

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).
- Immunizations from state registries, including the North Carolina Immunization Registry (NCIR).
- 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.

Continued on page 2

Immunization Schedule

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

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

● Range of recommended ages for certain high-risk groups

Continued on page 3

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.

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.

Continued on page 4

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 network.carolinacompletehealth.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.

CPT codes, descriptions and other data only are copyright 2021 American Medical Association. All Rights Reserved.