KPI Provider/ Coding Support | FY26 V1

Immunizations for Adolescents

Measure Description:

- The percentage of adolescents who turn 13 years of age during the measurement year who had one dose of meningococcal conjugate vaccine (serogroups A, C, W, Y), one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series (2 or 3 doses, depending on age at initial vaccination) by their 13th birthday.
- The measure reports rates for each individual vaccine (meningococcal, Tdap, HPV) and two combination rates (Combo 1: meningococcal + Tdap; Combo 2: meningococcal + Tdap + HPV).
- This measure is identical to the CMS Child Core Set (IMA-CH) specification and the 2025 DOI Primary Care APM measure, using administrative or hybrid data collection methods.

Numerator:

- Adolescents in the denominator who received the following by their 13th birthday: one meningococcal conjugate vaccine (on or between 11th and 13th birthday), one Tdap vaccine (on or between 10th and 13th birthday), and the complete HPV vaccine series (2 doses if started before age 15, or 3 doses if started at or after age 15, with appropriate spacing).
- Vaccines must be documented in CIIS, EHR, or claims; historical vaccines from birth count if verified.
- Combo 2 rate (used for payment): Members compliant with meningococcal, Tdap, and HPV series.

Denominator:

- All adolescents who turn 13 years of age during the measurement year (CY2026), regardless of continuous enrollment requirements (measure allows for administrative data to pull from CIIS and claims).
- Members must be enrolled in Medicaid at the time of their 13th birthday to be included.
- Excludes members with documented contraindications or exclusions

Services to Support Immunization Compliance:

- Well-child visits or preventive care appointments for ages 11–13, where vaccines can be administered during routine check-ups.
- School-based health centers or clinics, which often provide low-cost or free vaccinations and can report directly to CIIS.
- Community vaccination events or mobile clinics hosted by local health departments, targeting underserved populations or during back-to-school seasons.
- Pharmacy services for vaccine administration (e.g., retail pharmacies like Walgreens or King Soopers authorized for adolescent vaccines under Colorado law).
- Telehealth consultations for vaccine education and scheduling, followed by in-person administration.

Best Practices:

- Schedule the meningococcal and Tdap vaccines at the 11–12-year well-child visit per American Academy of Pediatrics (AAP) guidelines and start the HPV series at the same time to maximize completion rates.
- Use the Colorado Immunization Information System (CIIS) to verify vaccine history before administration, avoiding unnecessary duplicates and ensuring accurate numerator capture.

More information can be found here: www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html

Immunizations for Adolescents

- Educate parents and adolescents on vaccine safety and efficacy using the "Teach Back Method" to confirm understanding, such as asking them to repeat back key points like "Why is HPV vaccine important for cancer prevention?"
- Track series completion with electronic health record (EHR) reminders or alerts; HPV is often missed because it requires 2–3 doses (at 0 and 6–12 months for 2-dose, or 0, 1–2, 6 months for 3-dose), so set automated follow-up notifications.
- Partner with schools for catch-up clinics or requirement compliance programs, especially for middle school entry where Tdap and meningococcal are mandated in Colorado.
- Conduct outreach to patients who miss doses via phone, text, or patient portal messages, and assist with rescheduling as soon as possible to meet the 13th birthday deadline.
- For exclusions, document anaphylaxis or severe allergic reactions in the EHR problem list with SNOMED CT codes to ensure proper measure of exclusion during data review.
- Submit claims promptly with appropriate CPT codes to ensure vaccines are captured in CIIS and administrative data sets, reducing reliance on hybrid chart chases.
- Monitor practice performance using CIIS reports or EHR dashboards to identify gaps in Combo 2 rates and target interventions for high-risk groups (e.g., adolescents with delayed well visits).
- Collaborate with RAE quality teams for resources like vaccine stock or education materials to improve equity in immunization access.

CY 2026 Payment Thresholds (Combo 2 Rate)

Level	Required Rate	Payout %
Basecamp	≥31%	33%
Tree Line	≥36%	67%
Summit	≥40%	100%

For the full list of codes, please see Appendix A on the following page.

More information can be found here: www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html

Immunizations for Adolescents

Appendix A

Codes to Identify Vaccines		
Vaccine	**CPT**	**CPT II**
Meningococcal	90619, 90733, 90734	3039F
Tdap	90715	3040F
HPV	90649, 90650, 90651	3041F

Codes to Identify Vaccines (Full Value Set)			
Vaccine	**CPT**	**CVX**	**CPT II**
Meningococcal	90619, 90733, 90734	32, 108, 114, 136, 147, 167, 203	3039F
Tdap	90715	115	3040F
HPV	90649, 90650, 90651	62, 118, 137, 165	3041F

Codes for Exclusions - Anaphylaxis	
Vaccine	**SNOMED CT**
Meningococcal	428301000124106
Tdap (Tetanus)	428321000124101
Tdap (Diphtheria)	428331000124103
Tdap (Pertussis)	428341000124108
HPV	428241000124101

More information can be found here: www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html