

Childhood Immunization Status (CIS)

The percentage of children who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

This measure calculates a rate for each vaccine and nine separate combination rates.

Children two years of age who had the following number of vaccines by their second birthday:

- Four DTaP
- One MMR
- Three HepB
- One HepA
- Four PCV
- Three IPV
- Three HiB
- One VZV
- Two Flu
- Two or three RV

Note: Vaccination(s) must have been administered *before* the child's second birthday.

Child Immunizations	
MMR, HepB, VZV, HepA	Count any of the following: <ul style="list-style-type: none"> Evidence of the antigen or combination vaccine Documented history of the illness A seropositive test result for each antigen For combination vaccinations that require more than one antigen, such as DTaP and MMR, the organization must find evidence of all antigens. Note: MMR, VZV and HepA must be administered on or between the child's first and second birthdays.
DTaP, IPV, HiB, PCV, RV, flu	Count only evidence of the antigen or combination vaccine. For combination vaccinations that require more than one antigen (DTaP and MMR), the organization must find evidence of all antigens. Do not count a vaccination administered prior to 42 days following birth (e.g. flu does not count prior to six months following birth).
This measure follows CDC and ACIP guidelines for immunizations. Changes to the guidelines are implemented after three years to account for the measure lookback period and to allow the industry time to adapt.	

Immunizations: Children and Adolescents



Child Immunization Codes				
Combination vaccine CPT® codes should be used when applicable.				
Description	CPT Code(s)	HCPCS Code(s)	ICD-10 Code(s)	CVX Code(s)
Diphtheria, tetanus and acellular pertussis (DTaP)	90698, 90700, 90723			
Haemophilus influenza type B (HiB)	90644, 90647, 90648, 90698, 90748			
Hepatitis A (HepA)	90633			
Hepatitis B (HepB)	90723, 90740, 90744, 90747, 90748	G0010	ICD-10-PCS: 3E0234Z	
Inactivated polio vaccine (IPV)	90698, 90713, 90723			10, 89, 110, 120
Influenza (flu)	90655, 90657, 90661, 90673, 90685, 90686-90689, 90660, 90672	G0008		
Measles, mumps and rubella (MMR)	Measles, mumps and rubella: 90707, 90710 Measles: 90705 Mumps: 90704 Rubella: 90706 Measles and rubella: 90708			
Pneumococcal conjugate vaccine (PCV)	90670, 90732	G0009		
Rotavirus vaccine (RV)	90680, 90681			
Varicella “chicken pox” vaccine (VZV)	90710, 90716			

Immunizations: Children and Adolescents



Exclusions	
The exclusion must have occurred by the member's second birthday.	
Description	ICD-10 Code(s)
Any particular vaccine <ul style="list-style-type: none"> Anaphylactic reaction to the vaccine or its components 	T80.52XA, T80.52XD, T80.52XS
DTaP <ul style="list-style-type: none"> Encephalopathy with a vaccine adverse-effect code 	G04.32 with T50.A15A, T50.A15D, T50.A15S
MMR, VZV and flu <ul style="list-style-type: none"> Immunodeficiency HIV Lymphoreticular cancer, multiple myeloma or leukemia Anaphylactic reaction to neomycin 	D80.0, D80.1-D80.9, D81.0-81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0, D82.1-D82.4, D82.8, D82.9, D83.0-D83.2, 83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810-D89.813, D89.82, D89.89, D89.9, B20, Z21, B97.35, C81.00-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.69, C82.80-C82.99, C83.00-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.99, C84.00-C84.19, C84.40-C84.49, C84.60-C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-C85.29, C85.80-C85.99, C86.0-C86.6, C88.2-C88.4, C88.8, C88.9, C90.00-C90.02, C90.10-C90.12, C90.20-C90.22, C90.30-C90.32, C91.00-C91.02, C91.10-C91.12, C91.30-C91.32, C91.40-C91.42, C91.50-C91.52, C91.60-C91.62, C91.90-C91.92, C91.A0-C91.A2, C91.Z0-C91.Z2, C92.00-C92.02, C92.10-C92.12, C92.20-C92.22, 92.30-C92.32, C92.40-C92.42, C92.50-C92.52, C92.60-C92.62, C92.90-C92.92, C92.A0-C92.A2, C92.Z0-C92.Z2, C93.00-C93.02, C93.10-C93.12, C93.30-C93.32, C93.90-C93.92, C93.Z0-C93.Z2, C94.00-C94.02, C94.20-C94.22, C94.30-C94.32, C94.80-C94.82, C95.00-C95.02, C95.10-C95.12, C95.90-C95.92, C96.0, C96.2, C96.20-C96.22, C96.29, C96.4, C96.9, C96.A, C96.Z
RV <ul style="list-style-type: none"> Severe combined immunodeficiency History of intussusception 	D81.0, D81.1, D81.2, D81.9, K56.1
IPV <ul style="list-style-type: none"> Anaphylactic reaction to streptomycin, polymyxin B or neomycin 	
HepB <ul style="list-style-type: none"> Anaphylactic reaction to common baker's yeast 	

Immunizations: Children and Adolescents



Documentation

Documentation in the medical record may include the following evidence:

Count members where the antigen was rendered from one of the following:

- A note indicating the name of the specific antigen and the date of the immunization
- A certificate of immunization prepared by an authorized healthcare provider or agency, including the specific dates and types of immunizations administered

History of illness or a seropositive test result

- A note indicating the date of the event, which must have occurred by the member's second birthday

Only for immunizations that do not have minimum age restrictions (e.g., prior to 42 days following birth)

- Notes indicating that the member received the immunization "at delivery" or "in the hospital"

Note: A note that the "member is up to date" with all immunizations, but that does not list the dates of all immunizations and the names of the immunization agents, does **not** constitute sufficient evidence of immunization for HEDIS® reporting.

A generic header

- Immunizations documented using a generic header or "DTaP/DTP/DT" can be counted as evidence of DTaP.
- Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" can be counted as evidence of IPV.

For rotavirus, if documentation does not indicate whether the two-dose schedule or three-dose schedule was used, then:

- Assume a three-dose schedule and find evidence that three doses were administered.

Immunizations: Children and Adolescents



Immunizations for Adolescents (IMA)

The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine; one tetanus, diphtheria and acellular pertussis (Tdap); and who have completed the human papillomavirus (HPV) vaccine series by their 13th birthday

This measure calculates a rate for each vaccine and two combination rates.

Adolescents 13 years of age who had the following number of vaccines by their 13th birthday:

- One meningococcal
- One Tdap
- Two HPV

Note: Vaccination(s) must have been administered on or before the adolescent's 13th birthday.

Adolescent Immunizations	
Meningococcal, Tdap, HPV	Count only evidence of the antigen or combination vaccine.
Meningococcal serogroups A, C, W, Y	Count at least one meningococcal serogroups A, C, W, Y vaccine with a date of service on or between the member's 11th and 13th birthdays.
Tdap	Count at least one Tdap vaccine with a date of service on or between the member's 11th and 13th birthdays.
HPV	Count at least two HPV vaccines with dates of service at least 146 days apart on or between the member's ninth and 13th birthdays. Count at least three HPV vaccine with different dates of service on or between the member's ninth and 13th birthdays.
Combination 1 (meningococcal, Tdap)	Adolescents who are numerator-compliant for both the meningococcal and Tdap indicators
Combination 2 (meningococcal, Tdap, HPV)	Adolescents who are numerator-compliant for all three indicators (meningococcal, Tdap, HPV)
Notes:	
<ul style="list-style-type: none"> • To align with Advisory Committee on Immunization Practices (ACIP) recommendations, only the quadrivalent meningococcal vaccine (serogroups A, C, W and Y) is included in the measure. • To align with ACIP recommendations, the minimum interval for the two-dose HPV vaccination schedule is 150 days (five months) with a four-day grace period (146 days). 	

Immunizations: Children and Adolescents



Adolescent Immunization Codes

Combination vaccine CPT® codes should be used when applicable.

Description	CPT Code(s)	CVX Code(s)
HPV	90649, 90650, 90651	62, 118, 137, 165
Meningococcal serogroups A, C, W, Y	90734	108, 114, 136, 147, 167
Tdap	90715	115

Exclusions

The exclusion must have occurred on or before the adolescent's 13th birthday.

Description	ICD-10 Code(s)
Any particular vaccine <ul style="list-style-type: none"> Anaphylactic reaction to the vaccine or its components 	T80.52XA, T80.52XD, T80.52XS
Tdap <ul style="list-style-type: none"> Encephalopathy with a vaccine adverse-effect code 	G04.32 with T50.A15A, T50.A15D, T50.A15S

Documentation

Documentation in the medical record may include the following evidence:

Count members where the antigen was rendered from one of the following:

- A note indicating the name of the specific antigen and the date of the immunization
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered

For the two-dose HPV vaccination series, there must be at least 146 days between the first and second dose of the HPV vaccine.

Do not count meningococcal recombinant (serogroup B) (MenB) vaccines.

A generic header

- Immunizations documented using a generic header of “meningococcal” and generic documentation that “meningococcal vaccine,” “meningococcal conjugate vaccine” or “meningococcal polysaccharide vaccine” were administered meet criteria.
- Immunizations documented using a generic header of “Tdap/Td” can be counted as evidence of Tdap.