PROVIDER QUALITY NEWSLETTER

JULY 2018



The July 2018 Episource Report is Posted!

The July Episource Report is posted at https:// hedis.episource.com/Account/Login and includes data up to 6/30/18. Now is the time to look at your Episource Summary Report to check how many screenings are due before 12/31/18.

🍒 MedPOINT Outreach Team

The most effective call a patient can receive is from their own doctor's office so please continue to call your members to come in! MedPOINT is committed to supporting your efforts to call members to come in for their health screenings.

Our team of dedicated outreach professionals consists of men and women who are calling members every day. Many of them are bilingual and can assist members who speak Spanish; they can also support our LEP (Limited English Proficient) members by using MedPOINT's contracted interpreting service provider.

We want to work with you to make this process as effective as possible. When calling for an office that has a substantial number of members requiring appointments for preventive screenings, our outreach staff will call your office in advance of calling your members to determine the best way to work with your staff to schedule these appointments. Please support these outreach efforts by helping to schedule an appointment for our members as soon as possible.

Making reminder calls or sending text messages to remind your patients of their scheduled appointment will also reduce no shows. Working together, we will reach our mutual goals.



Coding Suggestions from Anthem

Please see the attached documents from Anthem Blue Cross regarding coding for the IHA (Initial Health Assessment) exam for Medi-Cal members, plus suggested coding for other HEDIS measures. Please be sure to share these with your coder and other staff.

MedPOINT Management – Quality Department 6400 Canoga Avenue, Suite 163, Woodland Hills, CA 91367

QualityMeasures@MedPOINTmanagement.com 818-702-0100, x353 | MedPOINTManagement.com

• Also consider if there are steps in your intake process that could be refined to see patients faster.

📰 LA Care's Newsletter – thePulse

Do you receive LA Care's informative newsletter? You can catch up on all the latest news online here: https://www.lacare.org/providers/ provider-news/thepulse. Recent topics include the following and past issues are available too:

- HEDIS Resources are Just a Tap Away http://www.lacare.org/providers/thepulse/ hedisr-resources-are-just-tap-away
- Improving Medication Adherence: L.A. Care has a New Mail Order Pharmacy - Kroger http://www.lacare.org/members/ member-services/pharmacy-services
- New Pneumococcal Vaccinations Added to Formulary
- How to Recommend the HPV Vaccine.

2019 HEDIS New and Changed Measures

NCQA recently announced new HEDIS measures for 2019 and changes to existing measures. Check out their website at http://blog.ncqa.org/hedis-2019/ for details. New measures include the following:

New Measures:

- Hospitalization Following Discharge from a **Skilled Nursing Facility**
- Risk of Continued Opioid Use
- Prenatal Immunization Status
- Adult Immunization Status

If you would like details on changes in the measures, the 23 page "HEDIS 2019 Measures – Summary of Changes" document can be viewed here: http:// www.ncqa.org/Portals/0/HEDISQM/HEDIS2019/ HEDIS%202019%20Measures_Summary%20of%20 Changes.pdf?ver=2018-06-29-120743-583.

Coming up in August - National Immunization Awareness Month

National Immunization Awareness Month (NIAM) is an annual observance held in August to highlight the importance of vaccination for people of all ages. Vaccination is one of the best ways parents can protect infants, children and teens from 16 potentially harmful diseases. Please see the attached Vaccination Schedule from the CDC (Center for Disease Control) at https://www. cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf and also find more resources at NPHIC (National Public Health Information Coalition) at https://www. nphic.org/niam and the California Department of Public Health at https://www.cdph.ca.gov/ Programs/CID/DCDC/Pages/immunize.aspx.



Alleviating Wait Time Complaints

LA Care recently shared the following tips for improving wait times to boost your CG-CAHPS patient satisfaction scores. Please share this with your staff:

Time spent waiting to see the provider is a common complaint among patients. Delays happen, but there are ways to make them less painful.

- Upon check-in, tell patients their approximate wait time and offer alternatives if you are significantly behind schedule.
- Maybe the patient can reschedule, be seen by another provider, or they might have a question that can be answered by a medical assistant or mid-level practitioner.



HPV Vaccine for Preteens and Teens

HPV vaccination is recommended at ages 11-12 to protect against cancers caused by HPV infection.

Why does my child need HPV vaccine?	Human papillomavirus (HPV) vaccine protects against cancers caused by HPV infection. HPV is a common virus that infects teens and adults. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, cancer of the back of the throat (oropharynx), and genital warts in both men and women.
When should my child be vaccinated?	All kids who are 11 or 12 years old should get two shots of HPV vaccine six to twelve months apart. Getting vaccinated on time protects preteens long before ever being exposed to the virus. People get HPV from another person during intimate sexual contact.
	Some children may need three doses of HPV vaccine. For example, adolescents who receive their two shots less than five months apart will need a third dose for best protection. Also, children who start the vaccine series on or after their 15th birthday need three shots given over 6 months. If your teen hasn't gotten the vaccine yet, talk to his/her doctor about getting it as soon as possible.
	The best way to remember to get your child all of the recommended doses is to make an appointment for the remaining shots before you leave the doctor's office or clinic.
Is HPV vaccine safe for my child?	HPV vaccination provides safe, effective, and long-lasting protection against cancers caused by HPV. HPV vaccine has a reassuring safety record that's backed by 10 years of monitoring and research.
	Like any vaccine or medicine, HPV vaccination can cause side effects. The most common side effects are mild and include pain, redness, or swelling in the arm where the shot was given; dizziness, fainting, nausea, and headache. Fainting after any vaccine, including HPV vaccine, is more common among adolescents.
	To prevent fainting and injuries related to fainting, adolescents should be seated or lying down during vaccination and remain in that position for 15 minutes after the vaccine is given. The benefits of HPV vaccination far outweigh any potential risk of side effects.
	It is important to tell the doctor or nurse if your child has any severe allergies, including an allergy to latex or yeast. HPV vaccine is not recommended for anyone who is pregnant.
How can I get help paying for these vaccines?	The Vaccines for Children (VFC) program provides vaccines for children ages 18 years and younger, who are uninsured, Medicaid-eligible, American Indian or Alaska Native. Learn more at www.cdc.gov/Features/VFCprogram

Where can I learn more?

Talk to your child's doctor or nurse to learn more about HPV vaccine and the other vaccines that your child may need. You can also find out more about HPV vaccine at

www.cdc.gov/hpv



Las vacunas para preadolescentes: Qué es lo que deben saber los padres

¿Por qué necesita mi hijo vacunas ahora?

Las vacunas no son solo para los bebés. Algunas de las vacunas que los bebés reciben pueden empezar a perder su eficacia a medida que los niños crecen. Y a medida que los niños crecen, pueden entrar en contacto con distintas enfermedades. Hay vacunas que pueden ayudar a proteger a su preadolescente o adolescente de estas otras enfermedades.

¿Qué vacunas necesita mi hijo?

La vacuna Tdap

Esta vacuna ayuda a proteger contra tres enfermedades graves: el tétanos, la difteria y la tosferina (pertussis, también llamada tos convulsa). Los preadolescentes deben recibir la Tdap a los 11 o 12 años. Si su hijo adolescente no recibió la vacuna Tdap cuando era preadolescente, hable con su médico o enfermero para ponerle la vacuna ahora.

La vacuna antimeningocócica

La vacuna antimeningocócica conjugada protege contra algunas de las bacterias que pueden causar meningitis (inflamación del revestimiento que cubre el cerebro y la médula espinal) y septicemia (infección de la sangre). Los preadolescentes necesitan recibir la primera vacuna antimeningocócica a los 11 o 12 años de edad. Necesitan una segunda vacuna antimeningocócica a los 16.

La vacuna contra el VPH

Las vacunas contra el virus del papiloma humano (VPH) ayudan a proteger a las niñas y a los niños de la infección por el VPH y el cáncer causado por este virus. Todos los preadolescentes de 11 y 12 años deben recibir dos vacunas contra el VPH con 6-12 meses de separación. Los preadolescentes y adolescentes que no hayan comenzado o terminado la serie de vacunas contra el VPH deben hablar con el médico o el personal de enfermería para ponérselas ahora.

La vacuna contra la influenza (gripe)

La vacuna anual contra la influenza es la mejor manera de reducir las probabilidades de contraer la influenza estacional y de transmitírsela a los demás. Incluso los preadolescentes y adolescentes sanos pueden enfermarse gravemente por la influenza y contagiársela a los demás. Aunque todos los preadolescentes y adolescentes deben recibir la vacuna contra la influenza, es especialmente importante que se vacunen los que tienen afecciones crónicas como asma, diabetes y enfermedades cardiacas. El mejor momento para ponerse la vacuna contra la influenza es poco después de que esté disponible en su comunidad, idealmente antes de octubre. Aun cuando lo mejor es vacunarse antes de que la influenza comience a causar enfermedades en su comunidad, la vacunación puede ser beneficiosa mientras los virus estén circulando, incluso en enero o más tarde.

¿Cuándo debe ser vacunado mi hijo?

Un buen momento para recibir estas vacunas es durante el chequeo médico anual. Su preadolescente o adolescente también puede recibir estas vacunas durante el examen físico que se exige para poder practicar deportes, para la escuela o los campamentos. Es una buena idea preguntarle al médico o al enfermero cada año si hay alguna vacuna que su hijo podría necesitar.

¿Qué más debo saber acerca de estas vacunas?

Estas vacunas han sido estudiadas muy cuidadosamente y son seguras. Pueden causar algunos efectos secundarios leves como dolor o enrojecimiento en la parte del brazo donde se ponga la inyección. Algunos preadolescentes y adolescentes pueden desmayarse después de recibir una vacuna. Sentarse o recostarse al ponerse una vacuna, y mantenerse en esa posición por unos 15 minutos después de recibir la inyección puede ayudar a evitar un desmayo. Los efectos secundarios graves son poco comunes. Es muy importante que le diga al médico o al personal de enfermería si su hijo tiene alergias graves —incluidas alergias a la levadura, al látex o a los huevos de gallina— antes de que le pongan alguna vacuna.

¿Cómo puedo obtener ayuda para pagar por estas vacunas?

El programa de Vacunas para Niños (VFC, por sus siglas en inglés) proporciona vacunas para niños de hasta 18 años que no tengan seguro médico, que cumplan con los requisitos para recibir Medicaid o que sean indoamericanos o nativos de Alaska. Puede averiguar más sobre el programa VFC en Internet en www.cdc.gov/spanish/especialesCDC/ProgramaVacunas.

¿Dónde puedo obtener más información?

Hable con el médico o el enfermero de su hijo acerca de las vacunas que podría necesitar. También puede encontrar más información sobre ellas en el sitio web de los CDC "Vacunas para preadolescentes y adolescentes" en www.cdc.gov/spanish/especialesCDC/VacunasPreadolescentes/.



U.S. Department of Health and Human Services Centers for Disease Control and Prevention

Flu (Influenza) and the Vaccine to Prevent It

Last updated October 2017

The best way to protect against flu is by getting a flu vaccine. Doctors recommend that everyone 6 months and older get a flu vaccine every year by the end of October, if possible.

Why should my child get a flu vaccine?

A flu vaccine:

- Helps protect your child from flu illness, including serious illness that can result in hospitalization and even death.
- Helps prevent your child from spreading flu to others, including babies younger than 6 months who are too young to get a flu vaccine.
- Helps keep your child from missing school or child care (and keeps you from missing work to care for your child).

Are flu vaccines safe?

Yes. Flu vaccines have a good safety record. Flu vaccines have been used in the United States for more than 50 years. During that time, hundreds of millions of Americans have safely received seasonal flu vaccines. Vaccines, like any medicine, can have side effects, but, most people who get a flu vaccine have no side effects or mild side effects that go away on their own within a few days.

What are the side effects?

Flu vaccination can cause mild side effects. For example, people vaccinated with a flu shot may feel achy and their arm might be sore where the shot was given. These side effects are NOT the flu. If experienced at all, these effects are usually mild and go away on their own within a few days.

Only Injectable Flu Shots This Season:

• Flu shots are usually given in the arm. Children 6 months and older should get an injectable flu shot every year. The nasal spray flu vaccine (LAIV) is not recommended for the 2017-2018 season.

What is the flu?

Flu—short for influenza—is an illness caused by influenza viruses. Flu viruses infect the nose, upper airways, throat, and lungs. Flu spreads easily and can cause serious illness, especially for young children, older people, pregnant women, and people with certain long-term medical conditions like asthma and diabetes.

What are the symptoms of the flu?

Flu symptoms can include the following:

- Fever (not everyone with the flu has a fever) or feeling feverish/chills
- Chills
- Cough
- Sore throat
- Runny or stuffy nose
- Headache
- Muscle or body aches
- Tiredness
- Vomiting and/or diarrhea (this is more common in children than adults)

Most people who get influenza recover in a few days to less than two weeks. Some people develop complications (such as pneumonia) that can result in hospitalization and even death.



Doctors recommend that your child get a flu vaccine every year starting when he is 6 months old. Some children 6 months through 8 years of age may need 2 doses for best protection.









AMERICAN ACADEMY OF FAMILY PHYSICIANS strong medicine for america American Academy of Pediatrics



Is it serious?

Millions of children get sick with flu each year and thousands are hospitalized. CDC estimates that since 2010, flu-related hospitalizations in children younger than 5 years old have ranged from 6,000 to 26,000 in the United States each year. Children with long-term medical conditions like asthma, diabetes, and disorders of the brain or nervous system, and children younger than 5 years old (and children especially younger than 2 years old) are more likely to end up in the hospital from flu.

Flu seasons vary in how serious they are from one season to another. Since 2004, the total number of reported flu-associated deaths in children has ranged from 37 to 171 per season. This range doesn't include the 2009 pandemic, when states reported 358 flu-associated deaths in children to the Centers for Disease Control and Prevention.

Some of the more serious complications from flu include:

- Pneumonia (lung infection)
- Dehydration (loss of body fluids)
- Worsening of long-term medical conditions, like asthma and diabetes

How does flu spread?

Flu spreads when people who have flu talk, cough, or sneeze, and droplets that have the virus in them land in the mouths or noses of people nearby. You may also get flu by touching an object with flu virus on it—like a doorknob or used tissue—and then touching your own eyes, nose, or mouth. People can spread flu to others from one day before they have symptoms to 5-7 days after they get sick. This can be longer in children and people who are very sick.

People who have the flu should stay home and away from others (except to go to the doctor) until 24 hours after their fever is gone without the use of fever-reducing medicine.

Can my child get flu from a flu vaccine?

No, flu vaccines do not cause flu. Flu vaccine protects your child from flu illness. However, flu shots can sometimes cause mild side effects that may be mistaken for flu. Keep in mind that it will take about 2 weeks after getting his vaccine for your child to build protection against flu.

Why does my child need a flu vaccine every year?

Flu viruses are constantly changing, so new vaccines are made each year to protect against the flu viruses that are likely to cause the most illness. Also, protection provided by flu vaccination wears off over time. Your child's flu vaccine will protect against flu all season, but vaccination will be needed again for the next flu season.

Where can I learn more about flu vaccine and my child?

To learn more about flu vaccines, talk to your child's doctor, call 1-800-CDC-INFO, or visit www.cdc.gov/vaccines/parents. For more in-depth information about flu, visit www.cdc.gov/flu.

How can I protect my child against the flu?

- Get your flu vaccine while you are pregnant. This can help protect your baby for the first few months after birth, before they can get their own flu vaccine.
- Get your vaccine every year, and ask your baby's caregivers to get vaccinated as well.
- Make sure your child gets their dose(s) of flu vaccine soon after it's available each season.
- Children younger than 9 years old who are getting vaccinated for the first time need two doses of flu vaccine, spaced at least 28 days apart. Children who only get one dose but need two doses can have reduced or no protection from a single dose of flu vaccine.

The Centers for Disease Control and Prevention, American Academy of Family Physicians, and the American Academy of Pediatrics strongly recommend all children receive their vaccines according to the recommended schedule.

La influenza (gripe) y la vacuna que la previene

Actualizado en octubre de 2017

La mejor manera de protegerse contra la influenza es ponerse la vacuna contra esta enfermedad. Los médicos recomiendan que todas las personas de 6 meses o más reciban la vacuna anual para fines de octubre, si es posible.

Por qué debería mi hijo recibir la vacuna contra la influenza?

La vacuna contra la influenza puede hacer lo siguiente:

- Ayudar a proteger a su hijo contra la enfermedad por influenza, incluida la enfermedad grave que puede causar hospitalización e incluso la muerte.
- Ayudar a prevenir que su hijo transmita la influenza a los demás, incluidos los bebés menores de 6 meses que son demasiado pequeños para recibir la vacuna.
- Ayudar a evitar que su hijo falte a la escuela o a la guardería (y evitar que usted falte al trabajo por cuidar a su niño enfermo.

¿Son seguras las vacunas contra la influenza?

Sí. Las vacunas contra la influenza tienen un buen historial de seguridad. Estas vacunas se han usado en los Estados Unidos por más de 50 años. Durante ese tiempo, cientos de millones de personas han recibido vacunas contra la influenza estacional de manera segura. Las vacunas, al igual que cualquier otro medicamento, pueden tener efectos secundarios. Sin embargo, la mayoría de las personas que reciben la vacuna contra la influenza no presentan efectos secundarios o si los tienen, son leves y desaparecen solos a los pocos días.

Esta temporada, solo vacunas invectables contra la influenza

• Las inyecciones por lo general se ponen en el brazo. Los niños de 6 meses de edad o más deben recibir la vacuna inyectable contra la influenza todos los años. La vacuna en atomizador nasal contra la influenza (vacuna con virus vivos atenuados o LAIV) no se recomienda para la temporada 2017-2018.

Cuáles son los efectos secundarios?

La vacunación contra la influenza puede causar efectos secundarios leves. Por ejemplo, las personas que reciben la vacuna contra la influenza pueden sentirse adoloridas y pueden tener dolor en el brazo en el que se hayan puesto la inyección. Estos efectos secundarios NO son la influenza. Si se presentan algunos efectos, generalmente son leves y desaparecen solos a los pocos días.

¿Qué es la influenza?

La influenza -o gripe- es una enfermedad causada por los virus de la influenza. Estos virus infectan la nariz, las vías respiratorias superiores, la garganta y los pulmones. La influenza se propaga fácilmente y puede causar problemas graves, en especial para los niños pequeños, las personas de edad avanzada, las mujeres embarazadas y las personas con ciertas afecciones crónicas como el asma y la diabetes.

¿Cuáles son los síntomas de la influenza?

Los síntomas de la influenza pueden incluir lo siguiente:

- Fiebre (no todas las personas con influenza tienen fiebre) o sentirse afiebrado con escalofríos
- Escalofríos
- Tos
- Dolor de garganta
- Moqueo o congestión nasal
- Dolor de cabeza
- Dolor del cuerpo o en los músculos
- Cansancio
- Vómitos o diarrea (esto es más común en los niños que en los adultos

Los médicos recomiendan que su hijo reciba la vacuna contra la influenza todos los años, a partir de los 6 meses de edad. Algunos niños de 6 meses a 8 años pueden necesitar 2 dosis para que obtengan la mejor protección.













¿Es grave?

Millones de niños contraen la influenza cada año y miles son hospitalizados. Los CDC estiman que desde el 2010 las hospitalizaciones relacionadas con esta enfermedad de niños menores de 5 años en los Estados Unidos oscilaron entre 6000 y 26 000 cada año. Los niños con afecciones crónicas como asma, diabetes y trastornos del cerebro o del sistema nervioso, y los niños menores de 5 años (y en especial los menores de 2) tienen más probabilidades de terminar en el hospital a causa de la influenza.

Las temporadas de influenza varían en cuanto a la gravedad de la enfermedad de un año a otro. Desde el 2004, la cantidad total reportada de muertes asociadas a esta afección en los niños ha variado desde 37 hasta 171 por temporada. Este rango no incluye la pandemia del 2009, cuando los estados reportaron 358 muertes de niños asociadas a la influenza a los Centros para el Control y la Prevención de Enfermedades.

Algunas de las complicaciones más graves causadas por la influenza incluyen:

- Neumonía (infección en los pulmones)
- Deshidratación (pérdida de líquidos corporales)
- Empeoramiento de afecciones crónicas, como el asma y la diabetes

¿Cómo se transmite la influenza?

La influenza se propaga cuando los que tienen la enfermedad hablan, tosen o estornudan y las gotitas que tienen el virus llegan a la boca o la nariz de las personas que están cerca. Usted también puede contraer la influenza si toca un objeto que tenga el virus de la influenza –como la manija de una puerta o un pañuelo desechable usado- y luego se toca sus propios ojos, nariz o boca. Las personas pueden transmitir la influenza a los demás desde un día antes de que tengan síntomas hasta 5 a 7 días después de que se enfermen. Este periodo puede ser mayor en los niños y en las personas muy enfermas.

Las personas con influenza deben quedarse en casa y mantenerse lejos de los demás (excepto para ir al médico) hasta que hayan pasado 24 horas sin fiebre sin haber usado medicamentos para bajarla.

¿Puede mi hijo contraer la influenza por ponerse la vacuna contra esta enfermedad?

No, la vacuna no causa influenza, sino que puede proteger a su hijo de contraer la enfermedad. Sin embargo, a veces la vacuna puede causar efectos secundarios leves que pueden confundirse con la influenza. Tenga en cuenta que tomará unas 2 semanas después de recibir la vacuna para que el cuerpo de su hijo genere protección contra la influenza.

¿Por qué necesita mi hijo la vacuna contra la influenza todos los años?

Los virus de la influenza cambian constantemente y por eso se fabrican nuevas vacunas todos los años para proteger contra los virus de la influenza que probablemente causarán la mayor cantidad de enfermedades. Además, la protección que proporciona la vacuna desaparece con el tiempo. La vacuna contra la influenza que reciba su hijo lo protegerá contra esta enfermedad durante toda la temporada, pero se necesitará otra vacuna para la próxima.

¿Dónde puedo obtener más información sobre la vacuna contra la influenza para mi hijo?

Para obtener más información acerca de las vacunas contra la influenza, hable con el médico de su hijo, llame al 1-800-CDC-INFO o visite<u>https://www.cdc.gov/Spanish/ inmunizacion/</u>.

Para obtener information mas detallada acerca de la influenza, visite <u>https://espanol.cdc.gov/enes/flu/index.</u> <u>htm</u>.

¿Cómo puedo proteger a mi hijo de la influenza?

- Vacúnese mientras esté embarazada.
 Esto puede ayudar a proteger a su bebé durante los primeros meses después del nacimiento, antes de que pueda recibir su propia vacuna contra la influenza.
- Vacúnese todos los años y pídales a las personas que cuidan a su bebé que también lo hagan.
- Asegúrese de que su hijo reciba su dosis de la vacuna contra la influenza en cuanto esté disponible cada temporada.
- Los niños menores de 9 años que se vacunen por primera vez necesitan dos dosis de la vacuna contra la influenza, con un intervalo de al menos 28 días. Los niños que reciban solo una dosis, pero que requieran dos, pueden tener menor protección o carecer de ella debido a que solo se les administró una dosis única de la vacuna.

Los Centros para el Control y la Prevención de Enfermedades, la Academia Estadounidense de Médicos de Familia y la Academia Estadounidense de Pediatría recomiendan enfáticamente que todos los niños reciban las vacunas de acuerdo con el calendario de vacunación recomendado.

Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

- Consult relevant ACIP statements for detailed recommendations
 (www.cdc.gov/vaccines/hcp/acip-recs/index.html).
- When a vaccine is not administered at the recommended age, administer at a subsequent visit.
- Use combination vaccines instead of separate injections when appropriate.
- Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) online (<u>www.vaers.hhs.gov</u>) or by telephone (800-822-7967).
- Report suspected cases of reportable vaccine-preventable diseases to your state or local health department.
- For information about precautions and contraindications, see <u>www.</u> <u>cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html</u>.

Approved by the

Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/acip)

> American Academy of Pediatrics (www.aap.org)

American Academy of Family Physicians (www.aafp.org)

American College of Obstetricians and Gynecologists (www.acog.org)

This schedule includes recommendations in effect as of January 1, 2018.

The table below shows vaccine acronyms, and brand names for vaccines routinely recommended for children and adolescents. The use of trade names in this immunization schedule is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Vaccine type	Abbreviation	Brand(s)
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Diphtheria, tetanus vaccine	DT	No Trade Name
Haemophilus influenzae type B vaccine	Hib (PRP-T) Hib (PRP-OMP)	ActHIB Hiberix PedvaxHIB
Hepatitis A vaccine	НерА	Havrix Vaqta
Hepatitis B vaccine	НерВ	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated)	IIV	Multiple
Measles, mumps, and rubella vaccine	MMR	M-M-R II
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-D MenACWY-CRM	Menactra Menveo
Meningococcal serogroup B vaccine	MenB-4C MenB-FHbp	Bexsero Trumenba
Pneumococcal 13-valent conjugate vaccine	PCV13	Prevnar 13
Pneumococcal 23-valent polysaccharide vaccine	PPSV23	Pneumovax
Poliovirus vaccine (inactivated)	IPV	IPOL
Rotavirus vaccines	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac No Trade Name
Varicella vaccine	VAR	Varivax
Combination Vaccines		
DTaP, hepatitis B and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus and <i>Haemophilus influenzae</i> type B vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
Measles, mumps, rubella, and varicella vaccines	MMRV	ProQuad



U.S. Department of Health and Human Services

Centers for Disease Control and Prevention

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16 yrs	17-18 yrs
Hepatitis B [†] (HepB)	1 st dose	<2 nd (dose>			 	3 rd dose	I 	>		1			1	1		
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2												
Diphtheria, tetanus, & acellular pertussis ³ (DTaP: <7 yrs)			1 st dose	2 nd dose	3 rd dose		1	≺ 4 th (l dose>			5 th dose					
Haemophilus influenzae type b⁴ (Hib)			1 st dose	2 nd dose	See footnote 4		 ✓ 3rd or 4 See for 	th dose,> otnote 4									
Pneumococcal conjugate ⁵ (PCV13)			1 st dose	2 nd dose	3 rd dose		≺ 4 th (dose>						1			
Inactivated poliovirus ⁶ (IPV: <18 yrs)			1 st dose	2 nd dose		 	i 3 rd dose I	 	i >			4 th dose		1			
Influenza ⁷ (IIV)							i An	inual vaccina	ation (IIV) 1 o	or 2 doses				i Ar	nual vaccina 1 dose o	ation (IIV) nly	
Measles, mumps, rubella [®] (MMR)					See foo	otnote 8	≺ 1 st (l lose>				2 nd dose					
Varicella ⁹ (VAR)							≺ 1 st c	lose>				2 nd dose					
Hepatitis A ¹⁰ (HepA)							∢ 2-(dose series, S	See footnote	10>							
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)				1	f	See foo	tnote 11	1	1			1		1 st dose		2 nd dose	
Tetanus, diphtheria, & acellular pertussis™ (Tdap: ≥7 yrs)														Tdap			
Human papillomavirus ¹⁴ (HPV)														See footnote 14			
Meningococcal B ¹²															See footr	note 12	
Pneumococcal polysaccharide ⁵ (PPSV23)													<u> </u>	See footnote	5		
Range of recommended ages for all children		Range for cate	of recomm ch-up immu	ended ages Inization		Rang for ce	e of recomn ertain high-r	nended age isk groups	es	Rang grou	ge of recom	mended ag y receive va al decision	es for non- ccine, subje making	high-risk ect to		No recom	mendation

NOTE: The above recommendations must be read along with the footnotes of this schedule.

FIGURE 2. Catch-up immunization schedule for persons aged 4 months–18 years who start late or who are more than 1 month behind—United States, 2018. The figure below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age. Always use this table in conjunction with Figure 1 and the footnotes that follow.

			Children age 4 months through 6 years						
Vaccino	Minimum Ago for		Minimum Interval Between Doses						
vaccine	Dose 1	Dose 1 to Dose 2	Dose 1 to Dose 2 Dose 2 to Dose 3						
Hepatitis B ¹	Birth	4 weeks	8 weeks and at least 16 weeks after first dose. Minimum age for the final dose is 24 weeks.						
Rotavirus ²	6 weeks Maximum age for first dose is 14 weeks, 6 days	4 weeks	4 weeks ² Maximum age for final dose is 8 months, 0 days.						
Diphtheria, tetanus, and acellular pertussis ³	6 weeks	4 weeks	4 weeks	6 months	6 months ³				
Haemophilus influenzae type b⁴	6 weeks	4 weeks if first dose was administered before the 1 st birthday. 8 weeks (as final dose) if first dose was administered at age 12 through 14 months. No further doses needed if first dose was administered at age 15 months or older.	 4 weeks⁴ if current age is younger than 12 months and first dose was administered at younger than age 7 months, and at least 1 previous dose was PRP-T (ActHib, Pentacel, Hiberix) or unknown. 8 weeks and age 12 through 59 months (as final dose)⁴ if current age is younger than 12 months and first dose was administered at age 7 through 11 months; OR if current age is 12 through 59 months and first dose was administered before the 1st birthday, and second dose administered at younger than 15 months; OR if both doses were PRP-OMP (PedvaxHIB; Comvax) and were administered before the 1st birthday. No further doses needed if previous dose was administered at age 15 months or older. 	8 weeks (as final dose) This dose only necessary for chil- dren age 12 through 59 months who received 3 doses before the 1 st birthday.					
Pneumococcal conjugate⁵	6 weeks	4 weeks if first dose administered before the 1 st birthday. 8 weeks (as final dose for healthy children) if first dose was administered at the 1 st birthday or after. No further doses needed for healthy children if first dose was administered at age 24 months or older.	4 weeks if current age is younger than 12 months and previous dose given at <7 months old. 8 weeks (as final dose for healthy children) if previous dose given between 7-11 months (wait until at least 12 months old); <u>OR</u> if current age is 12 months or older and at least 1 dose was given before age 12 months. No further doses needed for healthy children if previous dose administered at age 24 months or older.	8 weeks (as final dose) This dose only necessary for chil- dren aged 12 through 59 months who received 3 doses before age 12 months or for children at high risk who received 3 doses at any age.					
Inactivated poliovirus ⁶	6 weeks	4 weeks ⁶	4 weeks ⁶ if current age is < 4 years 6 months (as final dose) if current age is 4 years or older	6 months ⁶ (minimum age 4 years for final dose).					
Measles, mumps, rubella ⁸	12 months	4 weeks							
Varicella ⁹	12 months	3 months							
Hepatitis A ¹⁰	12 months	6 months							
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	6 weeks	8 weeks ¹¹	See footnote 11	See footnote 11					
			Children and adolescents age 7 through 18 years						
Meningococcal ¹¹ (MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)	Not Applicable (N/A)	8 weeks ¹¹							
Tetanus, diphtheria; tetanus, diphtheria, and acellular pertussis ¹³	7 years ¹³	4 weeks	4 weeks if first dose of DTaP/DT was administered before the 1 st birthday. 6 months (as final dose) if first dose of DTaP/DT or Tdap/Td was administered at or after the 1 st birthday.	6 months if first dose of DTaP/DT was administered before the 1 st birthday.					
Human papillomavirus ¹⁴	9 years		Routine dosing intervals are recommended. ¹⁴						
Hepatitis A ¹⁰	N/A	6 months							
Hepatitis B ¹	N/A	4 weeks	8 weeks and at least 16 weeks after first dose.						
Inactivated poliovirus ⁶	N/A	4 weeks	6 months ⁶ A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.	A fourth dose of IPV is indicated if all previous doses were administered at <4 years or if the third dose was administered <6 months after the second dose.					
Measles, mumps, rubella ⁸	N/A	4 weeks							
Varicella ⁹	N/A	3 months if younger than age 13 years. 4 weeks if age 13 years or older.							

HIV infection CD4+ count⁺ <15% or ≥15% or Immunocompromised total CD4 total CD4 Kidney failure, end-CSF leaks/ Asplenia and persistent Chronic status (excluding HIV cell count of cell count of stage renal disease, on Heart disease, cochlear complement component liver VACCINE **V** INDICATION ► Pregnancy infection) <200/mm³ ≥200/mm³ hemodialvsis chronic lung disease implants deficiencies disease Diabetes Hepatitis B¹ Rotavirus² SCID* Diphtheria, tetanus, & acellular pertussis³ (DTaP) Haemophilus influenzae type b⁴ Pneumococcal conjugate⁵ Inactivated poliovirus⁶ Influenza⁷ Measles, mumps, rubella⁸ Varicella⁹ Hepatitis A¹⁰ Meningococcal ACWY¹¹ Tetanus, diphtheria, & acellular pertussis¹³ (Tdap) Human papillomavirus14 Meningococcal B¹² Pneumococcal polysaccharide⁵ Vaccination is recommended, Recommended for persons with Vaccination according to the and additional doses may be an additional risk factor for which No recommendation Contraindicated Precaution for vaccination routine schedule recommended necessary based on medical the vaccine would be indicated condition. See footnotes.

Figure 3. Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications

*Severe Combined Immunodeficiency

[†]For additional information regarding HIV laboratory parameters and use of live vaccines; see the General Best Practice Guidelines for Immunization "Altered Immunocompetence" at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html; and Table 4-1 (footnote D) at: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Footnotes — Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, UNITED STATES, 2018

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html. For vaccine recommendations for persons 19 years of age and older, see the Adult Immunization Schedule.

Additional information

- For information on contraindications and precautions for the use of a vaccine, consult the *General Best Practice Guidelines for Immunization* and relevant ACIP statements, at www.cdc.gov/vaccines/hcp/acip-recs/index.html.
- For calculating intervals between doses, 4 weeks = 28 days. Intervals of \geq 4 months are determined by calendar months.
- Within a number range (e.g., 12–18), a dash (–) should be read as "through."
- Vaccine doses administered ≤4 days before the minimum age or interval are considered valid. Doses of any vaccine administered ≥5 days earlier than the minimum interval or minimum age should not be counted as valid and should be repeated as age-appropriate. The repeat dose should be spaced after the invalid dose by the recommended minimum interval. For further details, see Table 3-1, *Recommended and minimum ages and intervals between vaccine doses*, in *General Best Practice Guidelines for Immunization* at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html.
- Information on travel vaccine requirements and recommendations is available at wwwnc.cdc.gov/travel/.
- For vaccination of persons with immunodeficiencies, see Table 8-1, Vaccination of persons with primary and secondary immunodeficiencies, in General Best Practice Guidelines for Immunization, at www.cdc.gov/vaccines/hcp/acip-recs/general-recs/immunocompetence.html; and Immunization in Special Clinical Circumstances. (In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2015 report of the Committee on Infectious Diseases. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015:68-107).
- The National Vaccine Injury Compensation Program (VICP) is a no-fault alternative to the traditional legal system for resolving vaccine injury claims. All routine child and adolescent vaccines are covered by VICP except for pneumococcal polysaccharide vaccine (PPSV23). For more information; see www.hrsa.gov/vaccinecompensation/ index.html.

1. Hepatitis B (HepB) vaccine. (minimum age: birth) Birth Dose (Monovalent HepB vaccine only):

- Mother is HBsAg-Negative: 1 dose within 24 hours of birth for medically stable infants ≥2,000 grams. Infants <2,000 grams administer 1 dose at chronological age 1 month or hospital discharge.
- Mother is HBsAg-Positive:
 - o Give **HepB vaccine** and **0.5 mL of HBIG** (at separate anatomic sites) within 12 hours of birth, regardless of birth weight.
 - o Test for HBsAg and anti-HBs at age 9–12 months. If HepB series is delayed, test 1–2 months after final dose.

Mother's HBsAg status is unknown:

- o Give **HepB vaccine** within 12 hours of birth, regardless of birth weight.
- o For infants <2,000 grams, give 0.5 mL of HBIG in addition to HepB vaccine within 12 hours of birth.
- o Determine mother's HBsAg status as soon as possible. If mother is HBsAg-positive, give **0.5 mL of HBIG** to infants ≥2,000 grams as soon as possible, but no later than 7 days of age.

Routine Series:

 A complete series is 3 doses at 0, 1–2, and 6–18 months. (Monovalent HepB vaccine should be used for doses given before age 6 weeks.)

- Infants who did not receive a birth dose should begin the series as soon as feasible (see Figure 2).
- Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.
- **Minimum age** for the final (3rd or 4th) dose: 24 weeks.
- Minimum Intervals: Dose 1 to Dose 2: 4 weeks / Dose 2 to Dose 3: 8 weeks / Dose 1 to Dose 3: 16 weeks. (When 4 doses are given, substitute "Dose 4" for "Dose 3" in these calculations.)

Catch-up vaccination:

- Unvaccinated persons should complete a 3-dose series at 0, 1–2, and 6 months.
- Adolescents 11–15 years of age may use an alternative 2-dose schedule, with at least 4 months between doses (adult formulation **Recombivax HB** only).
- For other catch-up guidance, see Figure 2.

2. Rotavirus vaccines. (minimum age: 6 weeks) Routine vaccination:

Rotarix: 2-dose series at 2 and 4 months. **RotaTeq:** 3-dose series at 2, 4, and 6 months.

If any dose in the series is either RotaTeq or unknown, default to 3-dose series.

Catch-up vaccination:

- Do not start the series on or after age 15 weeks, 0 days.
- The maximum age for the final dose is 8 months, 0 days.
- For other catch-up guidance, see Figure 2.
- 3. Diphtheria, tetanus, and acellular pertussis (DTaP) vaccine. (minimum age: 6 weeks [4 years for Kinrix or Quadracel])

Routine vaccination:

- 5-dose series at 2, 4, 6, and 15–18 months, and 4–6 years.
 - o **Prospectively:** A 4th dose may be given as early as age 12 months if at least 6 months have elapsed since the 3rd dose.
 - o **Retrospectively:** A 4th dose that was inadvertently given as early as 12 months may be counted if at least 4 months have elapsed since the 3rd dose.

Catch-up vaccination:

- The 5th dose is not necessary if the 4th dose was administered at 4 years or older.
- For other catch-up guidance, see Figure 2.

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

4. *Haemophilus influenzae* type b (Hib) vaccine. (minimum age: 6 weeks)

Routine vaccination:

- ActHIB, Hiberix, or Pentacel: 4-dose series at 2, 4, 6, and 12–15 months.
- **PedvaxHIB:** 3-dose series at 2, 4, and 12–15 months.

Catch-up vaccination:

- 1st dose at 7–11 months: Give 2nd dose at least 4 weeks later and 3rd (final) dose at 12–15 months or 8 weeks after 2nd dose (whichever is later).
- 1st dose at 12–14 months: Give 2nd (final) dose at least 8 weeks after 1st dose.
- 1st dose before 12 months and 2nd dose before 15 months: Give 3rd (final) dose 8 weeks after 2nd dose.
- 2 doses of PedvaxHIB before 12 months: Give 3rd (final) dose at 12–59 months and at least 8 weeks after 2nd dose.
- Unvaccinated at 15–59 months: 1 dose.
- For other catch-up guidance, see Figure 2.

Special Situations:

- Chemotherapy or radiation treatment 12–59 months
 - o Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart
 - o 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

Doses given within 14 days of starting therapy or during therapy should be repeated at least 3 months after therapy completion.

- Hematopoietic stem cell transplant (HSCT)
- 3-dose series with doses 4 weeks apart starting 6 to 12 months after successful transplant (regardless of Hib vaccination history).
- Anatomic or functional asplenia (including sickle cell disease)

<u>12-59 months</u>

- o Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.
- o 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

Unimmunized* persons 5 years or older

o Give 1 dose

Elective splenectomy

Unimmunized* persons 15 months or older

o Give 1 dose (preferably at least 14 days before procedure).

HIV infection

<u>12–59 months</u>

- o Unvaccinated or only 1 dose before 12 months: Give 2 doses 8 weeks apart.
- o 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

Unimmunized* persons 5–18 years

o Give 1 dose

Immunoglobulin deficiency, early component complement deficiency

<u>12-59 months</u>

o Unvaccinated or only 1 dose before 12 months: Give 2 doses, 8 weeks apart.

o 2 or more doses before 12 months: Give 1 dose, at least 8 weeks after previous dose.

*Unimmunized = Less than routine series (through 14 months) OR no doses (14 months or older)

5. Pneumococcal vaccines. (minimum age: 6 weeks [PCV13], 2 years [PPSV23])

Routine vaccination with PCV13:

• 4-dose series at 2, 4, 6, and 12–15 months.

Catch-up vaccination with PCV13:

- 1 dose for healthy children aged 24–59 months with any incomplete* PCV13 schedule
- For other catch-up guidance, see Figure 2.

Special situations: High-risk conditions: <u>Administer PCV13 doses before PPSV23 if</u> <u>possible.</u>

Chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma treated with high-dose, oral, corticosteroids); diabetes mellitus:

Age 2–5 years:

- Any incomplete* schedules with:
 - o 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
 - o <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

Age 6-18 years:

• No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

<u>Cerebrospinal fluid leak; cochlear implant:</u> Age 2–5 years:

- Any incomplete* schedules with:
 - o 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
 - o <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

Age 6–18 years:

- No history of either PCV13 or PPSV23: 1 dose of PCV13, 1 dose of PPSV23 at least 8 weeks later.
- Any PCV13 but no PPSV23: 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13
- PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.

Sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiency; HIV infection; chronic renal failure; nephrotic syndrome; malignant neoplasms, leukemias, lymphomas, Hodgkin disease, and other diseases associated with treatment with immunosuppressive drugs or radiation therapy; solid organ transplantation; multiple myeloma:

Age 2–5 years:

- Any incomplete* schedules with:
 - o 3 PCV13 doses: 1 dose of PCV13 (at least 8 weeks after any prior PCV13 dose).
 - o <3 PCV13 doses: 2 doses of PCV13, 8 weeks after the most recent dose and given 8 weeks apart.
- No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose) and a 2nd dose of PPSV23 5 years later.

Age 6–18 years:

- No history of either PCV13 or PPSV23: 1 dose of PCV13, 2 doses of PPSV23 (1st dose of PPSV23 administered 8 weeks after PCV13 and 2nd dose of PPSV23 administered at least 5 years after the 1st dose of PPSV23).
- Any PCV13 but no PPSV23: 2 doses of PPSV23 (1st dose of PPSV23 to be given 8 weeks after the most recent dose of PCV13 and 2nd dose of PPSV23 administered at least 5 years after the 1st dose of PPSV23).

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

 PPSV23 but no PCV13: 1 dose of PCV13 at least 8 weeks after the most recent PPSV23 dose and a 2nd dose of PPSV23 to be given 5 years after the 1st dose of PPSV23 and at least 8 weeks after a dose of PCV13.

Chronic liver disease, alcoholism:

Age 6–18 years:

• No history of PPSV23: 1 dose of PPSV23 (at least 8 weeks after any prior PCV13 dose).

*Incomplete schedules are any schedules where PCV13 doses have not been completed according to ACIP recommended catch-up schedules. The total number and timing of doses for complete PCV13 series are dictated by the age at first vaccination. See Tables 8 and 9 in the ACIP pneumococcal vaccine recommendations (www.cdc.gov/mmwr/pdf/rr/ rr5911.pdf) for complete schedule details.

6. Inactivated poliovirus vaccine (IPV). (minimum age: 6 weeks)

Routine vaccination:

• 4-dose series at ages 2, 4, 6–18 months, and 4–6 years. Administer the final dose on or after the 4th birthday and at least 6 months after the previous dose.

Catch-up vaccination:

- In the first 6 months of life, use minimum ages and intervals only for travel to a polio-endemic region or during an outbreak.
- If 4 or more doses were given before the 4th birthday, give 1 more dose at age 4–6 years and at least 6 months after the previous dose.
- A 4th dose is not necessary if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose.
- IPV is not routinely recommended for U.S. residents 18 years and older.

Series Containing Oral Polio Vaccine (OPV), either mixed OPV-IPV or OPV-only series:

- Total number of doses needed to complete the series is the same as that recommended for the U.S. IPV schedule. See www.cdc.gov/mmwr/volumes/66/wr/ mm6601a6.htm?s_cid=mm6601a6_w.
- Only trivalent OPV (tOPV) counts toward the U.S. vaccination requirements. For guidance to assess doses documented as "OPV" see www. cdc.gov/mmwr/volumes/66/wr/mm6606a7. htm?s_cid=mm6606a7_w.
- For other catch-up guidance, see Figure 2.

- 7. Influenza vaccines. (minimum age: 6 months) Routine vaccination:
 - Administer an age-appropriate formulation and dose of influenza vaccine annually.
 - Children 6 months-8 years who did not receive at least 2 doses of influenza vaccine before July 1, 2017 should receive 2 doses separated by at least 4 weeks.

o Persons 9 years and older 1 dose

- Live attenuated influenza vaccine (LAIV) not recommended for the 2017–18 season.
- For additional guidance, see the 2017–18 ACIP influenza vaccine recommendations (*MMWR* August 25, 2017;66(2):1-20: www.cdc.gov/mmwr/ volumes/66/rr/pdfs/rr6602.pdf).

(For the 2018–19 season, see the 2018–19 ACIP influenza vaccine recommendations.)

8. Measles, mumps, and rubella (MMR) vaccine. (minimum age: 12 months for routine vaccination) Routine vaccination:

- 2-dose series at 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 4 weeks after the 1st dose.

Catch-up vaccination:

• Unvaccinated children and adolescents: 2 doses at least 4 weeks apart.

International travel:

- Infants 6–11 months: 1 dose before departure. Revaccinate with 2 doses at 12–15 months (12 months for children in high-risk areas) and 2nd dose as early as 4 weeks later.
- Unvaccinated children 12 months and older: 2 doses at least 4 weeks apart before departure.

Mumps outbreak:

 Persons ≥12 months who previously received ≤2 doses of mumps-containing vaccine and are identified by public health authorities to be at increased risk during a mumps outbreak should receive a dose of mumps-virus containing vaccine.

9. Varicella (VAR) vaccine. (minimum age: 12 months) Routine vaccination:

- 2-dose series: 12–15 months and 4–6 years.
- The 2nd dose may be given as early as 3 months after the 1st dose (a dose given after a 4-week interval may be counted).

Catch-up vaccination:

- Ensure persons 7–18 years without evidence of immunity (see *MMWR* 2007;56[No. RR-4], at www.cdc.gov/mmwr/pdf/rr/rr5604.pdf) have 2 doses of varicella vaccine:
 - o **Ages 7–12:** routine interval 3 months (minimum interval: 4 weeks).
 - o Ages 13 and older: minimum interval 4 weeks.

10. Hepatitis A (HepA) vaccine. (minimum age: 12 months)

Routine vaccination:

• 2 doses, separated by 6-18 months, between the 1st and 2nd birthdays. (A series begun before the 2nd birthday should be completed even if the child turns 2 before the second dose is given.)

Catch-up vaccination:

• Anyone 2 years of age or older may receive HepA vaccine if desired. Minimum interval between doses is 6 months.

Special populations:

Previously unvaccinated persons who should be vaccinated:

- Persons traveling to or working in countries with high or intermediate endemicity
- Men who have sex with men
- Users of injection and non-injection drugs
- Persons who work with hepatitis A virus in a research laboratory or with non-human primates
- Persons with clotting-factor disorders
- Persons with chronic liver disease
- Persons who anticipate close, personal contact (e.g., household or regular babysitting) with an international adoptee during the first 60 days after arrival in the United States from a country with high or intermediate endemicity (administer the 1st dose as soon as the adoption is planned—ideally at least 2 weeks before the adoptee's arrival).

11. Serogroup A, C, W, Y meningococcal vaccines. (Minimum age: 2 months [Menveo], 9 months [Menactra].

Routine:

2-dose series: 11-12 years and 16 years.

Catch-Up:

- Age 13-15 years: 1 dose now and booster at age 16-18 years. Minimum interval 8 weeks.
- Age 16-18 years: 1 dose.

For further guidance on the use of the vaccines mentioned below, see: www.cdc.gov/vaccines/hcp/acip-recs/index.html.

Special populations and situations: Anatomic or functional asplenia, sickle cell disease, HIV infection, persistent complement component deficiency (including eculizumab use):

- Menveo
 - o 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
 - o 1st dose at 7–23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
 - o 1st dose at 24 months or older: 2 doses at least 8 weeks apart.
- Menactra
 - o Persistent complement component deficiency:
 - 9-23 months: 2 doses at least 12 weeks apart
 - 24 months or older: 2 doses at least 8 weeks apart
 - o Anatomic or functional asplenia, sickle cell disease, or HIV infection:
 - 24 months or older: 2 doses at least 8 weeks apart.
 - Menactra must be administered at least 4 weeks after completion of PCV13 series.

Children who travel to or live in countries where meningococcal disease is hyperendemic or epidemic, including countries in the African meningitis belt or during the Hajj, or exposure to an outbreak attributable to a vaccine serogroup:

- Children <24 months of age:
 - o Menveo (2-23 months):
 - 1st dose at 8 weeks: 4-dose series at 2, 4, 6, and 12 months.
 - 1st dose at 7-23 months: 2 doses (2nd dose at least 12 weeks after the 1st dose and after the 1st birthday).
 - o Menactra (9-23 months):
 - 2 doses (2nd dose at least 12 weeks after the 1st dose. 2nd dose may be administered as early as 8 weeks after the 1st dose in travelers).
- Children 2 years or older: 1 dose of Menveo or Menactra.

Note: Menactra should be given either before or at the same time as DTaP. For MenACWY booster dose recommendations for groups listed under "Special populations and situations" above, and additional meningococcal vaccination information, see meningococcal *MMWR* publications at: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html.

12. Serogroup B meningococcal vaccines (minimum age: 10 years [Bexsero, Trumenba]. Clinical discretion: Adolescents not at increased risk for meningococcal B infection who want MenB vaccine.

MenB vaccines may be given at clinical discretion to adolescents 16–23 years (preferred age 16–18 years) who are not at increased risk.

- Bexsero: 2 doses at least 1 month apart.
- **Trumenba**: 2 doses at least 6 months apart. If the 2nd dose is given earlier than 6 months, give a 3rd dose at least 4 months after the 2nd.

Special populations and situations: Anatomic or functional asplenia, sickle cell disease, persistent complement component deficiency (including eculizumab use), serogroup B meningococcal disease outbreak

- Bexsero: 2-dose series at least 1 month apart.
- Trumenba: 3-dose series at 0, 1-2, and 6 months.

Note: Bexsero and Trumenba are not interchangeable

interchangeable.

For additional meningococcal vaccination information, see meningococcal *MMWR* publications at: www.cdc.gov/vaccines/hcp/acip-recs/vaccspecific/mening.html.

13. Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. (minimum age: 11 years for routine vaccinations, 7 years for catch-up vaccination)

Routine vaccination:

- Adolescents 11-12 years of age: 1 dose.
- Pregnant adolescents: 1 dose during each pregnancy (preferably during the early part of gestational weeks 27–36).
- Tdap may be administered regardless of the interval since the last tetanus- and diphtheria-toxoid-containing vaccine.

Catch-up vaccination:

- Adolescents 13–18 who have not received Tdap: 1 dose, followed by a Td booster every 10 years.
- Persons aged 7–18 years not fully immunized with DTaP: 1 dose of Tdap as part of the catch-up series (preferably the first dose). If additional doses are needed, use Td.

- **Children 7–10 years** who receive Tdap inadvertently or as part of the catch-up series may receive the routine Tdap dose at 11–12 years.
- DTaP inadvertently given after the 7th birthday:
 - Child 7–10: DTaP may count as part of catch-up series. Routine Tdap dose at 11-12 may be given.
 - o **Adolescent 11–18**: Count dose of DTaP as the adolescent Tdap booster.
- For other catch-up guidance, see Figure 2.

14. Human papillomavirus (HPV) vaccine (minimum age: 9 years)

Routine and catch-up vaccination:

- Routine vaccination for all adolescents at 11–12 years (can start at age 9) and through age 18 if not previously adequately vaccinated. Number of doses dependent on age at initial vaccination:
 - Age 9–14 years at initiation: 2-dose series at 0 and 6–12 months. Minimum interval: 5 months (repeat a dose given too soon at least 12 weeks after the invalid dose and at least 5 months after the 1st dose).
 - Age 15 years or older at initiation: 3-dose series at 0, 1–2 months, and 6 months.
 Minimum intervals: 4 weeks between 1st and 2nd dose; 12 weeks between 2nd and 3rd dose; 5 months between 1st and 3rd dose (repeat dose(s) given too soon at or after the minimum interval since the most recent dose).
- Persons who have completed a valid series with any HPV vaccine do not need any additional doses.

Special situations:

- History of sexual abuse or assault: Begin series at age 9 years.
- Immunocompromised* (including HIV) aged 9–26 years: 3-dose series at 0, 1–2 months, and 6 months.
- **Pregnancy:** Vaccination not recommended, but there is no evidence the vaccine is harmful. No intervention is needed for women who inadvertently received a dose of HPV vaccine while pregnant. Delay remaining doses until after pregnancy. Pregnancy testing not needed before vaccination.

*See MMWR, December 16, 2016;65(49):1405–1408, at www.cdc.gov/mmwr/volumes/65/wr/pdfs/ mm6549a5.pdf.



Initial health assessment coding suggestions

All Anthem Blue Cross (Anthem) members who are enrolled in Medi-Cal Managed Care are required to receive an initial health assessment (IHA) completed within 120 days of the health plan enrollment date or documented within the 12 months prior to plan enrollment. The IHA (also known as new patient exam or establish care exam) is a complete medical history, a head-to-toe physical examination and an assessment of health behaviors. It should also include an oral assessment, immunizations, tuberculosis risk assessment and other age-appropriate screenings based on American Academy of Pediatrics (AAP) and/or U.S. Preventive Services Task Force (USPSTF) guidelines.

PCPs are strongly encouraged to review their monthly eligibility list provided by their primary medical group/independent practice association to proactively contact their assigned members to encourage them to make an IHA appointment within the following time frames:

- Adults and children over 18 months within 120 days of health plan enrollment date*
- Children under 18 months within 120 days of health plan enrollment date or within periodicity established by the AAP for ages 2 and younger (whichever is less)*

* If the PCP effective date is different from health plan enrollment date in cases where members switch PCPs, utilize the most recent effective date.

The California Department of Health Care Services and L.A. Care in Los Angeles County require Anthem to monitor PCP compliance with the IHA process.

Examination should include:

- History and physical (H&P):
 - This is a progress note containing a history of present illness, past medical and social history, review of organ systems, and physical exam findings. The H&P should assess any acute and chronic conditions.
- Age-appropriate Individual Health Education Behavioral Assessment/Staying Healthy Assessment form.
 - Anthem encourages PCPs to use *PM 160* or administer proper codes.
- Other supplemental information, such as:
 - If under the age of 21 years, complete well-child visit documentation. Please include:
 - A weight assessment with BMI percentile (include graphs).
 - Nutritional counseling documentation.
 - Physical activity documentation.
 - A completed immunization record.
 - BMI assessment and blood pressure documentation if the member is over 21 years of age.
 - Cervical cancer screening:
 - This must include Pap smear results from the last three years or five years (for ages 30 and up) if HPV cotesting was performed. If you did not

https://mediproviders.anthem.com/ca

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County. ACAPEC-1435-18 May 2018

perform the Pap, include documentation of which provider completed the Pap and the results of the test.

- Comprehensive diabetes care If the member has diabetes, please include:
 - A hemoglobin A1c.
 - Diabetic retinal exam results from the past two years (2016 and 2017) or a referral if no exam has been completed.
 - Nephrology labs or a referral to a nephrology specialist, and medication list.
- Any labs for monitoring use of angiotensin-converting enzymes/angiotensin receptor blockers, digoxin and diuretics.

If the H&P is not found in the medical record, documentation of missed appointment(s), phone or letter contact attempts to reschedule an appointment, or member/parent refusal should be included.

СРТ	Definitions
codes	
99201	New patient preventive medicine services — This is for office or other outpatient
	visits for the evaluation and management of a new patient. This requires a
	problem-focused history, a problem-focused examination and straightforward
	medical decision making. Counseling and/or coordination of care with other
	physicians, other qualified health care professionals or agencies are provided
	consistent with the nature of the problem(s) and the patient's and/or family's needs.
	Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes
	are spent face-to-face with the patient and/or family.
99202	New patient preventive medicine services — This is for office or other outpatient
	visits for the evaluation and management of a new patient, which requires an
	expanded problem-focused history, an expanded problem-focused examination and
	straightforward medical decision-making. Counseling and/or coordination of care
	with other physicians, other qualified health care professionals or agencies are
	provided consistent with the nature of the problem(s) and the patient's and/or
	family's needs. Usually, the presenting problem(s) are of low to moderate severity.
	Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	New patient preventive medicine services — This is for office or other outpatient
	visits for the evaluation and management of a new patient, which requires a
	detailed history, a detailed examination and low-complexity medical decision
	making. Counseling and/or coordination of care with other physicians, other
	qualified health care professionals or agencies are provided consistent with the
	nature of the problem(s) and the patient's and/or family's needs. Usually, the
	presenting problem(s) are of moderate severity. Typically, 30 minutes are spent
	face-to-face with the patient and/or family.
99204	New patient preventive medicine services — This is for office or other outpatient
	visits for the evaluation and management of a new patient, which requires a
	comprehensive history, a comprehensive examination and medical decision-making

Proper CPT codes to be used for the IHA — new patient evaluation and management

	of moderate complexity. Counseling and/or coordination of care with other
	physicians, other qualified health care professionals or agencies are provided
	consistent with the nature of the problem(s) and the patient's and/or family's needs.
	Usually, the presenting problem(s) are of moderate to high severity. Typically, 45
	minutes are spent face-to-face with the patient and/or family.
99205	New patient preventive medicine services — This is for office or other outpatient
	visits for the evaluation and management of a new patient, which requires a
	comprehensive history, a comprehensive examination and medical decision-making
	of high complexity. Counseling and/or coordination of care with other physicians,
	other qualified health care professionals or agencies are provided consistent with the
	nature of the problem(s) and the patient's and/or family's needs. Usually, the
	presenting problem(s) are of moderate to high severity. Typically, 60 minutes are
	spent face-to-face with the patient and/or family.

Proper CPT codes to be used for the IHA — comprehensive preventive medicine for established patients

СРТ	Definitions
codes	
99391	Established patient evaluation and management — This is for periodic
	comprehensive preventive medicine re-evaluation and management of an
	individual including an age- and gender-appropriate history, examination,
	counseling/anticipatory guidance/risk factor reduction interventions, and the
	ordering of laboratory/diagnostic procedures. This applies to established infant
	patients, age younger than 1 year.
99392	Established patient evaluation and management — This is for periodic
	comprehensive preventive medicine re-evaluation and management of an
	individual including an age- and gender-appropriate history, examination,
	counseling/anticipatory guidance/risk factor reduction interventions, and the
	ordering of laboratory/diagnostic procedures. This applies to established patients in
	early childhood, age 1 through 4 years.
99393	Established patient evaluation and management — This is for periodic
	comprehensive preventive medicine re-evaluation and management of an
	individual including an age- and gender-appropriate history, examination,
	counseling/anticipatory guidance/risk factor reduction interventions, and the
	ordering of laboratory/diagnostic procedures. This applies to established patients in
	late childhood, age 5 through 11 years.
99394	Established patient evaluation and management — This is for periodic
	comprehensive preventive medicine re-evaluation and management of an
	individual including an age- and gender-appropriate history, examination,
	counseling/anticipatory guidance/risk factor reduction interventions, and the
	ordering of laboratory/diagnostic procedures. This applies to established adolescent
	patients, age 12 through 17 years.
99395	Established patient evaluation and management — This is for periodic
	comprehensive preventive medicine re-evaluation and management of an
	individual including an age- and gender-appropriate history, examination,

	counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures. This applies to established patients , age 18 through 39 years.
99396	Established patient evaluation and management — This is for periodic
	individual including an age- and gender-appropriate history, examination.
	counseling/anticipatory guidance/risk factor reduction interventions, and the
	ordering of laboratory/diagnostic procedures. This applies to established patients,
	age 40 through 64 years.
99397	Established patient evaluation and management — This is for periodic
	comprehensive preventive medicine re-evaluation and management of an
	individual including an age- and gender-appropriate history, examination,
	counseling/anticipatory guidance/risk factor reduction interventions, and the
	ordering of laboratory/diagnostic procedures. This applies to established patients,
	age 65 years and older.

Proper CPT code to be used for the IHA — health behavior assessment

СРТ	Definitions
code	
96160	New patient preventive medicine services — This is for an administration of a
	patient-focused health risk assessment instrument (for example, a Staying
	Healthy Assessment form or health hazard appraisal) with scoring and
	documentation, per standardized instrument.

Proper CPT codes to be used for the IHA

CPT	Definitions
codes	
99381	New patient preventive medicine services — This is for an initial comprehensive
	preventive medicine evaluation and management of an individual including an
	age- and gender-appropriate history, examination, counseling/anticipatory
	guidance/risk factor reduction interventions, and the ordering of
	laboratory/diagnostic procedures. This applies to new infant patients, age younger
	than 1 year.
99382	New patient preventive medicine services — This is for an initial comprehensive
	preventive medicine evaluation and management of an individual including an
	age- and gender-appropriate history, examination, counseling/anticipatory
	guidance/risk factor reduction interventions, and the ordering of
	laboratory/diagnostic procedures. This applies to new patients in early childhood,
	age 1 through 4 years.
99383	New patient preventive medicine services — This is for an initial comprehensive
	preventive medicine evaluation and management of an individual including an
	age- and gender-appropriate history, examination, counseling/anticipatory
	guidance/risk factor reduction interventions, and the ordering of
	laboratory/diagnostic procedures. This applies to new patients in late childhood, age
	5 through 11 years.

99384	New patient preventive medicine services — This is for an initial comprehensive
	preventive medicine evaluation and management of an individual including an
	age- and gender-appropriate history, examination, counseling/anticipatory
	guidance/risk factor reduction interventions, and the ordering of
	laboratory/diagnostic procedures. This applies to new patients in adolescence, age
	12 through 17 years.
99385	New patient preventive medicine services — This is an initial comprehensive
	preventive medicine evaluation and management of an individual including an
	age- and gender-appropriate history, examination, counseling/anticipatory
	guidance/risk factor reduction interventions, and the ordering of
	laboratory/diagnostic procedures. This applies to new patients, age 18 through 39
	years.
99386	New patient preventive medicine services — This is an initial comprehensive
	preventive medicine evaluation and management of an individual including an
	age- and gender-appropriate history, examination, counseling/anticipatory
	guidance/risk factor reduction interventions, and the ordering of
	laboratory/diagnostic procedures. This applies to new patients, age 40 through 64
	years.
99212	Established patient evaluation and management — This is for office or other
	outpatient visits for the evaluation and management of an established patient,
	which requires at least two of the following three key components:
	1. A problem-focused history
	2. A problem-focused examination and straightforward medical
	decision making
	3. Counseling and/or coordination of care with other physicians, other qualified
	health care professionals or agencies consistent with the nature of the
	problem(s) and the patient's and/or family's needs
	Usually, the presenting problem(s) are self-limited or minor. Typically, 10
	minutes are spent face-to-face with the patient and/or family.
99213	Established patient evaluation and management — This is for office or other
	outpatient visits for the evaluation and management of an established patient.
	which requires at least two of the following three key components:
	1. An expanded problem-focused history
	2. An expanded problem-focused examination and medical decision making of
	low complexity
	3. Counseling and coordination of care with other physicians, other qualified
	health care professionals or agencies consistent with the nature of the
	problem(s) and the patient's and/or family's needs
	Usually the presenting problem(s) are of low to moderate severity. Typically, 15
	minutes are spent face-to-face with the patient and/or family.
99214	Established patient evaluation and management — This is for office or other
///	outpatient visits for the evaluation and management of an established natient
	which requires at least two of the following three components:
	1. A detailed history

	2. A detailed examination and medical decision making of moderate complexity
	3. Counseling and/or coordination of care with other physicians, other qualified
	health care professionals or agencies consistent with the nature of the
	problem(s) and the patient's and/or family's needs
	Usually, the presenting problem(s) are of moderate to high severity. Typically,
	25 minutes are spent face-to-face with the patient and/or family.
99215	Established patient evaluation and management — This is for office or other
	outpatient visits for the evaluation and management of an established patient,
	which requires at least two of the following three components:
	1. A comprehensive history
	2. A comprehensive examination and medical decision making of high
	complexity
	3. Counseling and/or coordination of care with other physicians, other qualified
	health care professionals or agencies consistent with the nature of the
	problem(s) and the patient's and/or family's needs
	Usually, the presenting problem(s) are of moderate to high severity. Typically,
	40 minutes are spent face-to-face with the patient and/or family.

Proper diagnosis Z codes to be used for the IHA

Diagnosis Z codes	Definitions
Z00.00	Encounter for general adult medical exam w/o abnormal findings
Z00.01	Encounter for general adult medical exam with abnormal findings
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination w/o abnormal findings

Note: For optimal identification of members through claims and encounters, please include a CPT code in conjunction with a diagnosis Z code.

For members who are new to Anthem but are existing patients of yours with an established medical record, you may use CPT codes 99212 through 99397 (Established Patient Evaluation and Management). Comprehensive physical examinations should follow AAP and/or USPSTF guidelines.

Provider customer care centers:

Medi-Cal Customer Care Center:	1-800-407-4627 (0	outside L.A.	County)
L.A. Care Customer Care Center:	1-888-285-7801	(inside L.A.	County)



Coding Suggestions

Use of these codes may ease the burden of chart review for many providers during the HEDIS[®] process. Some codes are required to be tracked by the managed care programs of the Department of Health Care Services.

Use to code pediatric BMI percentile	Pediatric BMI percentile range
Z68.51	BMI less than fifth percentile for age
Z68.52	Fifth percentile to less than 85th percentile for age
Z68.53	85th percentile to less than 95th percentile for age
Z68.54	BMI greater than or equal to 95th percentile for age

Preventive care codes for well-	visit exams
New patient (New pt)	99381 Initial comprehensive (New pt) under 1 year old
	99382 Initial comprehensive (New pt) ages 1 to 4 years
	99383 Initial comprehensive (New pt) ages 5 to 11 years
	99384 Initial comprehensive (New pt) ages 12 to 17 years
	99385 Initial comprehensive (New pt) ages 18 to 39 years
	99386 Initial comprehensive (New pt) ages 40 to 64 years
	99387 Initial comprehensive (New pt) ages 65 years and over
Established patient (Est. pt)	99391 Periodic comprehensive (Est. pt) under 1 year old
	99392 Periodic comprehensive (Est. pt) ages 1 to 4 years
	99393 Periodic comprehensive (Est. pt) ages 5 to 11 years
	99394 Periodic comprehensive (Est. pt) ages 12 to 17 years
	99395 Periodic comprehensive (Est. pt) ages 18 to 39 years
	99396 Periodic comprehensive (Est. pt) ages 40 to 64 years
	99397 Periodic comprehensive (Est. pt) ages 65 years and over

Point of care (POC) testing	Test	Use to code result of POC test
Hemoglobin A1c (HbA1c) testing	A1c	3044F (less than 7%)
in office		3045F (7% to 9%)
		3046F (greater than 9%)
Urinalysis (UA) performed in	UA	81002 (Dip without microscopy)
office	UA	81003 (Automated UA)

Use to code blood pressure reading	Blood pressure reading
3074F	Most recent systolic blood pressure less than 130 mmHg
3075F	Most recent systolic blood pressure 130 to 139 mmHg
3077F	Most recent systolic blood pressure greater than or equal to 140 mmHg
3078F	Most recent diastolic blood pressure less than 80 mmHg
3079F	Most recent diastolic blood pressure 80 to 89 mmHg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mmHg

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

https://mediproviders.anthem.com/ca

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County. ACAPEC-1304-18 January 2018

Documentation of review of most recent laboratory and vision results	
3044F	Most recent HbA1c level less than 7% (diabetes mellitus [DM])
3045F	Most recent HbA1c level 7% to 9% (DM)
3046F	Most recent HbA1c level greater than 9% (DM)
3060F	Positive microalbuminuria test result documented and reviewed (DM)
3061F	Negative microalbuminuria test result documented and reviewed (DM)
3062F	Positive macroalbuminuria test result documented and reviewed (DM)
3066F	Documentation of treatment for nephropathy (for example, patient receiving dialysis; patient being treated for end-stage renal disease, chronic renal failure, acute renal failure or renal insufficiency; or any visit to a nephrologist) (DM)
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (diabetic retinal exam [DRE])
2024F	Seven standard field-stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DRE)
2026F	Eye imaging results validated to match diagnosis from seven standard field-stereoscopic photos documented and reviewed (DRE)

Documentation of total vaginal hysterectomy or total hysterectomy		
Hysterectomy	Acquired absence of cervix and uterus Z90.710	
Hysterectomy	Acquired absence of cervix with remaining	Z90.712
	uterus	
Hysterectomy	Agenesis and aplasia of cervix	Q51.5
Pap smear taken in PCP office	Screening Pap smear: obtaining, preparing and conveyance of cervical or vaginal smear to	Q0091
	laboratory	

Codes	Use for description of tobacco users history
F17.200	Nicotine dependence, unspecified or uncomplicated
F17.201	Nicotine dependence, unspecified or in remission
F17.210	Nicotine dependence, cigarettes or uncomplicated
F17.211	Nicotine dependence, cigarettes or in remission
F17.220	Nicotine dependence, chewing tobacco or uncomplicated
F17.221	Nicotine dependence, chewing tobacco or in remission
F17.290	Nicotine dependence, other tobacco product or uncomplicated
F17.291	Nicotine dependence, other tobacco product or in remission
Z87.891	Personal history of nicotine dependence
099.33	Tobacco use (smoking) during pregnancy, childbirth and puerperium

Code	Use when personal health questionnaire or similar assessment has been completed
96127	Brief emotional/behavioral assessment using validated tool for clinical depression on patients 12 years and older

Codes	To be used as replacement of PM160 forms
Z71.3	Counseling for nutrition
Z02.5, Z71.82	Counseling for physical activity
96110	Used when standardized tool used for risk of developmental,
	behavioral and social delays. (ages up to 5 years)