

2023 MCAS MEASURE: CHILDHOOD IMMUNIZATION STATUS – COMBO 10 (CIS-10)

Measure Steward: National Committee for Quality Assurance (NCQA)

Gold Coast Health Plan’s (GCHP) goal is to help its providers gain compliance with their annual Managed Care Accountability Set (MCAS) scores by providing guidance and resources. This tip sheet will provide the key components to the MCAS measure, “*Childhood Immunization Status – Combo 10 (CIS-10)*.”

Measure Description: *Children 2 years of age and under who completed their childhood immunizations before turning 2 in the measurement year. One dose of MMR, one dose of VZV, and one dose of Hep A must be given on or between the child’s first and second birthday. One dose of the flu vaccine can be an LAIV vaccination that must be administered on the child’s second birthday.*

▶ 4 DtaP/DTP	▶ 4 PCV
▶ 3 IPV	▶ 3 Hep B
▶ 3 Hib	▶ 2 or 3 Rotavirus
▶ 2 Influenza	▶ 1 Hep A
▶ 1 MMR	▶ 1 VZV

This measure follows the immunization guidelines from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Any exclusions to this measure must have occurred by the child’s second birthday.

Data Collection Method: Hybrid¹ / Administrative²

CIS Clinical Code Sets

- ▶ For billing, reimbursement, and reporting of services completed, submit claims timely with the appropriate medical codes for all clinical conditions evaluated and services completed.

Codes used to identify vaccines administered or evidence of disease.

Vaccine / Disease	ICD-10-CM*	ICD-10-PCS	CPT	HCPCS	CVX
Diphtheria, Tetanus, Pertussis (DTaP)			90697, 90698, 90700, 90723		20, 50, 106, 107, 110, 120, 146
Haemophilus Influenzae Type B (HiB)			90644, 90647, 90648, 90697, 90698, 90748		17, 46, 47, 48, 49, 50, 51, 120, 146, 148
Hepatitis A*	B15.0, B15.9		90633		31, 83, 85
Hepatitis B*	B16.0, B16.1, B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11	3E0234Z	90697, 90723, 90740, 90744, 90747, 90748	G0010	08, 44, 45, 51, 110, 146
Influenza			90655, 90657, 90661, 90673, 90674, 90685, 90686, 90687, 90688, 90689, 90660, 90672, 90756	G0008	88, 111, 140, 141, 149, 150, 153, 155, 158, 161, 171, 186
Inactivated Polio Vaccine (IPV)			90697, 90698, 90713, 90723		10, 89, 110, 120, 146
Measles*	B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9		90705		05



Vaccine / Disease	ICD-10-CM*	ICD-10-PCS	CPT	HCPCS	CVX
Mumps*	B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9		90704		07
Measles, Rubella			90708		04
Measles, Mumps, Rubella (MMR)			90707, 90710		03, 94
Pneumococcal Conjugate (PCV)			90670	G0009	109, 133, 152
Rotavirus			90680, 90681		119, 116, 122
Rubella	B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9		90706		06
Varicella Zoster (VZV)*	B01.0, B01.11, B01.12, B01.2, B01.81, 01.89, B01.9, B02.0, B02.1, B02.21, B02.22, B02.23, B02.24, B02.29, B02.30, B02.31, B02.32, B02.33, B02.34, B02.39, B02.7, B02.8, B02.9		90710, 90716		21, 94

* History of disease before the child's 2nd birthday meets criteria for evidence of antigen.

Exclusionary Criteria:

- Members receiving hospice care during the measurement year.
- Members who had a contraindication to a vaccine or one of the following conditions anytime during the member's medical history up to their second birthday.

Codes used to identify exclusions for the CIS measure.

Vaccine	Description	ICD-10-CM
Any Vaccine	Anaphylactic reaction to a vaccine	T80.52XA, T80.52XD, T80. 52XS
DTaP	Encephalopathy due to vaccine	G04.32
	Code with vaccine-adverse effect code	Adverse effect codes: T50.A15A, T50.A15D, T50.A15S

Vaccine	Description	ICD-10-CM
MRR, VZV, Influenza	Immunodeficiency	D80.0-D80.9, D81.0-D81.7, D80.89-D81.9, D82.0-D82.9, D83.0-D83.9, D84.0-D84.9, D89.3, D89.810-D89.9
	HIV	B20, Z21
	HIV Type 2	B97.35
	Malignant Neoplasm of the Lymphatic System	C81.00-C81.99, C82.00-C82.99, C83.00-C83.99, C84.00-C84.Z9, C85.10-C85.99, C86.0-C86.6, C88.2-C88.9, C90.00-C96.Z
Rotavirus	Severe combined immunodeficiency	D81.0, D81.1, D81.2, D81.9
	History of intussusception	K56.1
Polio (IPV)	Anaphylactic reaction to streptomycin, polymyxin B or neomycin	T88.6x (Use additional code to identify drug.)
Hepatitis B	Anaphylactic reaction to common baker's yeast	T78.0x

The Medical Record Must Include:

- A note indicating the name of the specific antigen and the date of the immunization; or
- A certificate of immunization prepared by an authorized health care provider or agency that includes specific dates and types of immunizations administered.

CIS Best Practices:

- ▶ Use the Inovalon® INDICES® Provider Insights Dashboards to identify members with gaps in care.
- ▶ Make outreach calls and/or send letters to advise members / parents of the need for a visit.
- ▶ The American Academy of Pediatrics (AAP) recommends health care professionals review a child's immunization record at every encounter to administer or schedule needed vaccines.
- ▶ Hold in-service staff meetings to educate team members about vaccines and correct common misconceptions.
- ▶ Provide resources to educate parents about the importance of vaccines and to correct any misinformation.
- ▶ Use available immunization registries and make sure staff have access to the [California Immunization Registry \(CAIR\)](#).
- ▶ Document all seropositive test results and illnesses of chicken pox, measles, mumps, and rubella with a note indicating the date of the event – all of which occur by the child's second birthday.
- ▶ For additional materials for clinical staff and parents, visit the California Department of Public Health [website](#).
- ▶ GCHP offers free health education services, materials, classes, and online resources to help members achieve a healthy lifestyle. Providers can contact the Health Education Department or refer patients / guardians / caregivers to the following information:
 - Providers, call: 1-805-437-5718
 - Members, call: 1-888-301-1228 / TTY 1-888-310-7347
 - GCHP Website, Health Education Resources (provided in English and Spanish): [Click Here](#)

¹ Measures reported using the *hybrid* data collection method report on a sample of the eligible population (usually 411) and use both administrative and medical record data sources to evaluate if services were performed.

² Measures reported using the administrative data collection method report on the entire eligible population and use only administrative data sources (e.g. claims, encounter, lab, immunization registries) to evaluate if services were performed.