

Childhood Immunization Status (CIS)

APPLICABLE LINES OF BUSINESS

- Commercial
- Exchange

MEASURE DESCRIPTION

Percentage of children who became 2 years old during the measurement year and who received the following vaccinations on or before their second birthdayⁱ:

Childhood Immunizations - Combo 10

4 Diphtheria, Tetanus-acellular Pertussis (DTaP)

3 Polio (IPV)

1 Measles, Mumps and Rubella (MMR)

3 Haemophilus Influenza Type B (HiB)

3 Hepatitis B (HepB)

1 Varicella Zoster Vaccine (VZV) or history of varicella zoster (e.g., chicken pox)

4 Pneumococcal Conjugate Vaccine (PCV)

1 Hepatitis A (HepA)

2 Influenza (Flu)

At least 2 influenza vaccines with different dates of service or 1 of the 2 vaccinations can be a Live Attenuated Influenza Vaccine (LAIV) administered on the child's second birthday.

1 or 2 or 3 Rotavirus (RV)

At least 1 dose of the 2-dose vaccine **or** at least 2 doses of the 2-dose vaccine on different dates of service **or** at least 3 doses of the 3-dose vaccine on different dates of service.

Note:

- Commercial reports Combination 3, Combination 7, and Combination 1
- Exchange reports Combination 3 and Combination 10

EXCLUSIONS FROM THE MEASURE

Members are excluded:

- If they had an anaphylactic reaction to one or more of the vaccines, in this case document the date, vaccine, and type of reaction.
- If they received hospice care or are using hospice services.

PATIENT CLAIMS SHOULD INCLUDE:

| Codes | Description |
|--|---|
| CVX: 20, 50, 106-107, 110, 120 | (DTaP) Diphtheria-Tetanus-acellular Pertussis |
| CVX. 20, 30, 100 107, 110, 120 | Immunization |
| CPT: 90698, 90700, 90723 | (DTaP) Diphtheria-Tetanus-acellular Pertussis |
| CI 11.70070,70700,70720 | Procedure |
| CVX: 10, 89, 110, 120 | (IPV) Polio Immunization |
| CPT: 90698, 90713, 90723 | (IPV) Polio Procedure |
| CVX: 03, 94 | (MMR) Measles, Mumps, and Rubella |
| | Immunization |
| CPT: 90707, 90710 | (MMR) Measles, Mumps, and Rubella |
| | Procedure |
| CVX: 05 | Measles Immunization |
| CPT: 90705 | Measles Vaccine Procedure |
| CVX: 04 | Measles Rubella Immunization |
| CVX: 07 | Mumps Immunization |
| CPT : 90704 | Mumps Vaccine Procedure |
| CVX: 06 | Rubella Immunization |
| CPT : 90706 | Rubella Vaccine Procedure |
| CVX: 17, 46-51, 120, 148 | (HiB) Haemophilus Influenzae Type B |
| | Immunization |
| CPT : 90968, 90748, 90644-48 | (HiB) Haemophilus Influenzae Type B Vaccine |
| | Procedure |
| CVX: 08, 44-45, 51, 110 | (Hep B) Hepatitis B Immunization |
| CPT: 90723, 90740, 90744, 90747-8 | (Hep B) Hepatitis B Vaccine Procedure |
| HCPCS: G0010 | |
| CVX: 21, 94 | (VZV) Varicella Zoster Immunization |
| CPT: 90710, 90716 | (VZV) Varicella Zoster Vaccine Procedure |
| CVX: 133, 152 | (PCV) Pneumococcal Conjugate Immunization |
| CPT : 90670 HCPCS : G0009 | (PCV) Pneumococcal Conjugate Vaccine |
| | Procedure |
| CVX: 31, 83, 85 | (Hep A) Hepatitis A Immunization |
| CPT: 90633 | (Hep A) Hepatitis A Vaccine Procedure |
| CVX: 119 | (RV) Rotavirus (2 Dose Schedule) |
| | Immunization |
| CPT : 90681 | (RV) Rotavirus (2 Dose Schedule) Vaccine |
| S1 D1 44 (400 | Procedure (O.D., Collaboration) |
| CVX: 116, 122 | (RV) Rotavirus (3 Dose Schedule) |
| CDT 00/00 | Immunization (O.D., C.L., L.L.) |
| CPT : 90680 | (RV) Rotavirus (3 Dose Schedule) Vaccine |
| CVV. 00 405 440 444 450 450 455 450 474 | Procedure |
| CVX: 88, 135, 140, 141, 150, 153, 155, 158, 161 | (Flu) Influenza Immunization |
| CPT : 90655, 90657, 90673, 90661, 90685-9 | (Flu) Influenza Vaccine Procedure |
| HCPCS: G0008 | /Fl-) - (|
| CVX: 111, 149 | (Flu) Influenza LAIV Immunization |
| CPT: 90660, 90672 | (Flu) Influenza LAIV Vaccine Procedure |

PATIENT MEDICAL RECORDS SHOULD INCLUDE:

- For immunization evidence obtained from the medical record, count members where there is evidence that the antigen was rendered from one of the following:
 - o A note indicating the name of the specific vaccine and the date it was administered.
 - A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.
- For 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 member's second birthday.

TIPS FOR SUCCESS

- Upload immunizations to the applicable Washington or Alaska Immunization Registry.
- Review and document the child's vaccinations with the name of the specific antigen and the date it was administered.
- Review and document the child's history and date of illness such as chicken pox, measles, etc.
- Review the CDC timeline of recommended childhood immunizations with parents ii.

¹ National Committee for Quality Assurance. HEDIS® Measurement Year 2022 Volume 2 Technical Specifications for Health Plans

ii https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf