

Immunizations for Adolescents (IMA)

Learn how to improve your Immunizations for Adolescents HEDIS¹ rates by using this tip sheet for key details about the measure, codes and guidance for documentation.



Measure

Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday².

Exclusions

- Members who are in hospice or using hospice services anytime during the measurement year.
- Members who died any time during the measurement year.

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Vaccines Required for Combination-2 (IMA-2) Series		
Description	Requirements	Code
At least one meningococcal serogroups A, C, W, Y vaccine	Give vaccine on or between the member's 11th and 13th birthdays	90619, 90733, 90734
At least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine	Give vaccine on or between the member's 10th and 13th birthdays	90715
At least two human papillomavirus (HPV) vaccines, with at least 146 days apart between the two vaccines, or at least three HPV vaccines	Give each dose on different dates of service on or between the member's 9th and 13th birthdays	90649, 90650, 90651
Combination 1 (Meningococcal, Tdap)	Members who are compliant for both the meningococcal and Tdap indicators	N/A
Combination 2 (Meningococcal, Tdap, HPV)	Members who are compliant for all three indicators (meningococcal, Tdap, HPV)	N/A

¹ HEDIS – Healthcare Effectiveness Data and Information Set.

² NCQA. HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

Anaphylaxis due to vaccine	Any time on or before the member's 13th birthday	SNOMED CT: 428301000124106 (Meningococcal), 428291000124105 (Tdap), 428241000124101 (HPV),
Encephalitis due to vaccine	Any time on or before the member's 13th birthday	SNOMED CT: 192710009 (Tetanus), 192711008 (Diphtheria), 192712001 (Pertussis)

Best Practices

- Educate staff to reach out to patients to schedule well-care visits and vaccines between the ages of 9 and 12.
- Use appointment reminders for well-care visits and vaccines.
- Consider offering drop-in hours, after-hours, or weekend appointments for member convenience.
- Create alerts within your electronic health record (EHR) to indicate when the vaccines are due.
- Implement standing orders for adolescent vaccines so that patients may complete vaccines through a nurse visit.
- Educate families on the importance of these vaccines (use of motivational interviewing).
- Address vaccine hesitancy in parents by answering their questions and using fact-based educational materials.
- Document and submit claims in a timely manner and with the correct codes.
- Document all vaccines given with the date of service.
- Missing HPV vaccines are the primary reason for noncompliance:
 - Provide 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-care and sick visits.
 - Schedule the second HPV appointment when giving the first HPV vaccine.
 - HPV rates are now reported for both females and males.
- Reduce over-vaccination and ensure timely data submission by providing all completed vaccinations to the immunization registries (CAIR2, RIDE, PHIMS, SDIR, etc.).
- Meningococcal recombinant (serogroup B) vaccines do not count. Be sure your vaccination claims and records are clear about which meningococcal vaccine was given.
- Bill exclusionary diagnosis codes and dates given when applicable.
- Complete CDC's "[You Call the Shots](#)" interactive web-based immunization training course (receive continuing education credit upon completion).