

Immunizations for Adolescents (IMA)

Patient Profile

The percentage of MVP members 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 birthday. The measure calculates a rate for each vaccine and two combination rates.

Best Practices for Providers: Immunizations for Adolescents

- Administer at least one meningococcal serogroups A, C, W, Y vaccine with a date of service on or between the member's 11th and 13th birthday.
- Administer at least one Tdap vaccine with a date of service on or between the member's 10th and 13th birthday.
- For HPV, if administering the two-dose vaccine series, they must have dates of service at least 146 days apart on or between the member's 9th and 13th birthday. If administering the three-dose HPV vaccine, then they must have different dates of service on or between the member's 9th and 13th birthdays.
- Assess immunization needs at every clinical encounter including sick visits, follow-up visits, well child visits, annual/sports physicals, weight checks, etc.
- Ensure that immunization records include all vaccine doses that were ever given at any location, such as hospitals or county health departments; also include in documentation:
 - All former providers
 - Refusals including date
 - Contraindications including date
 - Allergies
 - Immune status (documented disease hx/+titres) for an at-a-glance concise source of information
- Establish office procedures to help eliminate missed opportunities to vaccinate:
 - Enter all administered vaccine doses into your regional Immunization Information System and review the list of delinquent vaccines prior to each visit
 - Develop electronic medical record alerts for staff to address delinquent vaccines
 - Elect an office “champion” to track missed vaccines and evaluate practice immunization rates
 - Send appointment confirmations to parents/guardians with postcards, phone calls, texts, emails, or patient portal notifications
 - Incorporate periods of extended morning, evening, and weekend hours to conduct vaccine clinics to accommodate parents/guardians who work or are in school
 - Reschedule appointments for those who were no-shows for a vaccine visit
 - Schedule the child’s next vaccine appointment before parent/guardian leaves any visit to your office
 - For new patients to the practice, ask parents/guardian to bring immunization records from all former providers to their initial visit
- Hold free educational sessions to address immunization education in groups where peer support may help drive the decision to vaccinate.
- 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.

- Document all parent/guardian vaccine refusals in the immunization record; continue to educate and discuss the importance of adolescent immunizations at every encounter with parents/guardians who have previously refused vaccines.
- Work with county public health departments to identify barriers to immunize and offer resources to address these barriers.
- For additional tools and resources for best practices and CEUs, visit **cdc.gov**, select Healthy Living, then Vaccines & Immunizations:
 - Catch-Up Vaccine Schedule
 - You Call the Shots
 - Talking with Parents about Vaccines
 - If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities

2021 Coding for Immunizations for Adolescents (IMA)

Codes for IMA	Use of any of the following codes will determine the members that received the required immunizations for IMA.
HPV Immunization	CVX: 62, 118, 137, 165
HPV Vaccine Procedure (Use code that indicates two-dose vaccine series or three-dose series.)	CPT: 90649-90651 SNOMED CT US: 428570002, 428741008, 428931000, 429396009, 734152003, 734154002, 99501000119107, 140611000119104, 16300531000119107
Meningococcal Immunization	CVX: 108, 114, 136, 147, 167
Meningococcal Vaccine Procedure	CPT: 90734 SNOMED CT US: 390892002
Tdap Immunization	CVX: 115
Tdap Vaccine Procedure	CPT: 90715 SNOMED CT US: 428251000124104
Exclusions from IMA	The following codes excludes members from this measure.
Anaphylactic Reaction Due To Serum	ICD-9 CM: 999.4 SNOMED CT US: 213320003
Anaphylactic Reaction Due to Vaccination	ICD-10 CM: T80.52XA, T80.52XD, T80.52XS ICD-9 CM: 999.42 SNOMED CT US: 428241000124101, 428281000124107, 428291000124105, 428301000124106, 428321000124101, 428331000124103, 433621000124101
Encephalopathy Due To Vaccination (For Tdap)	ICD-10 CM: G04.32 ICD-9 CM: 323.51 SNOMED CT US: Multiple codes including but limited to 192704009, 192705005, 192707002, 192708007, 192710009, 192711008, 192713006, 192714000, 192716003, 192717007, 192719005, 192720004, 192722007, 192723002
Hospice Encounter	HCPCS: G9473-G9479, Q5003-Q5008, Q5010, S9126, T2042-T2046 SNOMED CT US: 183919006, 183920000, 183921001, 305336008, 305911006 UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-8 HCPCS: G08182 SNOMED CT US: 170935008, 170936009, 385763009

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Vaccine Causing Adverse Effect	ICD-10 CM: T50.A15A, T50.A15D, T50.A155
	ICD-9 CM: E948.4-.E948.4-6
	SNOMED CT US: Multiple codes including but not limited to 219084006, 219085007, 287180004, 288309006, 293104008, 293127000, 420113004, 429301000124101, 451331000124106, 15920121000119103