

Childhood Immunization Status (CIS)

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS[®]) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for childhood immunization status.

What is the measure?

This measure assesses the percentage of 2-year-old children who had **all** the following vaccines doses **on or before** their second birthday:

- **Four doses of Diphtheria, Tetanus and Acellular Pertussis (DTaP)** – administered between 42 days after birth, and on or before second birthday
- **Three doses of Polio (IPV)** – administered between 42 days after birth, and on or before second birthday
- **One dose of Measles, Mumps and Rubella (MMR)** – between first and second birthday (only **combined** antigen meets requirements)
- **Three doses of Haemophilus Influenza type B (HiB)** – administered 42 days after birth, and on or before second birthday
- **Three doses of Hepatitis B (HepB)** – on or before second birthday
- **One dose of Varicella (chicken pox) (VZV)** – between first and second birthday
- **Four doses of Pneumococcal Conjugate (PCV)** – administered between 42 days after birth, and on or before second birthday
- **One Hepatitis A (HepA)** – between first and second birthday
- **Two or three doses of Rotavirus (RV)** – administered 42 days after birth, and on or before second birthday
- **Two doses of Influenza (flu) vaccines** administered between 180 days (six months) after birth, and on or before second birthday
 - LAIV may be used as one of the two flu vaccines when administered on the child's second birthday, and not before.

Eligible Population

Children age 2 during the measurement year

How to Improve Your Score

- Review and document your patient's vaccinations with the name of the specific antigen (vaccine) and the administration date of the immunization.
- Review and document your patient's history of illness with the date.
- Review and document any medical or religious contraindications to explain the non-immunized child.

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How to Improve Your Score *(continued)*

- Submit the patient's vaccinations to Florida's immunization registry (Florida SHOTS).
- Submit claims and encounter data in a timely manner.

Exclusions

- Members in hospice or using hospice services anytime during the measurement year
- Any vaccine: anaphylactic reaction to the vaccine or its components
- DTaP: encephalopathy with a vaccine adverse-effect code
- MMR, VZV and Influenza (Live or LAIV):
 - Immunodeficiency
 - HIV
 - Lymphoreticular cancer, multiple myeloma, or leukemia
 - Anaphylactic reaction to neomycin
- Rotavirus: severe combined immunodeficiency or history of intussusception
- IPV: anaphylactic reaction to Streptomycin, Polymyxin B or Neomycin
- Hepatitis B: anaphylactic reaction to common baker's yeast

Acceptable Documentation

- Immunization certificate
- Diagnostic report
- Subjective, Objective, Assessment and Plan (SOAP) note/office note/progress
Note: The date of vaccination encounter must be **on or before** the second birthday.
- Problem list
- Office note

Documentation Requirements

Evidence indicating the antigen or combination vaccine was rendered from one of the following:

- A note stating the name of the specific antigen and administration date of the immunization
- Evidence of all antigens when a combination vaccine is documented
- History of illness or a seropositive test result; there must be a note indicating the date of the event, **which must have occurred by the patient's second birthday** (i.e., chicken pox and date)
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered
- Notes in the medical record indicating the member received the HepB immunization at *delivery or in the hospital* may be counted toward the numerator.

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Documentation Requirements

- 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

A note stating the member is up to date with all immunizations but **does not** list the dates and immunization agents of all immunizations **does not** constitute sufficient evidence of immunization for HEDIS reporting.

Codes

DTaP	CPT: 90698, 90700, 90721, 90723
IPV	CPT: 90698, 90713, 90723
MMR	CPT: 90707, 90710
HiB	CPT: 90644 – 90648, 90698, 90721, 90748
HepB	CPT: 90723, 90740, 90744, 90747 – 90748 HCPCS: G0010
VZV	CPT: 90710, 90716
PCV	CPT: 90670 HCPCS: G0009
HepA	CPT: 90633
Rotavirus	2-Dose Schedule CPT: 90681 3-Dose Schedule CPT: 90680
Flu	CPT: 90655, 90657, 90660 – 90662, 90672 – 90673, 90685 – 90689 HCPCS: G0008

Exclusion Codes

Exclusions:	Anaphylactic reaction to vaccination, initial encounter	ICD-10: T80.52XA
	Anaphylactic reaction to vaccination, subsequent encounter	ICD-10: T80.52XD
	Anaphylactic reaction to vaccination, sequela	ICD-10: T80.52XS
	HIV, type 2	ICD 10: B97.35
Hospice:	CPT: 99377 – 99378, HCPCS: G0182, G9473 – G9479, Q503 – Q5008, Q5010, S9126, T2042	