

Effectiveness of Care Measure

Immunization for Adolescents (IMA)



Health Net
COMMUNITY SOLUTIONS

Learn how to improve your Healthcare Effectiveness Data and Information Set (HEDIS®) rates by using this tip sheet about the Immunization for Adolescents – Combination 2 (IMA-2) measure, its codes and best practices.

Measure	The percentage of children age 13, as of December 31 of the measurement year, who have completed the required IMA-2 vaccines on or before their 13th birthday.	
Vaccines required for combination-2 series	CPT code	Requirements
	At least one meningococcal serogroups A, C, W, Y vaccine	
	90734	Give vaccine on or between the member's 11th and 13th birthdays.
	At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine	
	90715	Give vaccine on or between the member's 10th and 13th birthdays.
	At least two human papillomavirus (HPV) vaccines, with at least 146 days apart between the two vaccines, or at least three HPV vaccines	
	90649–90651	Give each dose on different dates of service on or between the member's 9th and 13th birthdays.
Exclusions	Exclusion	Code
	Anaphylactic reaction due to vaccine	T80.52XA (initial), T80.52XD (subsequent), T80.52XS (sequel)
	Encephalopathy due to vaccine	G04.32
	Vaccine causing adverse effect	T50.A15A, T50.A15D, T50.A15S
Medical chart tips	Include these chart notes	Avoid these chart deficiencies
	<ul style="list-style-type: none"> • Patient's name • Patient's date of birth • Dates of service • Names of vaccines • The dates given (not dates ordered) 	<ul style="list-style-type: none"> • Vaccines received after the 13th birthday • Missing HPV vaccines • No notes about allergies, contraindications or illness • No notes about parental refusal



(continued)

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Best practices

- Document and submit claims in a timely manner and with the correct code.
- Missing HPV vaccines are the primary reason for noncompliance:
 - Enhanced and consistent provider/clinic recommendation of HPV vaccine.
 - Ensure administration of the HPV vaccine when Tdap and meningococcal are given and during subsequent well and sick visits.
 - HPV rates are now reported for both females and males.
 - Schedule second HPV appointment before/when giving the first HPV vaccine.
- Consider offering drop-in hours or after-hours appointments for member convenience.
- Create alerts within your electronic health record (EHR) to indicate when the vaccines are due.
- Educate families on the importance of these vaccines (use of motivational interviewing).
- Educate staff to schedule vaccines and well-child visits prior to 13th birthday.
- Give call reminders for series vaccines.
- Reduce over-vaccination and ensure timely data submission by providing all completed vaccinations to the immunization registries (CAIR2, RIDE, PHIMS, SDIR, etc.).
- Implement standing orders.
- Meningococcal recombinant (serogroup B) vaccines do not count. Be sure your vaccination claims and records are clear about which meningococcal vaccine was given.