

## Childhood Immunization Status (CIS) Lead Screening in Children (LSC)

### Patient Profile

MVP members two years of age during the current calendar year and who have received the recommended immunizations and lead screenings on or before their second birthday.



### How to Implement Best Practices and Improve Performance

- Consider creating Care-Contracts in order to establish agreement with parent(s) or guardian(s) on preventive visits and vaccines.
- Access the Centers for Disease Control and Prevention's (CDC) online learning program: *You Call the Shots* for vaccine best practices and CEUs. Visit [cdc.gov](http://cdc.gov) and select *Healthy Living*, then *Vaccines & Immunizations* to learn more.
- Consult the CDC web-based publication: *Talking with Parents about Vaccines for Infants*.
- Improve procedures to eliminate missed opportunities to vaccinate. Be sure to assess immunization needs at every clinical encounter, including sick visits, F/U visits, child-care physicals, weight checks, etc.
- Document all refusals and related parent or guardian education such as VIS and discussions/outcomes. Include refusals on the immunization record.
- Require refusing parent(s) or guardian(s) to sign a Refusal to Vaccinate form to accept the risks of refusal.
- Studies show that the recommendations of a PCP are the most powerful of all parent or guardian influences. Focus on enhanced education to improve the understanding of the potential consequences of not having a child fully immunized. Refer to the CDC publication: *If You Choose Not to Vaccinate Your Child; Understand the Risks and Responsibilities*, by visiting [cdc.gov](http://cdc.gov) and selecting *Healthy Living*, then *Vaccines & Immunizations*. Leave copies of this publication in waiting areas and exam rooms. Continue the dialog at every encounter with parent(s) or guardian(s) who have previously refused vaccines. Unnecessary fears and objections may be overcome during future visits. Help them understand the effect on pregnant women, infants, and the elderly if their child contracts a disease that would have been preventable by a vaccination.
- Since all childhood vaccines and lead testing can be completed by the 15th month, formally check all patients' immunization/lead status report at 12 months of age to allow time to catch up by the second birthday. Refer to the CDC's: *Catch-Up Vaccine Schedule* by visiting [cdc.gov](http://cdc.gov) and selecting *Healthy Living*, then *Vaccines & Immunizations*. Many insufficiently immunized children are just one vaccine away from complete on-time coverage.
- Consider tracking the on-time fourth DTaP dose as an end-point vaccine, and administer all of the remaining recommended vaccines at that visit.
- Avoid documenting as "up-to-date" on vaccines unless all HEDIS required immunizations have been given by the second birthday. These should include Hep A, a 2–3 dose Rotavirus schedule, and Influenza vaccines.



## How Practice Managers, Clinical Coordinators, and Office Champions Can Collaborate to Implement Best Practices and Improve Performance

- Elect an office “champion” for immunizations to allow for close tracking of missed vaccines and to develop quality improvements to evaluate your immunization rates.
- Appoint a subject matter expert to educate parents and staff on all things vaccine-related. Access the CDC’s online learning program: *You Call the Shots* for vaccine best practices and CEUs at [cdc.gov/vaccines](http://cdc.gov/vaccines).
- Consult the CDC web-based publication: *Talking with Parents about Vaccines for Infants*.
- Improve procedures to eliminate missed opportunities to vaccinate. Be sure to assess all immunization needs at every clinical encounter, including sick visits, F/U visits, child-care physicals, weight checks, etc.
- Make sure your immunization records include all vaccine doses that were ever given at any location, such as at hospitals or county health departments. Include a list of former providers. Include refusals with the date, contraindications with the date, and allergies. Include immune status (documented disease hx/+titres) for an at-a-glance concise source of information.
- Document all refusals and related parental education such as VIS and discussions/outcomes. Include refusals on the immunization record.
- Require refusing parents or guardians to sign a Refusal to Vaccinate form to accept the risks of refusal.
- Stock waiting areas and exam rooms with immunization educational materials, including the CDC publication: *If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities*, available at [cdc.gov/vaccines](http://cdc.gov/vaccines).
- Consider electronic systems in waiting areas and exam rooms for parent or guardian education.
- Develop electronic medical record alerts for staff to address delinquent vaccines. Establish an office culture that is responsive to alerts.
- Establish recall and reminder systems for parents or guardians. For example, use postcards, phone calls, texts, emails, or patient portal notifications.
- Provide Immunization tracking booklets for parent(s) or guardian(s) to visually reinforce a child’s vaccine status, and to promote active participation by parent(s) or guardian(s).
- Consider periods of extended morning, evening, and weekend hours to conduct vaccine clinics to help working parent(s) or guardian(s) to minimize time away from work. In addition, suggest parent(s) or guardian(s) carpool to vaccine clinics.
- Work with county public health departments to identify barriers to immunization and offer resources to address these barriers.
- Hold free educational sessions to address immunization education in groups where peer support may help drive the decision to vaccinate. Some ideas for locations might be in an office, in a child-care setting, elementary school, or during parent’s night meetings. Include information on the prevention of lead poisoning and the need for lead screening. Consult [health.ny.gov/lead](http://health.ny.gov/lead) for more information.
- Conduct point-of-care Lead testing to facilitate completion of the test.
- Establish a Flu Prevention Program and offer clinics several times during the flu season.
- Schedule the next vaccine appointment before parent(s) or guardian(s) leave any visit to your office.
- Make appointment confirmation phone calls for children scheduled for vaccines. Also make re-scheduling calls for those who were no-shows for an immunization visit.
- For new patients to the practice, ask parent(s) or guardian(s) to bring immunization records from all former providers to their initial visit. Consult your state’s Immunization Information System to cross reference, if available in your area. If parent(s) or guardian(s) do not comply, obtain the former practice name and request the records for the next scheduled visit. Immunize with, or without the records, but continue to make the effort to locate them.
- Establish a culture of vaccine communication with all other disciplines such as WIC, PT, ST, OT, CPS, LCSWs, and other specialists involved in the health care of the child.

- Since all childhood vaccines and lead testing can be completed by 15 months, formally check all of the patients' immunization/lead status report at 12 months of age in order to allow time to catch up by the second birthday. Refer to the CDC's: **Catch-Up Vaccine Schedule**, available at [cdc.gov/vaccines](https://www.cdc.gov/vaccines). Many children that are not completely immunized are just one vaccine away from complete on-time coverage. Consider tracking the on-time fourth DTaP dose as an end-point vaccine, and administer all remaining recommended vaccines at that visit.
- Enter all administered vaccine doses to your regional Immunization Information System and make use of the Immunization Information System list of delinquent vaccines prior to each visit.

*Information related to all 2019 HEDIS measures has been extracted from the NCQA 2019 HEDIS Technical Specifications Volume 2.*

## Billing Codes

### CPT Codes

DTaP: 990698, 90700, 90721, 90723  
HiB: 90644-90648, 90698, 90721, 90748  
Hep A: 90633  
Hep B: 90723, 90740, 90744, 90747-90748  
IPV: 90698, 90713, 90723  
Influenza: 90655, 90657, 90661-90662, 90685, 90686, 90687, 90688  
Lead Screening: 83655  
Measles: 90705  
Mumps: 90704  
Rubella: 90706  
Measles/Rubella: 90708  
MMR: 90707, 90710  
PCV: 90669, 90670  
VZV: 90710, 90716  
Rotavirus (2) Dose: 90681  
Rotavirus (3) Dose: 90680

### HCPCS Codes

Hep B: G0010  
Influenza: G0008  
PCV: G0009