): 82270, 82274 Flexible sigmoidoscopy (CPT): 45330 – 45347, 45349, 45350; G0104, 45.24 Colonoscopy (CPT): 44388 – 44397, 44401-44408, 45355 – 45393, 45398; G0105, G0121, 45.22, 45.23, 45.25, 45.42, 45.43 CT Colonography: 74263 FIT-DNA: 81529, G0464, 77351-1, 77357-9 FOBT: 82270, 82274, G032B, 12509-9, 12504-7, 14563-1, 14564-9, 14565-6, 2353-8, 27396-1, 27401.9, 27925-7, 27927-5, 29771-3, 56490-5, 56491-4, 57905-2, 58453-2, 80372-6 Exclusions (ICD10): C18.0-C18.9, C19, C20, C21.2, C21.8, C78.5, Z85.038, Z85.048, 153.0-154.1, 197.5, V10.05, V10.06, 44150-44153, 44155—44158, 44210-44212; 0DT60ZZ, 0DT4EZZ, 0DT7EZZ, 0DTE8ZZ, 45.81-45.83</td>
</tr>
<tr>
<td>Comprehensive Diabetes Care – (CDC)</td>
<td>18 – 75-year-old members</td>
<td>Members who had the following within the current year: - Hemoglobin A1C (HbA1c) testing – testing in the requested year; (glycohemoglobin, glycated hemoglobin and glycosylated hemoglobin as acceptable HbA1c tests). - Hemoglobin A1C control results - Blood Pressure (SBP/DBP) measurement in the requested year; or documented ACE/ARB medication in the requested year; BP Control &lt;140/90 mm Hg – documented in the requested year.</td>
<td>HbA1c Testing (CPTII): 3045F HgA1c 7.0-9.0; 3044F – HbA1c less than 7; 3046F – HbA1c greater than 9; 83036, 83037 Eye Exam (Retinal) (CPTII): 3072F – Negative DRE Screening; 2022F, 2024F, 2026F – DRE with Eye Care Professional. Nephropathy (CPTII): 3066F; 4010F – ACE/ARB Therapy Prescribed Blood Pressure (CPTII): 3077F-SBP &gt; 140; 3075F – SBP &lt;140; 3078F- DBP &lt;80; 3079F – DBP 80-89; 3080F – DBP ≥ 90</td>
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<td>Controlling High Blood Pressure – (CBP)</td>
<td>18 – 85-year-old members</td>
<td>A medical record with a documented diagnosis of Hypertension by June 30 of the current year and a medical record with the latest blood pressure for the requested year. Exclusions: Evidence of ESRD or kidney transplant within requested year. Pregnancy within the requested year.</td>
<td>Measure compliancy determined by most recent blood pressure noted in the medical record for the requested year.</td>
</tr>
<tr>
<td>Disease-Modifying Anti-Rheumatic Drug Therapy for Rheum Arthritis (ART)</td>
<td>18-year-old and older members</td>
<td>Documentation in medical record of a diagnosis of Rheumatoid Arthritis and dispensed one disease-modifying anti-rheumatic drug (DMARD) during the current year. Exclusions: Diagnosis of HIV, Pregnancy</td>
<td>Rheumatoid Arthritis – ICD10: M05.00 – M05.9; M06.00 – M06.9 DMARD (HCPCS): J0129, J031S, J0717, J1438, J1600, J1602, J1745, J3282, J7502, J7515, J7517, J7518, J9250, J9260, J9310</td>
</tr>
<tr>
<td>Osteoporosis Management in Women Who had a Fracture – (OMW)</td>
<td>67 – 85-year-old women</td>
<td>Women who suffered a fracture and who had one of the following within 6 months after the event within the current year: Bone Mineral Density testing, Or Prescription drug therapy</td>
<td>Bone Mineral Density Test (CPT): 76977, 77078 – 77082 Osteoporosis Medications (HCPCS): J0630, J0897, J1740, J3110, J3487, J3488, J3489, Q2051 Osteoporosis Long Acting Medication (HCPCS): J0897, J1740, J3487, J3488, J3489, Q2051</td>
</tr>
<tr>
<td>High Risk Medication in the Elderly</td>
<td>65-year-old and older members</td>
<td>Medicare patients 65 and older who received at least one prescription for a drug with high risk of side effects in the elderly. A full list may be accessed at: <a href="http://ncqa.org/">http://ncqa.org/</a></td>
<td>Review medication history for high risk medication in the elderly and consider alternative therapy choices.</td>
</tr>
<tr>
<td>Adherence for Oral Diabetic Medications</td>
<td>Medicare patients 18 and older</td>
<td>Medicare patients who adhere to their prescribed oral diabetes medications.</td>
<td>Ask your patient about adherence to their oral diabetes medication and encourage appropriate adherence techniques.</td>
</tr>
<tr>
<td>Medication Adherence for HTN (ACE-1 or ARB)</td>
<td>Medicare patients 18 and older</td>
<td>Medicare patients who adhere to their prescribed blood pressure medications.</td>
<td>Ask your patient about adherence to their anti-hypertensive drug and encourage appropriate adherence techniques.</td>
</tr>
<tr>
<td>Medication Cholesterol</td>
<td>Medicare patients 18 and older</td>
<td>Medicare patients who are prescribed a Statin.</td>
<td>Ask your patient about adherence to their Statin therapy and encourage appropriate adherence techniques.</td>
</tr>
<tr>
<td>Antidepressant Medication Management – (AMM)</td>
<td>18-year-old and older members</td>
<td>Effective Acute Phase Treatment: Members who remained on an antidepressant medication for at least 84 days (12 weeks). Effective Continuation Phase Treatment: Members who remained on an antidepressant medication for at least 180 days (6 months).</td>
<td>Ensure compliancy determined by pharmacy claims.</td>
</tr>
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| Avoidance of Antibiotic treatment in adults w/ acute bronchitis (AAB) | Adults 18 – 64 years of age | The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription  
- CDC recommends delayed antibiotic prescribing as a strategy:  
  - Writing a post-dated prescription;  
  - Contacting a patient after a clinical visit  
  - Providing prescription, give verbal order after length of time if symptoms do not improve. | Exclusions:  
- COPD, chronic bronchitis, cystic fibrosis, sickle cell, disease with acute chest,  
- emphysema, HIV, malignancy, neoplasms, other disease of the respiratory system, tuberculosis, bronchiectasis and pneumoconiosis.  
Acute bronchitis due to coxsackievirus J20.3;  
Parainfluenza virus J20.4;  
Respiratory Syncytial Virus J20.5;  
Rhinovirus J20.6;  
Echovirus J20.7;  
Other specified organisms J20.8;  
Unspecified J20.9;  
Acute Bronchitis 466.0 |
| Cervical Cancer Screening – (CCS) | 21 – 64-year-old women | Cervical cancer screening during current year or prior year; or cervical cancer screening and a HPV within four days or less for the current year or four years prior. | Exclusions:  
- Hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during the member’s history through December 31 of the current year.  
Cervical Cytology (CPT):88141-88155; 88160-88162, 88164-88167, 88172-88175 |
| Chlamydia Screening in Women – (CHL) | 16 – 24-year-old women | Tested for Chlamydia at least once during the current year. | Exclusions:  
- Pregnancy test within the requested year with prescription for isotretinoin date of pregnancy or 6 days after; or X-ray on date of pregnancy or 6 days after.  
Chlamydia Test (CPT): 87110, 87270, 87320, 87490–87492, 87810 |
| Flu Vaccination for Adults Ages 18 – 64 – (FVA) | 18 – 64-year-old members | • Members who received flu vaccine between July 1 of the requested year  
• Documentation received from CAHPS survey, year and date | Measure compliancy determined by Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. |
| Follow-up After Hospitalization for Mental Illness – (FUH) | 6-year-old and older members | Follow-up services after a Mental Health Admission for current year with a mental health practitioner:  
- Follow-up received 7 days after discharge.  
- Follow-up received 30 days after discharge. Transitional care management services included | Exclusions:  
- Readmission or direct transfer to a non-acute inpatient care setting within the 30-day follow-up period.  
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| **Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – (IET)** | 13-year-old and older members | Members with a new episode of alcohol or other drug dependence who received the following between January 1 – November 15 of the requested year:  
- Initiation: An inpatient AOD admission, outpatient visit, intensive outpatient or partial hospitalization within 14 days of diagnosis; Or  
| **Medical Assistance with Smoking and Tobacco Use Cessation – (MSC)** | 18-year-old and older members | Members who were advised to quit smoking or tobacco use and discussed the use of cessation medication and cessation strategies. Documentation received from CAHPS survey. | Measure compliancy determined by pharmacy claims. |
| **Persistence of Beta-Blocker Treatment after a Heart Attack – (PBH)** | 18-year-old and older members | Members who were hospitalized and discharged with a diagnosis of AMI from July 1 of the prior year to June 30 of the requested year and received persistent beta-blocker treatment for six months following discharge.  
Exclusion:  
- Intolerance or allergy to beta-blocker therapy (Adverse Effect of Beta-Adrenoceptor Antagonists) | Measure compliancy determined by pharmacy claims. |
| **Pharmacotherapy Management of COPD Exacerbation – (PCE)** | 40-year-old or older members | Members with COPD exacerbation who had a discharge from an acute inpatient or ED visit on or between January 1 – November 30 of the requested year and dispensed appropriate medications:  
- Dispensed a systemic corticosteroid within 14 days of the event; Or  
- Dispensed a bronchodilator within 30 days of the event. | Measure compliancy determined by pharmacy claims. |
| **Pneumococcal Vaccination Status for Older Adults – (PNU)** | 65-year-old and older members | Members who received a pneumococcal vaccine during the current year. Documentation received from the CAHPS survey. | Measure compliancy determined by Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. |
| **Prenatal and Postpartum Care – (PPC)** | Members with live birth | Members who had a live birth between November 6 of the prior year and November 5 of the requested year and had the following:  
- Timeliness of prenatal care – received a prenatal care visit in the first trimester;  
- Postpartum care - received a postpartum visit between 21 and 56 days following delivery of live birth. | Prenatal: 59400, 59425, 59426, 59510, 59610, 59618, 99500, 0500F-0502F  
Postpartum: 59400, 59410, 59510, 59515, 59610, 59614, 59622, 88141 – 88154, 88164 – 88176, 88174, 88175, 57170, 58300, 59430, 99501, 0503F |
| **Use of Imaging Studies for Low Back Pain – (LBP)** | 18 – 50-year-old members | Members with a primary diagnosis of low back pain, between January 1 and December 3 of the current year, and did not receive imaging studies (plane X-ray, MRI, CT scan) within 28 days of the diagnosis.  
Replaced low back pain dx with uncomplicated low back pain  
Exclusions: cancer, recent trauma, intravenous drug abuse, neurologic impairment, HIV, spinal infection, major organ transplant, prolonged use of corticosteroids | Low Back Pain Imaging Study (CPT): 72010-72020, 72052, 72100 – 72120, 72131 – 72133, 72141 – 72156, 72158, 72200 - 72220 |

**Notes:**
- Low Back Pain Imaging Study (CPT): 72010-72020, 72052, 72100 – 72120, 72131 – 72133, 72141 – 72156, 72158, 72200 - 72220
- Use of Imaging Studies for Low Back Pain – (LBP)
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<td>Use of Spirometry Testing in the Assessment and Diagnosis of COPD – (SPR)</td>
<td>40-year-old or older members</td>
<td>Member received appropriate spirometry testing to confirm a new diagnosis, or newly active diagnosis, of COPD from July 1 of the prior year to June 30 of the current year</td>
<td>Spirometry (CPT): 94010, 94014 – 94070, 94375, 94620</td>
</tr>
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| Medication Management for People w/Asthma | Members 5 – 85 years of age | Members 5 – 85 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported:  
   - Asthma controller medication for at least 50% of their treatment period.  
   - Asthma controller medication for at least 75% of their treatment period. | Asthma J45.30-J45.52  
Exclusions:  
COPD J44.0–J44.9  
Cystic Fibrosis E84  
Acute Respiratory Failure J96.0-J96.22  
Emphysema & Other J43.0-J43.9, J98.2, J98.3  
Obstructive Chronic Bronchitis 491.20-491.22  
Chronic Respiratory Conditions due to Fumes/Vapors  
No dispensed meds |
| Appropriateness of Preventive Care – (CIS) | 2-year-old members | Members who by their 2nd birthday in the current year have had:  
- 4 Diphtheria, Tetanus and Acellular Pertussis (DTaP), 3 Polio (IPV), 1 Measles, Mumps & Rubella (MMR), 3 Haemophilus Influenza type B (HIB), 1 Hepatitis B (HepB), 1 Chicken Pox (VZV), 4 Pneumococcal Conjugate (PCV), 1 Hepatitis A (HepA), 2 or 3 Rotavirus (RV), 2 Influenza (Flu)  
Exclusions:  
- Any Vaccine - Anaphylactic reaction to the vaccine or its components  
- HIV Type 2 (optional)  
- Rotavirus vaccine (optional) | DTaP (CPT): 90698, 90700, 90721, 90723  
IPV (CPT): 90698, 90713, 90723  
MMR (CPT): 90707, 90710; 90645 – 90648, 90698, 90721, 90748  
HepB (CPT): 90723, 90740, 90744, 90747, 90748  
VZV (CPT): 90710, 90716  
PCV (CPT): 90669, 90670  
HepA (CPT): 90633  
RV (CPT): 90681  
Flu (CPT): 90655, 90657, 90661, 90662, 90673, 90685  
Exclusions – ICD10: T80.52XA, T80.52XD, T80.52XS, 999.42, B97.35, 079.53 |

## Pediatric HEDIS Measures

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<td>Spirometry (CPT): 94010, 94014 – 94070, 94375, 94620</td>
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   - Asthma controller medication for at least 50% of their treatment period.  
   - Asthma controller medication for at least 75% of their treatment period. | Asthma J45.30-J45.52  
Exclusions:  
COPD J44.0–J44.9  
Cystic Fibrosis E84  
Acute Respiratory Failure J96.0-J96.22  
Emphysema & Other J43.0-J43.9, J98.2, J98.3  
Obstructive Chronic Bronchitis 491.20-491.22  
Chronic Respiratory Conditions due to Fumes/Vapors  
No dispensed meds |
| Appropriateness of Preventive Care – (CIS) | 2-year-old members | Members who by their 2nd birthday in the current year have had:  
- 4 Diphtheria, Tetanus and Acellular Pertussis (DTaP), 3 Polio (IPV), 1 Measles, Mumps & Rubella (MMR), 3 Haemophilus Influenza type B (HIB), 1 Hepatitis B (HepB), 1 Chicken Pox (VZV), 4 Pneumococcal Conjugate (PCV), 1 Hepatitis A (HepA), 2 or 3 Rotavirus (RV), 2 Influenza (Flu)  
Exclusions:  
- Any Vaccine - Anaphylactic reaction to the vaccine or its components  
- HIV Type 2 (optional)  
- Rotavirus vaccine (optional) | DTaP (CPT): 90698, 90700, 90721, 90723  
IPV (CPT): 90698, 90713, 90723  
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HepB (CPT): 90723, 90740, 90744, 90747, 90748  
VZV (CPT): 90710, 90716  
PCV (CPT): 90669, 90670  
HepA (CPT): 90633  
RV (CPT): 90681  
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| **Follow-up Care for Children Prescribed ADHD Medication – (ADD)** | 6 – 12-year-old members | Members who were newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication with at least three follow-up visits within 10 months and one within 30 days of the medication being dispensed from March 1 of the previous year and February 29 of the current year. **Two rates reported:**  
  - Initiation Phase: members who had a 30 day follow-up visit after the dispensing of ADHD medication with the practitioner with prescribing authority.  
  - Continuation Phase: members who remained on the medication for at least 210 days, and had an additional 2 follow-up visits with a practitioner, in addition to the initiation visit, within 270 days (9 months) once the initiation phase has ended. | Measure compliancy determined by pharmacy claims |
| **Immunizations for Adolescents – (IMA)** | 13-year-old members | Members who had the following by their 13th birthday during the requested year:  
  - Meningococcal Vaccine, 1 Tetanus, Diphtheria Toxoids and Acellular Pertussis Vaccine (Tdap),  
  - or 1 Tetanus, Diphtheria Toxoids vaccine (Td), HPV vaccine.  
  **Exclusions:**  
  - Documentation of an anaphylactic reaction to vaccine or its components on or before the member’s 13th birthday.  
  - Documentation of an anaphylactic reaction to the vaccine or its components with a date of service prior to October 1, 2011. | Diphtheria (CPT): 90719  
  HPV (CPT): 90649, 90650, 90651  
  Meningococcal (CPT): 90733, 90734  
  Td (CPT): 90714, 90718  
  Tdap (CPT): 90715  
  Tetanus (CPT): 90703  
  Exclusions – ICD10: T80.52XA, T80.52XD, T80.52XS |
| **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – (WCC)** | 3 – 17-year-old members | Members who had an outpatient visit with PCP or OB/GYN and had evidence documented in the medical record for the following during the requested year:  
  - BMI percentile – Medical record has BMI percentile or BMI percentile plotted on an age-growth chart.  
  - Counseling for nutrition – Medical record includes notes discussing current nutrition behaviors; referral for nutrition education; member received nutritional education in a face-to-face setting; anticipatory guidance for nutrition; weight or obesity counseling.  
  - Counseling for physical activity – Medical record includes notes discussing current physical activity behaviors; checklist indicating physical activity was addressed; counseling or referral in regard to physical activity; provided educational material in a face-to-face setting; anticipatory guidance to child’s physical activity; weight or obesity counseling.  
  **Exclusions:** Pregnancy | BMI (ICD10): Z68.51, Z68.52, Z68.53, Z68.54  
  Nutrition (CPT): 97802, 97803, 97804  
  Physical Activity (CPT): G0447, S9451 |
| **Well-Child Visits in the First 15 Months of Life** | 15-months-old during measurement year | The percentage of members who turned 15-months-old during the measurement year and who had the following number of well-child visits with a PCP during their first 15-months-of-life: No well-child visits and up to six or more well-child visits  
  - No specific diagnosis | Annual wellness visit G0438, G0439  
  Routine child health exam V20.2 |