

Effectiveness of Care Measure

Childhood Immunization Status



Health Net®

Learn how to improve your HEDIS® rates by using this tip sheet about the Childhood Immunization Status measure and best practices.

Measure

Children turning age 2 during the measurement year who had all the required immunizations administered on or before the child's 2nd birthday:¹

Combination	The following vaccines are required			
10 vaccines	4 DTaP (diphtheria, tetanus, acellular pertussis) ¹		1 MMR (measles, mumps, rubella) ^{2, 4}	
	4 PCV (pneumococcal conjugate) ¹		1 VZV (varicella zoster vaccine) ^{2, 4}	
	3 HiB (haemophilus influenza type B) ¹		1 Hep A (hepatitis A) ^{2, 4}	
	3 IPV (polio) ¹		2 Influenza (flu) ³	
	3 Hep B (hepatitis B) ²		2-3 Rotavirus ¹ – two-dose vaccine, three-dose vaccine, or one dose of the two-dose and two of the three-dose vaccine	
¹ Do not count a vaccination administered prior to 42 days after birth. ² Count seropositive test results or history of illness. ³ Do not count a vaccination administered prior to 180 days after birth. One of the two flu vaccines can be a live, attenuated influenza vaccine (LAIV) administered to the child at the age of 2. ⁴ Vaccine must be administered on or between the child's 1st and 2nd birthday.				
CPT, HCPCS and ICD-10 codes	Vaccine	Code	Vaccine	Code
Codes billed for vaccines supplied by the state must include an SL modifier.	DTaP	90700	Measles	90705, B05.0–B05.4, B05.81, B05.89, B05.9
	PCV	90670, G0009	Mumps	90704, B26.0–B26.3, B26.81–B26.85, B26.89, B26.9
	HiB	90644, 90647, 90648	Rubella	90706, B06.00–B06.02, B06.09, B06.81, B06.82, B06.89, B06.9
	IPV	90713	Hep A	90633, B15.0, B15.9
	Hep B	90740, 90744, 90747, B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, G0010 Newborn: 3E0234Z	Influenza	90655, 90657, 90660, 90661, 90672, 90685–90689, G0008
	VZV	90716, B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9–B02.1, B02.21–B02.24, B02.29–B02.34, B02.39, B02.7–B02.9	Rotavirus	90681 (two-dose schedule), 90680 (three-dose schedule)
	Combination Vaccines	Code	Combination Vaccines	Code
	DTaP-IPV-HiB	90698	Measles-Rubella	90708
	DTaP-HepB-IPV	90723	Measles-Mumps-Rubella	90707
	HiB-HepB	90748	Measles-Mumps-Rubella-VZV	90710



PROVIDER COMMUNICATIONS

¹NCQA. HEDIS MY 2020 and 2021 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2020.

Childhood Immunization Status Coverage HEDIS® Tip Sheet (continued)

Exclusions and codes to report	Exclusion	Code
	Anaphylactic reaction due to vaccine	T80.52XA (initial), T80.52XD (subsequent), T80.52XS (sequel)
	DTaP: Encephalopathy due to vaccine (with a vaccine causing adverse effect code)	G04.32
	Vaccine causing adverse effect	T50.A15A, T50.A15D, T50.A15S
	MMR, VZV or Flu: Disorders of the immune system	D80.0–D81.2, D81.4, D81.6, D81.7, D81.89, D81.9–D82.4, D82.8–D83.2, D83.8–D84.1, D84.8, D84.9, D89.3, D89.810–D89.813, D89.82, D89.89, D89.9
	MMR, VZV or Flu: HIV	B20, Z21, B97.35
	Rotavirus: History of intussusception	K56.1
	MMR, VZV and Flu: Lymphoreticular cancer, multiple myeloma or leukemia	C81.00–C81.49, C81.70–C81.79, C81.90–C82.69, C82.80–C83.19, C83.30–C83.39, C83.50–C83.59, C83.70–C84.19, C84.40–C84.49, C84.60–C84.79, C84.90–C84.99, C84.A0–C84.A9, C84.Z0–C84.Z9, C85.10–C85.29, C85.80–C85.99, C86.0–C86.6, C88.2–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, C92.00–C92.02, C92.10–C92.12, C92.20–C92.22, C92.30–C92.32, C92.40–C92.42, C92.50–C92.52, C92.60–C92.62, C92.90–C92.92, C92.A0–C92.A2, C92.Z0–C92.Z2, C93.00–C93.02, C93.10–C93.12, C93.30–C93.32, C93.90–C93.92, C93.Z0–C93.Z2, C94.00–C94.02, C94.20–C94.22, C94.30–C94.32, C94.80–C94.82, C95.00–C95.02, C95.10–C95.12, C95.90–C95.92, C96.0, C96.2, C96.20–C96.22, C96.29, C96.4, C96.9, C96.A, C96.Z
	MMR, VZV and Flu: Anaphylactic reaction to neomycin	No applicable codes
	IPV: Anaphylactic reaction streptomycin, polymyxin B or neomycin	No applicable codes
	Hepatitis B: Anaphylactic reaction due to common baker's yeast	No applicable codes
	Rotavirus: Severe combined immunodeficiency	D81.0–D81.2, D81.9

(continued)

Childhood Immunization Status Coverage HEDIS® Tip Sheet (continued)

Medical chart tips	Notes in medical record must include	Chart deficiencies to avoid
	<ul style="list-style-type: none"> • Patient's name • Patient's date of birth • Vaccine name • Date vaccine given (not date ordered) • Use of correct service coding (administrative data) with any of the CPT codes listed above is required as evidence of vaccine administration 	<ul style="list-style-type: none"> • Vaccines received after the 2nd birthday • Missing vaccines (primarily Flu, DTaP and PCV) • Vaccine records given in the hospital at birth not obtained • No notes about allergies, contraindications or illness • No notes about parental refusal
Best practices	<ul style="list-style-type: none"> • Schedule newborns for vaccines as soon as possible to prevent them from falling behind, and place them on a schedule. • Educate staff to schedule vaccination/well-child visits PRIOR to 2nd birthday. • Use combination vaccines (DTaP-HepB-IPV; DTaP-IPV/HiB; DTaP IPV). • Review vaccination records before all appointments and give missing vaccines according to CDC's periodicity schedule at www.cdc.gov. • Create alerts within your electronic health record (EHR) to indicate when the vaccines are due. • Contact parents of members under age 2 to schedule well-child and vaccine visits. • Consider offering drop-in hours or after-hours appointments for member convenience. • Ensure doses are given on schedule, especially the needed doses during the first year of life. Missing the fourth doses of DTaP and PCV vaccines are primary barriers for having a compliant vaccine record. • Give flu vaccine and outreach for all members ages 6 months and older during flu season. • Use ALL visits (sick and well visits) to educate parents and give vaccines. • Educate parents on the importance of vaccinations to prevent certain diseases. Provide the member/parent support and education by providing fact-based educational materials that would decrease concerns about vaccines. • Reduce over-vaccination and ensure timely data submission by providing all completed vaccinations to the immunization registries (CAIR2, RIDE, PHIMS, SDIR, etc.). • If participating in Vaccines for Children (VFC), be sure to bill the immunization codes with an SL modifier. • Document all vaccines given with the date of service. • Implement standing orders. • Bill exclusionary diagnosis codes and dates given when applicable. 	

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