



Adult Immunization Status (AIS-E) Influenza

Use this tip sheet to enhance your AIS-E Influenza HEDIS¹ rates. It outlines key aspects of the AIS-E measure, including exclusions, billing codes, required documentation and best practices.

Note: The AIS-E measure includes the following vaccines: influenza, tetanus and diphtheria (Td) or tetanus, diphtheria, acellular pertussis (Tdap), zoster, pneumococcal and hepatitis B. For the purposes of this tip sheet, we will focus exclusively on the influenza vaccine.

Measure

This measure assesses the percentage of adults 19 years of age and older who are up to date on recommended routine vaccines for influenza any time between January 1 and December 31 of the measurement year.

Exclusions

Patients who meet any of the following criteria are excluded from the measure:

- Patients who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Patients who die any time during the measurement year.

Compliance requirements

Information required for compliance

Acceptable documentation:

- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.
- A note indicating the name of the specific antigen and immunization date.

Not acceptable:

- A note the "member is up to date" with all immunizations but does not list the dates and names of all immunizations.

Annual flu shots protect members from serious illness and help prevent spreading the flu to others.

¹HEDIS – Healthcare Effectiveness Data and Information Set.

Adult Immunization Status (AIS-E) Influenza (cont.)

Codes

Use the appropriate service codes when billing for AIS-E influenza

Influenza vaccines
CPT Copyright 2024 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Descriptor	Codes
Adult influenza immunization	CVX ² : 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205, 3320
Adult influenza vaccine procedure	CPT: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694, 90756 SNOMED CT: 86198006
Influenza virus LAIV immunization	CVX: 111, 149
Influenza virus LAIV vaccine procedure	CPT: 90660, 90672 SNOMED CT: 787016008

Best practices

Annual flu vaccine - Getting a flu vaccine can help protect patients from developing a serious case of the flu.³

While it may not always prevent infection, it often makes symptoms milder and lowers the chance of needing a hospital stay. Below are a few clinical approaches you can use during flu season:

Empower staff

Designate a “flu lead” to plan and implement these strategies:

- Identify strategies that can be easily used in your clinic or practice.
- Assign tasks to each employee.
- Develop a plan to implement more strategies over time.

Train all staff to communicate about the flu vaccine:

- Use the “presumptive approach” to set the tone that getting a flu vaccine is routine.
- Assume that patients will get vaccinated.
- Discuss sick visits as an opportunity to immunize and under what circumstances patients should be vaccinated.
- Encourage staff to use every interaction to promote the flu vaccine. For example:
 - Front desk personnel can share a vaccine information statement ahead of time via email or at check-in.
 - Medical assistants can encourage vaccination.
 - If patient declines, the provider can ease specific concerns.

²Clinical Vaccines Administered “CVX” is a standardized code set maintained by the CDC and used in medical billing, immunization records, and electronic health systems. CVX code is a numeric identifier that represents the type of vaccine product administered to a patient. It does not specify the manufacturer or brand name, but rather the general vaccine formulation (e.g., influenza, hepatitis B, MMR). The full list of CVX codes are available on the CDC website at <https://www2.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cvx>.

³Sources: The Centers for Disease Control and Prevention, the California Department of Public Health, the Center for Advanced Hindsight and the Centene Center for Health Transformation

Adult Immunization Status (AIS-E) Influenza (cont.)

Best practices, continued

Enhance clinical workflow

Leverage the electronic health record or immunization registry to screen all patients:

- Prior to the first patient of the day, generate a list of scheduled patients who still need a flu vaccine.
- Use prompts/flags to remind clinicians when patients are due for a vaccine.
- Encourage medical assistants to use routing slips or other reports to remind physicians to offer the flu vaccine to patients.

Make it easy for patients to get their flu vaccine:

- Administer flu vaccines and any other vaccines at all appointments, including sick visits.
- Consider co-administering with the current COVID-19 vaccine.
- Start scheduling flu vaccine appointments early; prioritize high-risk patients and children who may need two doses.
- If possible, consider vaccine-only, drive-up weekend, or evening appointments.

Additional considerations:

- Vaccine hesitancy is only a small part of the puzzle. Some people have significant anti-vaccine attitudes, while a much larger population simply does not prioritize vaccination. This latter group should be the ideal target of vaccination campaigns.
- Make getting a vaccine worthwhile. Since vaccination is a matter of motivation, consider using financial reward incentives or other creative ideas to spur uptake.
- Focus on every aspect of the vaccine process. An ideal vaccine uptake program should include these components:
 - Remind patients when they are due for a vaccine.
 - Educate patients about the risks of disease.
 - Remind providers via electronic health records when patients vaccines are due.