HEDIS[®] Tip Sheet Childhood Immunization Status (CIS-E)

Note: Effective 2025, CIS measure will be retired and only the CIS-E measure will be reported.

Measure Description

The percentage of children 2 years of age who had the following vaccines by their second birthday:

- One MMR (Measles, Mumps, Rubella)
- One Hep A (Hepatitis A)
- One VZV (Varicella)
- Two flu (influenza) vaccines
- Two or three RV (Rotavirus)

- Three Hep B (Hepatitis B)
- Three IPV (Polio)
- Three HiB (Haemophilus Influenza Type B)
- Four DTaP (Diphtheria, Tetanus, Acellular Pertussis)
- Four PCV (Pneumococcal)
- MMR: Members also meet measurement criteria if there is a history of ALL the following (on the same or different date of service) any time on or before the child's second birthday: measles, mumps, and rubella illness (Do not include laboratory claims POS: 81.)
- **HepA:** Members also meet measure criteria if there is a history of Hepatitis A illness anytime on or before the child's second birthday (Do not include laboratory claims POS: 81.)
- VZV: Vaccinations must have different dates of service. Members also meet measurement criteria if there is a history of chicken pox (VZV) illness any time on or before the child's second birthday.
- Influenza: Vaccinations must have different dates of service. Do NOT count a vaccination administered prior to 180 days after birth. NOTE: An influenza vaccination recommended for children 2 years and older administered on the child's second birthday meets criteria for one of the two required vaccinations.
- **RV:** Vaccinations must have different dates of service. Do **NOT** count a vaccination administered prior to 42 days after birth. Members meet measure criteria if **ANY** of the following occur on or before the child's second birthday: At least two doses of the two-dose rotavirus (RV) vaccine **OR** at least three doses of the three-dose rotavirus (RV) vaccine **OR** at least two doses of the three-dose rotavirus (RV) vaccine and at least two doses of the three-dose rotavirus (RV) vaccine **OR** at least two doses of the three-dose rotavirus (RV) vaccine and at least two doses of the three-dose rotavirus (RV) vaccine.
- **HepB:** Vaccinations must have different dates of service (One of the three vaccinations can be a newborn HepB during the eight-day period that begins on the date of birth and ends seven days after the date of birth.) Members also meet measurement criteria if there is a history of Hepatitis B illness (Do not include laboratory claims POS: 81.)
- IPV, HiB, DTaP, and PCV: Vaccinations must have different dates of service. Do NOT count a vaccination administered prior to 42 days after birth.

Note: MMR, VZV and Hep A vaccinations must be administered on or between the child's first and second birthdays to meet this measure's criteria.

Product Lines: Commercial, Medicaid, Exchange



Codes Included in the Current HEDIS® Measure

Codes to Identify Childhood Immunizations

Description	Code
DTaP	CPT: 90697, 90698, 90700, 90723
	CVX: 20, 50, 106, 107, 110, 120, 146, 198
IPV	CPT: 90697, 90698, 90713, 90723
	CVX: 10, 89, 110, 120, 146
MMR	CPT: 90707, 90710
	CVX: 03, 94
	ICD-10: B05.0-B05.4, B05.81, B05.89, B05.9, B06.00-B06.02, B06.09, B06.81, B06.82,
	B06.89, B06.9
HiB	CPT: 90644, 90647, 90648, 90697, 90698, 90748
	CVX: 17, 46-51, 120, 146, 148, 198
Hepatitis A	CPT: 90633
	CVX: 31, 83, 85
	ICD-10: B15.0, B15.9
Hepatitis B	CPT: 90697, 90723, 90740, 90744, 90747, 90748
	CVX: 08, 44, 45, 51, 110, 146, 198
	HCPCS: G0010
	ICD-10: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11
VZV	CPT: 90710, 90716
	CVX: 21, 94
	ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-
	B02.24, B02.29-B02.34, B02.39, B02.7-B02.9
Pneumococcal conjugate	CPT: 90670, 90671, 90677
	CVX: 109, 133, 152, 215, 216
	HCPCS: G0009
Rotavirus Vaccine (2 Dose	CPT: 90681
Schedule) Procedure	
Rotavirus Vaccine (3 Dose	CPT: 90680
Schedule) Procedure	CVX: 116, 122
Influenza Immunization	CPT: 90655, 90657, 90661, 90673, 90674, 90685-90689, 90756
	CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186
Influenza Virus LAIV	CPT: 90660, 90672
Immunization	CVX: 111, 149

Ways Providers can Improve HEDIS® Performance

- Review the child's immunization record before every visit and administer needed vaccines.
- Leverage synchronous telehealth visits to engage with parents or caregivers about the importance of timely childhood vaccinations and arrange appointments for immunization.
- Recommend immunizations to parents or caregivers as they are more likely to agree with vaccinations when supported by their provider.
- Address common misconceptions about vaccinations (e.g., now disproven MMR causes autism).
- For tips on effectively communicating to parents regarding the importance of vaccinations, go to the CDC website at: https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html.
- Utilize the appropriate codes to record compliance and reduce the need for medical record requests.
- Ensure patient vaccination record is complete and accurate even if your office did not provide the vaccine.

The Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a registered trademark of NCQA. The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*. The adjusted measure specification may be used only for internal quality improvement purposes. Updated 1/28/2025.



Ways Health Plans can Improve HEDIS® Performance

- Educate members on the importance of vaccinations. Address common misconceptions about vaccinations (e.g., now disproven MMR causes autism).
- Remind members of timing for vaccines.
- Send birthday cards that provide the immunization schedule and stress the importance of keeping children immunized in a timely manner.
- Ensure access to and utilize state immunization registry files/feeds.
- Audit, identify, and educate top 10 providers with open immunization gaps.

Required Exclusions

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year.
- Members who die any time during the measurement year.
- Members who had any of the following on or before their second birthday: HIV, severe combined immunodeficiency, immunodeficiency, lymphoreticular cancer, multiple myeloma or leukemia, intussusception. Do not include laboratory claims (POS: 81).
- Members with an anaphylactic reaction to a vaccine or its components can be excluded from any vaccine.
- Members who had a contraindication to a childhood vaccine on or before their second birthday: Contradictions to Childhood Vaccines Value Set or Organ and Bone Marrow Transplants Value Set.

The Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a registered trademark of NCQA. The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*. The adjusted measure specification may be used only for internal quality improvement purposes. Updated 1/28/2025.



All summaries of the measures contained herein are reproduced with permission from HEDIS[®] Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA).

The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can be performed by a qualified medical professional. Molina Healthcare, Inc. does not warrant or represent that the information contained herein is accurate or free from defects.

COPYRIGHT NOTICE AND DISCLAIMER

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA). The HEDIS measures and specifications were developed by and are owned by NCQA. NCQA holds a copyright in these materials and may rescind or alter these materials at any time. Users of the HEDIS measures and specifications shall not have the right to alter, enhance or otherwise modify the HEDIS measures and specifications, and shall not disassemble, recompile or reverse engineer the HEDIS measures and specifications. Anyone desiring to use or reproduce the materials, subject to licensed user restrictions, without modification for an internal non-commercial purpose may do so without obtaining any approval from NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. All other uses, including a commercial use (including but not limited to vendors using the measures and specifications with a product or service to calculate measure results), or any external reproduction, distribution and publication of the HEDIS measures or results ("rates") therefrom must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program.

HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA also makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on HEDIS measures and specifications or data reflective of performance under such measures and specifications.

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.

CPT^{*} codes, descriptions and other data are copyright 2024 American Medical Association (AMA). All rights reserved. CPT is a trademark of the AMA. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Health Care Provider Taxonomy Code Set codes copyright 2024 AMA. The codes are published in cooperation with the National Uniform Claim Committee (NUCC) by the AMA. Applicable FARS/DFARS restrictions apply.

The American Hospital Association holds a copyright to the Uniform Billing Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. All uses of the UB Codes may require a license from the AHA. Specifically, anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@aha.org.

The American Dental Association (ADA) holds a copyright to the Current Dental Terminology (CDT) codes contained in certain measure specifications. The CDT codes in the HEDIS specifications are included with the permission of the ADA. All uses of the CDT codes require a license from the ADA. No alteration, amendments, or modifications of the CDT or any portion thereof is allowed. Resale, transmission, or distribution of copies of the CDT or other portions of the CDT is also not allowed. To inquire about licensing, contact CDT-SNODENT@ada.org.

Some measure specifications contain coding from LOINC[®] (<u>https://loinc.org/</u>). The LOINC table, LOINC codes, LOINC panels and form file, LOINC linguistic variants file, LOINC/RSNA Radiology Playbook, and LOINC/IEEE Medical Device Code Mapping Table are copyright © 1995–2024 Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee and are available at no cost under the license at https://loinc.org/kb/license/.

"SNOMED" and "SNOMED CT" are registered trademarks of the International Health Terminology Standards Development Organisation (IHTSDO).

The CDC Race and Ethnicity code system was developed by the U.S. Centers for Disease Control and Prevention (CDC). NCQA's use of the code system does not imply endorsement by the CDC of NCQA, or its products or services. The code system is otherwise available on the CDC website at no charge.

Certain NullFlavor codes are owned and copyrighted by Health Level Seven International (HL7^{*}); 2024. "HL7" is a registered trademark of Health Level Seven International.

RadLex copyright 2014, The Radiological Society of North America (RSNA), all rights reserved. Licensed under RadLex License Version 2.0. You may obtain a copy of the license at: http://www.rsna.org/radlexdownloads/ This work is distributed under the above noted license on an "AS IS" basis, WITHOUT WARRANTIES OF ANY KIND, either express or implied. Please see the license for complete terms and conditions.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording or any information storage and retrieval system, without the written permission of NCQA.

© 2024 by the National Committee for Quality Assurance 1100 13th Street NW, Third Floor, Washington, DC 20005

The Healthcare Effectiveness Data and Information Set (HEDIS[®]) is a registered trademark of NCQA. The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS*. The adjusted measure specification may be used only for internal quality improvement purposes. Updated 1/28/2025.

