



Indices Helps Compliance with Texas Health Steps (THSteps) and Healthcare Effectiveness Data and Information Set (HEDIS®) Measures

Reminder

[Indices](#) is a Blue Cross and Blue Shield of Texas (BCBSTX) reporting platform. It offers 24/7 online access to a range of insights about the BCBSTX members you are treating, including quality and risk metrics. Indices can help you identify gaps in members' care and stay in compliance with Texas Health Steps (THSteps) and Healthcare Effectiveness Data and Information Set (HEDIS®) measures.

Steps for Compliance with THSteps and HEDIS®

By completing the THSteps periodicity schedule for exams, you can ensure our members are receiving comprehensive care while maintaining compliance with THSteps and HEDIS®.

HEDIS Well-Child Visits in the First 30 Months of Life (W30)			
Use ICD-10 and CPT Codes for Compliance with Both THSteps & HEDIS® (Must Use Both)			
Assesses children:			
Age 1: W-15 Children had six or more well-child visits with PCP during first 15 months of life			
Age 2: W- 30 months Children with at least two well visits between 15 and 30 months of life			
Age range	CPT Codes New patients	CPT Codes Established patients	ICD-10 Diagnosis codes
0-7 days	99381	99391	Z00.110
8-28 days			Z00.111
29-364 days			Z00.121*, Z00.129**
12-30 months of age	99382	99392	Z00.121*, Z00.129**
Note: Replaces W15, now also includes ages 15 to 30 months			

HEDIS Child and Adolescent Well-Care Visits (WCV)			
Use ICD-10 and CPT Codes for Compliance with Both THSteps & HEDIS® (Must Use Both)			
Assesses children, adolescents and young adults three to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OBGYN practitioner during the measurement year.			
Age range	CPT Codes New patients	CPT codes Established patients	ICD-10 Diagnosis codes
3-4 yrs. of age	99382	99392	Z00.121*, Z00.129**
5-11 yrs. of age	99383	99393	
12-17 yrs. of age	99384	99394	
18-20 yrs. of age	99385	99395	
Note: Replaces Adolescents Well Care (AWC) and W34, now also includes ages 7-11			



HEDIS® Childhood Immunizations (CIS)

**CPT Code Options that Qualify for the HEDIS® CIS Measure
(Vaccinations mandatory for THSteps)**

Assesses the percentage of children two years of age who had the following vaccines by their second birthday:

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| 4 - diphtheria, tetanus and acellular pertussis (DTaP) | 1- chicken pox (VZV) |
| 3 - polio (IPV) | 4 - pneumococcal conjugate (PCV) |
| 1 - measles, mumps and rubella (MMR) | 1 - hepatitis A (HepA) |
| 3 - haemophilus influenza type B (HiB) | 2 or 3 - rotavirus (RV) |
| 3 - hepatitis B (HepB) | 2 - influenza (flu) |

DTaP: 90697, 90698 90700,	IPV: 90697, 90698, 90713,	DTaP-IPV/Hib: 90698 (combo)
DTap-Hep B-IPV: 90723 (combo)	Measles: 90705	Mumps: 90704
Rubella: 90706	Measles/Rubella: 90708 (combo)	MMR: 90707, 90710 (combo)
MMR/VZV: 90710 (combo)	VZV: 90716	PCV: 90670, 90671
Hep A: 90633	RV-2: 90680 (3 doses) 90681 (2 doses)	HepB/HiB: 90474
Flu: 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689		
Hep B: 90697, 90723, 90740, 90744, 90747, 90748		
HiB: 90647, 90648, 90697		
Meningococcal C/Y-HiBPRP: 90644		
Healthcare Common Procedure Coding systems (HCPCS): G0008 (FLU), G0009 (PCV), G0010 (Hep B)		

HEDIS Immunizations for Adolescents (IMA) Combination 2

**CPT Code Options that Qualify for the HEDIS® IMA-2 Measure
(vaccinations mandatory for THSteps)**

Assesses the percentage of adolescents, who by the age of 13 completed:

- 1 - meningococcal vaccine,
- 1 - tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine
- 2 - 3 -human papillomavirus (HPV) vaccine series

Meningococcal: 90619, 90733, 90734,	Tdap: 90715	HPV: 90649, 90650 (3 doses), 90651
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NOTE: Both CPT and appropriate ICD-10 codes must be present for claim to be paid. Ensure correct place of service and modifier codes. Claims should be billed using the child's Medicaid number.

- ✓ Due to the ongoing pandemic, HHSC and NCQA are allowing telehealth visits for THSteps checkups beginning at the 30-month visit (child must be >24 months old).
- ✓ The physical portions of the visit must then be performed at a follow-up visit within six months from the initial visit.
- ✓ When the patient is brought into the office within the six-month timeframe to complete the outstanding components of the visit, providers should bill the THSteps follow up visit code, 99211.
- ✓ Providers must use the appropriate Place of Service code w/ Telehealth Modifier to ensure timely and accurate claims processing.



**BlueCross BlueShield
of Texas**

More information and Resources:

Indices Resources

[Indices contact information](#)

[Working with Indices](#)

HEDIS Resources

[Medicaid HEDIS Quick Reference Guide](#)

[BCBSTX Clinical Practice Guidelines \(CPGs\)](#)

[Preventive Care Guidelines \(PCGs\)](#)

[THSteps for Medical Providers](#)

[ImmTrac2](#)

[Texas Health Step Quick Reference Guide](#)

Covid-19 Resources

[COVID-19 alerts and updates](#)

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