



HEDIS Well-Child and Immunizations Coding Bulletin **2025**

HEDIS® is a widely used set of performance measures developed and maintained by NCQA. These are used to drive improvement efforts surrounding best practices.

We want to help reduce your administrative burden in reporting HEDIS data to us each year during the 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 and Adolescents (WCC)

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

Description	Code
BMI Percentile	ICD-10-CM: Z68.51: Body mass index [BMI] pediatric, less than 5th percentile for age Z68.52: Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age Z68.53: Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age Z68.54: Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age
Nutrition Counseling	CPT: 97802, 97803, 97804 HCPCS: G0270: 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), individual, face-to-face with the patient, each 15 minutes 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 (two or more individuals), each 30 minutes G0447: Face-to-face behavioral counseling for obesity, 15 minutes S9449: Weight management classes, non-physician provider, per session S9452: Nutrition classes, non-physician provider, per session S9470: Nutritional counseling, dietitian visit
Physical Activity Counseling	HCPCS: G0447: Face-to-face behavioral counseling for obesity, 15 minutes S9451: Exercise classes, non-physician provider, per session

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

Codes to identify well-care visits:

CPT	HCPCS
99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461	G0438: Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit G0439: Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit S0302: Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service)

Childhood Immunizations Status (CIS-E)

Vaccines administered on or before their second birthday:

- **DTap (diphtheria, tetanus, acellular pertussis):** At least four vaccinations with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- **IPV (inactivated polio vaccine):** At least three vaccinations with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- **MMR (measles, mumps, and rubella):** At least one vaccination on or between the child's first and second birthdays.
- **HiB (haemophilus influenza type b):** At least three vaccinations with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- **Hep B (hepatitis B):** At least three vaccinations with different dates of service. One of the three vaccinations can be a newborn hepatitis B vaccination during the eight-day period that begins on the date of birth and ends seven days after the date of birth.
- **VZV (varicella):** At least one vaccination with a date of service on or between the child's first and second birthdays. History of varicella zoster (for example, chicken pox) illness) on or before the child's second birthday.
- **PCV (pneumococcal conjugate vaccine):** At least four vaccinations with different dates of service. Do not count a vaccination administered prior to 42 days after birth.
- **Hep A (hepatitis A):** At least one vaccination with a date of service on or between the child's first and second birthdays.
- **RV (rotavirus):** At least two doses of the two-dose rotavirus vaccine on different dates of service on or before the child's second birthday. Do not count a vaccination prior to 42 days after birth:
 - or at least three doses of the three-dose rotavirus vaccine different dates of service on or before the child's second birthday.
 - or at least one dose of the two-dose rotavirus vaccine and at least two doses of the three-dose rotavirus vaccine all on different dates of service on or before the child's birthday. Do not count a vaccination administered prior to 42 days after birth.
- **Flu (influenza):** At least two influenza vaccinations with different dates of service on or before the child's second birthday. Do not count a vaccination administered prior to 180 days after birth:
 - An influenza vaccination recommended for children two years and older administered on the child's second birthday meets criteria for one of the two required vaccinations.

Childhood Immunizations Status (CIS-E) (cont.)

Codes to identify vaccine procedures:

Description	CPT
Diphtheria, Tetanus, Acellular 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, 90671
Hepatitis A	90633
Rotavirus (RV): Two dose schedule	90681
Rotavirus (RV): Three dose schedule	90680
Influenza	90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90756 LAIV: 90660, 90672

Immunizations for Adolescents (IMA-E)

Vaccines administered on or before their 13th birthday:

- At least one meningococcal vaccine with a date of service on or between 11th and 13th birthday
- At least one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine with a date of service on or between their 10th and 13th birthday
- At least two doses of human papillomavirus (HPV) vaccine on or between the 9th and 13th birthdays and with service at least 146 days apart.
- At least three doses of human papillomavirus (HPV) vaccine administered on or between 9th and 13th birthday with different dates of service.

Codes to identify vaccine procedures:

Description	CPT
Meningococcal	90619, 90623, 90733, 90734
Tdap	90715
HPV	90649, 90650, 90651

Lead Screening in Children (LSC) Prior to Second Birthday

Description	CPT
Lead Tests	83655

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

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-E)

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	Code
Psychosocial Care	<p>CPT: 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880</p> <p>HCPCS:</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 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> <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> <p>S0201: Partial hospitalization services, less than 24 hours, per diem</p>

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

Psychosocial Care
(cont.)

HPCPS:

S9480: Intensive outpatient psychiatric services, per diem

S9484: Crisis intervention mental health services, per hour

S9485: Crisis intervention mental health services, per diem

Topical Fluoride for Children (TFC)

Description	Code
Application of Fluoride Varnish	CPT: 99188 CDT: D1206

The codes listed are for informational purposes only and are not intended to suggest or guide benefit coverage or 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](https://www.ama-assn.org).



Please visit **My Diverse Patients** for additional information about eLearning experiences on provider cultural competency and health equity.

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits, and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members.

Note: The information provided is based on HEDIS Measurement Year 2025 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS), and state recommendations. Please refer to the appropriate agency for additional guidance.

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