

## HEDIS® 2018 MEASURE: CHILD IMMUNIZATION STATUS (CIS)

**Members 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*. The measure calculates a rate for each vaccine and nine separate combination rates. Combo 10 is the combination used for quality reporting purposes.**

Inclusion into the measure can include the following three events:

- ▶ Children who turn two years of age during the measurement year.
- ▶ Children who have evidence showing they received recommended vaccines during the measurement year.
- ▶ Children must receive all vaccines before their second birthday.

### Exclusions:

- ▶ Children who had a contraindication for a specific vaccine (Excluded from the denominator for all antigen rates and the combination rates; Exclusion must have occurred by the second birthday).
- ▶ Members who had any of the following conditions or diagnoses from any time during the member's history through December 31 of the measurement year:
  - Anaphylactic reaction to the vaccine or its components (any particular vaccine).
  - Encephalopathy (DTaP).
  - Immunodeficiency (MMR, VZV, and Influenza).
  - HIV (MMR, VZV, Influenza).
  - Lymphoreticular cancer, multiple myeloma or leukemia (MMR, VZV, and Influenza).
  - Anaphylactic reaction to neomycin (MMR, VZV, and Influenza).
  - Anaphylactic reaction to streptomycin, polymyxin B, or neomycin (IPV).
  - Anaphylactic reaction to common baker's yeast (Hepatitis B).
- ▶ Members in hospice care are excluded from the eligible population.

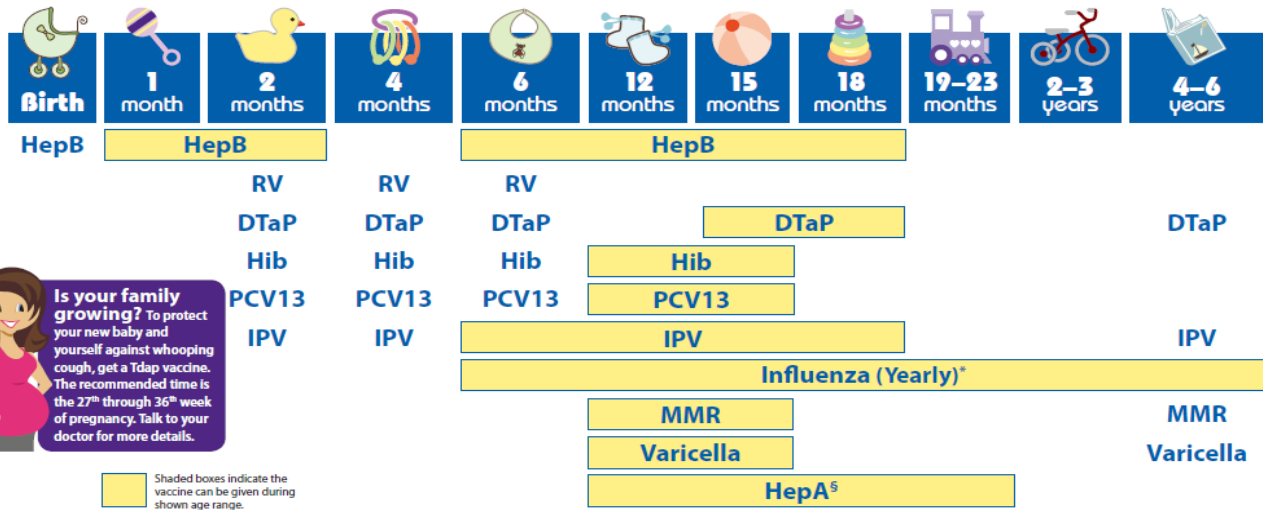
## HOW TO IMPROVE YOUR HEDIS SCORE:

- Use of complete and accurate Value Set Codes.
- Timely submit claims and encounter data.
- Ensure proper documentation of dates and types of immunizations, test results, history of illness, and contraindication of illness.
- Educate parents about the importance of timely vaccinations and share the immunization schedule. Create an instant custom immunization schedule at: [https://www2a.cdc.gov/nip/kidstuff/newscheduler\\_le/](https://www2a.cdc.gov/nip/kidstuff/newscheduler_le/)



- Get newborns in for visits ASAP after six weeks of age to help prevent them from falling behind.
- Conduct follow-up calls with members to confirm appointment compliance, reinforce positive behavior, and assist with rescheduling if needed.
- Providers should review child's immunization status prior to each visit.
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- During the visit, review immunization records and look for opportunities to catch up on missing immunizations.
- Use both sick and well visits to engage patients and remind them of preventive care services that are due.
- Schedule the child's next preventive care visit while the patient is waiting to be seen by the provider; if this isn't possible, schedule the next visit before the patient leaves the office (or the exam room if necessary).
- In addition to submitting timely encounters, use the California Immunizations Registry (CAIR) to review past immunizations and record administered vaccines (<http://cairweb.org>).
- Document historical immunizations if they were done elsewhere, such as the Health Department or at school.
- Address common misconceptions about vaccinations if the parents refuse immunizations – document refusals clearly in patient's chart.
- A doctor's recommendation of immunizations is a powerful motivator for patients to comply with vaccination requirements. Parents are more likely to follow vaccine recommendations of the child's doctor when the provider's opinion of the vaccines is positive.
- Document the date of the first hepatitis B vaccine given at the hospital and name of the hospital (hospitals should also use CAIR).
- Be sure to have all EMR prompts and alerts turned on as checkpoints to know when a patient is due for his/her immunizations or when they are missing immunizations.
- Pay extra attention to immunizations that require 4 doses – DTap and PCV – since missing the timing of one dose can throw the entire schedule off-track, making the patient non-compliant and limiting your potential on this measure.
- Prioritize at-risk patients to get caught up.
- Consider the parent's work schedule as a barrier to the visit, and offer extended evening or weekend hours to accommodate working parents.
- Have printed, customized reminder letters or cards ready to hand out and mail to parents and guardians with the child's complete immunization schedule and dates.
- Follow the below schedule from birth through 6 years old.

**2018 Recommended Immunizations for Children from Birth Through 6 Years Old**



**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**  
 \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
 † Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.  
 ‡ If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

- Refer to the below guide to for all CIS combinations 2-10.

**Combination Vaccinations for Childhood Immunization Status**

Combination	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**Codes used to identify Immunizations**

Description	CPT	HCPCS	ICD-10-CM
<b>DTaP</b>	90698, 90700, 90721, 90723		
<b>IPV</b>	90698, 90713, 90723		
<b>MMR</b>	90707, 90710		
<b>Measles and Rubella</b>	90708		
<b>Measles</b>	90705		B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9
<b>Mumps</b>	90704		B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9
<b>Rubella</b>	90706		B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
<b>HiB</b>	90644-90648, 90698, 90721, 90748		
<b>Hepatitis B</b>	90723, 90740, 90744, 90747, 90748	G0010	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51
<b>VZV</b>	90710, 90716		B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9
<b>Pneumococcal Conjugate</b>	90669, 90670	G0009	
<b>Hepatitis A</b>	90633		
<b>Rotavirus (two-dose)</b>	90681		
<b>Rotavirus (three-dose)</b>	90680		
<b>Influenza</b>	90630, 90655, 90657, 90661, 90662, 90673, 90685	G0008	

**Codes used to identify exclusions**

Exclusion	ICD-10-CM	HCPCS
<b>Anaphylactic reaction to the vaccine or its components (Any particular vaccine)</b>	T80.52XA, T80.52XD, T80.52XS	
<b>Encephalopathy with a vaccine adverse-effect code (DTaP)</b>	G04.32 with T50.A15A or T50.A15D or T50.A15S	
<b>Immunodeficiency (MMR, VZV, Influenza)</b>	D80.0, D80.1, D80.2, D80.3, D80.4, D80.5, D80.6, D80.7, D80.8, D80.9, D81.0, D81.1, D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0, D82.1, D82.2, D82.3, D82.4, D82.8, D82.9, D83.0, D83.1, D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810, D89.811, D89.812, D89.813, D89.82, D89.89, D89.9	
<b>HIV (MMR, VZV, Influenza)</b>	B20, Z21	
<b>Lymphoreticular cancer, multiple myeloma or leukemia (MMR, VZV, Influenza)</b>	C81.00-C81.99, C82.00-C82.99, C83.00-C83.99, C84.00-C84.99, C84.A0-C84.A9, C84.Z0-C84.Z9, C85.10-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  Additional codes can be found in the "Malignant Neoplasm of Lymphatic Tissue Value Set"	
<b>Hospice Services</b>		G9702