

Prenatal Immunization Status (PRS-E)

Why it matters

Prenatal Immunization Status (PRS-E) is an Electronic Clinical Data Systems (ECDS) measure.

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommends influenza (the injection, not the live nasal flu vaccine) and tetanus diphtheria and cellular pertussis (Tdap) vaccines for pregnant women to protect themselves and their infants from serious illness and death.

Pregnant and postpartum women are at higher risk for severe illness and complications from influenza than women who are not pregnant because of changes in the immune system, heart, and lungs during pregnancy.

Influenza vaccinations can be administered at any time during pregnancy including before and during the influenza season.

The transfer of antibodies from an immunized mother to her fetus is the primary means of protecting infants after birth.

Improving prenatal vaccination rates is critical as approximately half of pregnant women do not receive these recommended vaccines.

Ensure use of electronic data transfer or establish secured file transfer protocol (SFTP) if your organization does not already use one. Make full use of CPT® II codes to submit care quality findings as many HEDIS® gaps could be closed via claims if CPT II codes are fully utilized.

Description	Codes
Adult influenza immunization	CVX: 88, 135, 140, 141, 144, 150, 153, 155, 158, 166, 168, 171, 185, 186, 197, 205
Adult influenza vaccine procedure	CPT®: 90630, 90653, 90654, 90656, 90658, 90661, 90662, 90673, 90674, 90682, 90686, 90688, 90689, 90694 SNOWMED CT: 46233009, 346524008, 34625009, 348046004, 348047008, 400564003, 400788004, 408752008, 418707004, 419562000, 430410002
Tdap immunization	CVX: 115
Tdap procedure	CPT: 90715 SNOWMED CT: 42851000124104
Length of gestation at birth (observable entity)	SNOWMED CT: 412726003

Description

The percentage of deliveries in the measurement period in which members received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations.

Intake period

January 1 of the measurement year (MY) through December 31, MY

Best practices:

- While flu seasons vary in their timing, the CDC recommends getting vaccinated by the end of October if possible.
- The Tdap vaccine may be given at any time during pregnancy, but optimally between 27 and 36 weeks of each pregnancy to protect from pertussis, also known as whooping cough.
- Tdap is recommended during every pregnancy, regardless of how long it has been since previous Tdap vaccine.
- If Tdap was not received during pregnancy and member has never previously received, the CDC recommends the vaccine immediately postpartum.



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