

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

- Eliminate missed opportunities to vaccinate. Be sure to assess immunization needs at every clinical encounter, including sick visits, follow-up (F/U) visits and sports physicals.
- Document all related parental education such as distribution of Vaccine Immunization Statements (VIS), discussions and outcomes in office notes.
- Require vaccine-refusing parents/guardians to sign a “Refusal to Vaccinate” form to accept the risks of refusal and to underscore its implications. If they also refuse to sign the form, a witness to the refusal should document such in the medical record.
- Studies show that the recommendations of a Primary Care Physician (PCP) are the most powerful of all parent or guardian influences. Educate families to improve the understanding of the potential consequences of not having a child immunized. Refer to the Center for Disease Control (CDC) publication: *If You Choose Not to Vaccinate Your Child; Understand the Risks and Responsibilities*, by visiting 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 parents/guardians who have previously refused vaccines, as fears and objections may be overcome during future visits through ongoing discussion. Help them understand the effect on pregnant women, infants, and the elderly if their child contracts a vaccine preventable disease.
- Make an effective recommendation for the Human Papillomavirus (HPV) vaccine on the “*Same Day in the Same Way*” as Tdap and Meningococcal: “Now that your child is 11, he is due for three important vaccines. The first is to prevent meningitis, a rare infection, but potentially fatal. The second is to prevent a very common infection, HPV, that can cause several kinds of cancer. The third is a tetanus booster which also protects against whooping cough. Do you have any questions for me?” (Temte JL, *Pediatrics* 2014; Brewer, et al. *Pediatrics* 2017)
- 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. At least one Tdap vaccine with a date of service on or between the member's 10th and 13th birthday. For HPV, if giving the two vaccine series they must have dates of service at least 146 days apart on or between the member's 9th and 13th birthday. If doing the three dose HPV vaccine then they must have different dates of service on or between the member's 9th and 13th birthdays.
- Avoid these common chart deficiencies: Immunizations received after the 13th birthday; Missing immunization records from other locations such as a vaccine clinic or other provider/specialist; Documentation of contraindications/reactions/allergies or parental refusal is missing. Consider integrating these data elements into your immunization record for a concise at-a-glance picture of all factors related to a member's immunization status. Always cross reference with your immunization information system.



Best Practices for Office Managers, Clinical Coordinators, Office Champions

- Assign an immunization “champion” for your practice who can serve as a steward and advocate of vaccines. The champion should closely track missed vaccines and develop quality improvements to increase your immunization rates.
- Consider adopting “standing orders” for immunizations to instruct staff to give specific vaccines to all eligible patients; include contraindications in the standing orders.
- 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, and sports physicals.
- Implement daily clinical team meetings, or “huddles” to improve the quality of care delivered. Incorporate immunization planning in these meetings to increase vaccine rates. Distribute the daily patient roster and the vaccines due at the daily huddle. Use huddle time to identify any issues with vaccine stock or VIS/educational materials.
(In general, huddles can be focused on any specific HEDIS measure for which the practice needs improved rates).
- Leverage the clinical tools provided by your state’s immunization registry. For example, the New York State Immunization Information System (NYSIIS) allows practices to customize their own reports so that your practice can quickly and easily create a list of adolescent patients who have been fully immunized and meet this measure.
- Develop electronic medical record alerts or manual chart flagging systems for clinicians to address delinquent vaccines. Establish an office culture that is responsive to alerts.
- Task your office champion 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](https://www.cdc.gov/vaccines).
- Consult the CDC web-based publication: *Talking with Parents about Vaccines* at [cdc.gov/vaccines](https://www.cdc.gov/vaccines).
- Make sure your immunization records include all vaccine doses that were ever given at any location, such as at vaccine clinics or other providers/specialists. **Cross reference** your own records with your state’s Immunization Information System (i.e. NYSIIS or Vermont’s IMR system). Document all refusals and contraindications on the immunization record. Include allergies or prior reactions on the record for an at-a-glance, concise source of vaccine status.
- Document all related parental education such as distribution of Vaccine Immunization Statements (VIS), discussions, and outcomes in office notes.
- Require vaccine 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](https://www.cdc.gov/vaccines).
- Consider electronic systems in waiting areas and exam rooms for parent/guardian/patient education about recommended vaccines.
- Consider periods of extended morning, evening, and weekend hours to conduct vaccine clinics. Family-friendly office hours can help working parents/guardians to minimize time away from work and can better accommodate adolescents’ school/sports/practice schedules. In addition, suggest parents/guardians carpool to your vaccine clinics.
- Schedule the next vaccine appointment before parents/guardians/patients leave any visit to your office.
- Establish recall and reminder systems for parents/guardians. Use postcards, phone calls, texts, emails, or patient portal notifications to alert parents/guardians of upcoming appointments, and to reschedule missed appointments. Regional Immunization Information systems also send parents and caregivers reminders when an immunization has been missed.
- Enter all administered vaccine doses to your regional Immunization Information System. Make use of its list of delinquent vaccines in preparation for each office visit.
- Work with county public health departments to identify barriers to immunization and offer resources to address these barriers. Partner with your county public health agency to coordinate 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 your office or a school health office, at parent’s nights, PTA meetings, etc.

2020 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	CPT: 90649-90651
Meningococcal Immunization	CVX: 108, 114, 136, 147, 167
Meningococcal Vaccine Procedure	CPT: 90734
Tdap Immunization	CVX: 115
Tdap Vaccine Procedure	CPT: 90715
Exclusions from IMA	The following codes excludes members from this measure.
Anaphylactic Reaction Due To Serum	ICD-9 CM: 999.4
Anaphylactic Reaction Due to Vaccination	ICD-10 CM: T80.52XA, T80.52XD, T80.52XS
	ICD-9 CM: 999.42
Encephalopathy Due To Vaccination (For Tdap)	ICD-10 CM: G04.32
	ICD-9 CM: 323.51
Hospice Encounter	HCPCS: G9474-79, Q5003-8, Q5010, S9126, T2042-6
	UB Rev: 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
Hospice Intervention	CPT: 99377-8
	HCPCS: G08182
Vaccine Causing Adverse Effect	ICD-10 CM: T50.A15A, T50.A15D, T50A15S
	ICD-9 CM: E948.4-.E948.4-6