



Aetna Better Health[®] of Kansas

HEDIS[®] News you can use



Improving Childhood and Adolescent Immunizations

Lead screening in children (LSC)

Measure requirements:

Children who turn two years of age in the measurement year and receive one or more capillary or venous lead blood tests **by their second birthday**.

Coding requirements:

Lead testing codes: 83655 LOINCS available by contacting Quality Management

Childhood immunization schedule (CIS)

Measure requirements:

Children who turn two years of age in the measurement year and receive the following immunizations **by their second birthday**:

- 4 DTaP, 4 PCV
- 3 IPV, 3 HIB, 3 Hep B
- 1 MMR, 1 VZV, 1 Hep A
 - MMR, VZV, and Hep A must be given on or between the first & second birthday
- 2 or 3 Rotavirus (Rotateq vs Rotarix)
 - Rotavirus documentation should differentiate between a 2-dose or 3-dose vaccine (i.e.,

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GlaxoSmith/Merck, Rotarix/ Rotaeq, 2-dose or 3-dose)

- 2 Influenza

Coding requirements:

DTaP Vaccine: 90697, 90698, 90700, 90723

IPV Vaccine: 90697, 90698, 90713, 90723

MMR Vaccine: 90707, 90710

Hib Vaccine: 90644, 90647, 90648, 90697, 90698, 90748

Hep B Vaccine: 90697, 90723, 90740, 90744, 90747, 90748

VZV Vaccine: 90710, 90716

PCV Vaccine: 90670

RV Vaccine: 90681 (2 dose), 90680 (3 dose)

Flu Vaccine: 90655, 90657, 90660, 90661, 90672, 90673, 90685-90689



Immunizations for adolescents (IMA)

Measure requirements:

Adolescents that turn 13 years of age in the measurement year and receive the following immunizations by their 13th birthday:

- 1 Meningococcal *between 11th and 13th birthday.*
 - Meningococcal recombinant (serogroup B, Men B is not compliant for HEDIS).
- 1 Tetanus, diphtheria toxoids and acellular pertussis (Tdap) *on or between the 10th and 13th birthday.*
 - Td is not compliant for HEDIS
- At least 2 HPV vaccines *on or between the 9th and 13th birthday.*
 - There must be at least 146 days between the first and second dose.
 - Required for females AND males

Coding requirements:

Meningococcal: 90619, 90733, 90734

Tdap: 90715

HPV: 90649-90651

Common Reasons for Gaps in Care:

- Birth Hep B missing in claims and medical record.
- An administered 2-dose rotavirus not documented as a 2- dose (i.e. Glaxosmith Kline, Rotarix, Monovalent).
- Influenza and rotavirus series missing or not fully completed.

- Rotavirus series has more narrow Center for Disease Control (CDC) recommendation window for series completion.
- 4th DTap and 4th Pneumococcal vaccines not completed.
- Lead testing and CIS vaccines administered after the 2nd birthday.
- Lead testing completed, but no result.
- Tdap, MCV and/or final dose of HPV given after age 13.
- Incomplete HPV series.
- MCV given before age 11.
- Adolescents don't often seek care unless injured/sick.
- HEDIS requires more than what is required by school (i.e., flu, rotavirus, HPV).
- Immunizations given at other offices or health departments not billed or documented medical record.

Best Practices

- Record all immunizations in the state registry.
- Code accurately—Proper coding ensures compliance.
- Use each visit to review vaccines and catch-up missing vaccines.
- Schedule two-year well-child visits on or before the second birthday
- Document the date of the first Hep B given at the hospital.
- Differentiate between a 2-dose or 3-dose rotavirus vaccine (i.e. GlaxoSmithKline/Merck, Rotarix/RotaTeq, Monovalent/Pentavalent, 2-dose/3-dose).
- Avoid missed opportunities—recommend the HPV vaccine the same way and on the same day that you recommend other adolescent vaccines.
- Discuss HPV vaccinations in terms of cancer prevention. The HPV vaccine is most effective *before* sexual activity begins.
- Obtain immunization records from other offices and health departments.
- Provide CDC information.
- Contact members on your Gap in Care report to schedule appointments for needed vaccines.
- Document all refusals (NOTE: this does not count towards compliance, but it does prevent additional outreach to the office attempting to capture the immunizations).
- Obtain results of blood lead tests that are performed at an onsite lab, health department, and/or WIC office and place in medical record.
- Options exist for in-office testing including blood lead analyzer testing.
- Send all sources of vaccine documentation during HEDIS medical record review.

Patients trust you - Patients consider you their most trusted source of information when it comes to their health. When talking to patients, encourage and allow time for questions.

Thank you for the care you provide to our members

For questions or for more information, please contact Quality Management Department at **ABHKS_QM_Operations@aetna.com**.