



Childhood Immunization Status (CIS)

Q: Which members are included in the sample?

A: Children 2 years of age 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.**

Q: What codes are used?

A: Please reference attached sample codes; reference Value Set Directory for additional codes

Q: What documentation is needed in the medical record?

A: Documentation must include any of the following:

*Specific for: **MMR, HepB, VZV, and HepA***

- Evidence of the antigen or combination vaccine (include specific dates)
- Documented history of the illness
- A seropositive test result

*Specific for: **DTaP, HiB, IPV, PCV, rotavirus, and influenza***

- Evidence of the antigen or combination vaccine (include specific dates)

OR

- Notation indicating contraindication for a specific vaccine:
(Use designated Value Set for each)
 - Any Particular Vaccine**
 - Anaphylactic reaction to the vaccine or its components
 - DTaP**
 - Encephalopathy **with** a vaccine adverse-effect code
 - MMR, VZV, and Influenza**
 - Immunodeficiency
 - HIV
 - Anaphylactic reaction to neomycin
 - Lymphoreticular cancer, multiple myeloma or leukemia
 - IPV**
 - Anaphylactic reaction to streptomycin, polymyxin B or neomycin
 - Hepatitis B**
 - Anaphylactic reaction to common baker's yeast



Childhood Immunization Status (CIS)

Q: *What type of medical record is acceptable?*

A: One or more of the following:

<input checked="" type="checkbox"/> Certificate of immunization including specific dates and types of vaccines	<input checked="" type="checkbox"/> Lab report for seropositive test
<input checked="" type="checkbox"/> Hospital record with notation of HepB	<input checked="" type="checkbox"/> Print out of LINK/CAIR registry
<input checked="" type="checkbox"/> Immunization Record and Health History Form	<input checked="" type="checkbox"/> Progress/office notes with notations of vaccines given
<input checked="" type="checkbox"/> Health Maintenance Form	<input checked="" type="checkbox"/> Medical History Form

Q: *How to improve score for this HEDIS measure?*

A:

- Upload immunizations on to California Immunizations Registry (<http://cairweb.org>)
- Use the Childhood and Adolescent Wellness Flyers for Providers as a guideline of recommended health services for certain age groups (http://www.lacare.org/sites/default/files/LA1401_0815.pdf)
- Educate parents about the importance of timely vaccinations and share the immunization schedule
- Use of complete and accurate Value Set Codes.
- Timely submission of claims and encounter data
- Ensure proper documentation of dates and types of immunizations, test results, history of illness, or contraindication for a specific vaccine.



Childhood Immunization Status (CIS)

SAMPLE CODES

CPT codes	
DTaP-HiB-IPV	90698
DTaP for younger than 7	90700
DTaP- HiB	90721
DTaP-HepB-IPV	90723
IPV	90713
MMR	90707
MMRV	90710
Measles and Rubella	90708
Measles	90705
Mumps	90704
Rubella	90706
HiB	90645-90648
HepB-HiB	90748
HepB Dialysis or immunosuppressed patient (3 dose)	90740
HepB-3 dose pediatric/adolescent	90744
HepB Dialysis/ immunosuppressed patient (4 dose)	90747
VZV	90716
PCV	90669, 90670

Exclusion ICD-10 code
T80.52XA, T80.52XD, T80.52XS