

CHILDHOOD IMMUNIZATION STATUS (CIS)

PROVIDER TIP SHEET



What is Being Measured?

This measure assesses the percentage of children who have had the complete vaccine series fulfilled by their **2nd birthday**:

- 4 diphtheria, tetanus, and acellular pertussis (DTaP)
- 4 pneumococcal conjugate (PCV)
- 3 haemophilus influenza type B (HIB)
- 3 hepatitis B (HepB)
- 3 polio (IPV)
- 2 influenza
- 2 or 3 rotavirus (RV)
- 1 hepatitis A (HepA)
- 1 measles, mumps, and rubella (MMR)
- 1 chicken pox (VZV)



Why is This Measure Important?

At a time in their lives when they are most vulnerable to disease, childhood vaccines protect them from a number of serious and potentially life-threatening diseases (e.g., diphtheria, measles, meningitis, polio, tetanus, whooping cough).^{1,2} Immunizations are essential for disease prevention and are a critical aspect of preventable care for children. Vaccination coverage must be maintained to prevent a resurgence of vaccine-preventable diseases.³



Eligible Population

All members are eligible for these immunizations, unless severe and documented medical conditions suggest otherwise. The National Committee for Quality Assurance (NCQA) recommends that all vaccines included in this measure should be given to children before their second birthday.⁴



Medical Record Documentation

Acceptable medical documentation includes:


- Immunizations from any section of the medical record (e.g., inpatient, emergency, urgent care).
- Notes indicating that the member received the immunization "at delivery", "at birth", or "in the hospital" may be counted for immunizations that do not have minimum age restrictions.
- Parent- or caregiver-reported vaccines are acceptable if the specific vaccine and the date the immunization was administered are documented.
- Nasal spray flu vaccine (LAIV) is only acceptable if administered on the day of the child's 2nd birthday.




NOTE: Preventative and Health maintenance summaries are acceptable for abstraction only if there is evidence that validates administration of the immunizations and not just when they are due.

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 **Immunization Schedule**

 Range of recommended ages for all children except certain high-risk groups

 Range of recommended ages for certain high-risk groups

Meningococcal												MCV
Flu* Influenza	Flu											
HepA* Hepatitis A	HepA (2 doses)											HepA Series
Varicella Chickenpox	Varicella											Varicella
MMR Measles, Mumps, & Rubella	MMR											MMR
IPV Polio	IPV											IPV
PCV 13, PCV15 Pneumococcal disease	PCV											
Hib* Haemophilus influenzae type b	Hib*											PPSV
DTaP Diphtheria, Pertussis, & Tetanus	DTaP											DTaP
RV* Rotavirus	RV											
HepB Hepatitis B	HepB											HepB
	Birth	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	19-23 Months	2-3 Years	4-6 Years	

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**Coding
 Guidance**

Vaccine	Required Doses	CPT Codes
Influenza	2	90655, 90657, 90660, 90661, 90672, 90673, 90685–90689, 90756
DTap	4	90698, 90700, 90723, 90697
IPV	3	90698, 90713, 90723, 90697
MMR	At least one MMR vaccination or at least one measles and rubella vaccination with at least one mumps vaccination.	90707, 90710
HiB	3	90644, 90647, 90648, 90698, 90748, 90697
Hepatitis B	3* *One of the three can be the newborn hepatitis B vaccination.	90723, 90740, 90744, 90747, 90748, 90697
Varicella VZV	1	90710, 90716
Pneumococcal conjugate	4	90670
Hepatitis A	1 +	90633
Rotavirus	At least two doses of the two-dose rotavirus vaccine, or at least three doses of the three-dose rotavirus vaccine, or at least one dose of the two-dose rotavirus vaccine with at least two doses of the three-dose rotavirus vaccine.	



Combination vaccination should be on different dates of service before the child's second birthday.

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Best Practices

- Educate members on the importance of obtaining timely vaccines.
- Encourage the parent or guardian to attend all scheduled visits.
- Submit claims and/or encounter data for each service rendered.
- Schedule the next appointment while the patient is in the office.
- Call members and remind them about upcoming appointments.



References

1. Mayo Clinic. (2014).
[Infant and Toddler Health. Childhood Vaccines.](#)
2. Institute of Medicine. (2013).
[The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies.](#)
3. Diekema, D.S. (2012).
[Improving Childhood Vaccination Rates.](#)
4. National Center for Quality Assurance. (2023).
[Childhood Immunization Status.](#)



Support

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at [**Ambetter.ARHealthWellness.com**](https://www.ambetter.arhealthwellness.com) for additional tools and resources.

You may also contact your Provider Engagement Administrator directly for support and education.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). This tip sheet has been updated with information from the release of the HEDIS® MY 2021 Volume 2 Technical Specifications by NCQA and is subject to change.

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