

# Alameda Alliance for Health (Alliance) Pay-for-Performance (P4P) Program Guidelines

**Alliance Group Care and Alliance Medi-Cal**  
— Measurement Year (MY) 2026 —



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# MY2026 Pay-for-Performance (P4P) Guidelines

## Overview

The Alameda Alliance for Health (Alliance) Pay-for-Performance (P4P) program for measurement year (MY) 2026 offers performance-based incentive payments for delivered services to providers in the Alliance network. Through this program, contracted primary care providers (PCPs) and PCP Groups are rewarded for superior performance and yearly improvement. The goal of the MY 2026 P4P program is to improve the quality, performance, and health outcomes of our Medi-Cal and In-Home Supportive Services (IHSS) Group Care members.

## Eligibility and Participation

PCP Groups are defined as solo practitioners or multi-provider practices contracted for primary care services and are categorized as Family Practice, Internal Medicine, or Pediatric.

PCP Groups are eligible to participate in the P4P program if they meet the following criteria:

- Be directly contracted with the Alliance for at least nine (9) months during the measurement year and through the date of payment; and
- Be in good standing with the Alliance and Medi-Cal at the time of the payment distribution.

## Program Timeline

**Measurement Period:** Thursday, January 1, 2026 – Thursday, December 31, 2026

**Payment Date:** September 2027

## Available Incentive Dollars

The total payment pool consists of an approved budgeted amount determined by the Alliance Board of Governors. This amount is subject to adjustment depending on the financial performance of the Alliance. The potential dollars for a PCP Group will be based on its percentage of member months compared to the total member months of the Alliance.

# MY2026 Pay-for-Performance (P4P) Guidelines

## Measure Domains

The Alliance 2026 P4P program is divided into the following four (4) domains:

1. **Clinical Quality Measures:** Standard Healthcare Effectiveness Data and Information Set (HEDIS®) process and outcomes measures that are based on the specifications published by the National Committee for Quality Assurance (NCQA).
2. **Other Measures:** Non-HEDIS® measures that focus on utilization and member satisfaction.
3. **Monitoring Measures:** Measures that the Alliance is evaluating to potentially include in future P4P programs.
4. **Health Information Exchange (HIE):** Participation in the Manifest MedEx HIE with continuous data submission throughout the measurement year.

## Benchmarks and Improvement Targets

Benchmarks and improvement targets are derived from a combination of several factors, including:

- National performance benchmarks for HEDIS® metrics
- Prior year performance

# Alliance Measure Focus for MY2026

## Clinical Quality Measures

| Measure  | Description   | Additional Information<br>(please click to view)  |
|--|---|---|
| <b>Childhood Immunizations: Combo 10 (CIS-E)</b>                         | <p>The percentage of children who turned the age of two (2) in the measurement year and received the following immunizations by their 2nd birthday:</p> <ul style="list-style-type: none"> <li>• Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis)</li> <li>• Three (3) IPV (Polio)</li> <li>• One (1) MMR (Measles, Mumps, Rubella)</li> <li>• Three (3) HiB (H Influenza Type B)</li> <li>• Three (3) Hep B (Hepatitis B)</li> <li>• One (1) VZV (Varicella) or history of chickenpox</li> <li>• Four (4) PCV (Pneumococcal Conjugate)</li> <li>• One (1) Hep A (Hepatitis A)</li> <li>• RV (Rotavirus): 2-dose or 3-dose schedule</li> <li>• Two (2) Influenza: One (1) of the two (2) can be an LAIV vaccination administered on their 2nd birthday</li> </ul> | <ol style="list-style-type: none"> <li>1. <a href="#"><u>CIS-E Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>CIS-E Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>CIS-E Measure Details</u></a></li> </ol> |
| <b>Immunizations for Adolescents: Combo 2 (IMA-E)</b>                    | <p>The percentage of adolescents who turned the age of 13 during the measurement year and received the following immunizations by their 13th birthday:</p> <ul style="list-style-type: none"> <li>• One (1) Meningococcal Serogroups A, C, W, Y</li> <li>• One (1) Tdap (Tetanus, Diphtheria, Acellular Pertussis)</li> <li>• Two (2) HPV at least 146 days apart or three (3) HPV between their 9th and 13th birthday</li> </ul>   | <ol style="list-style-type: none"> <li>1. <a href="#"><u>IMA-E Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>IMA-E Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>IMA-E Measure Details</u></a></li> </ol> |
| <b>Developmental Screening in the First Three Years of Life (DEV-CH)</b> | <p>The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday in the measurement year.</p>  | <ol style="list-style-type: none"> <li>1. <a href="#"><u>DEV Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>DEV Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>DEV Measure Details</u></a></li> </ol>       |

# Alliance Measure Focus for MY2026

## Clinical Quality Measures

| Measure  | Description   | Additional Information<br>(please click to view)   |
|--|---|--|
| <b>Topical Fluoride for Children (TFL-CH)</b>  | The percentage of children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services during the measurement year. | <ol style="list-style-type: none"> <li><a href="#"><u>1. TFL Reference Guide for Providers</u></a></li> <li><a href="#"><u>2. TFL Reference Guide for Billing Staff</u></a></li> <li><a href="#"><u>3. TFL Measure Details</u></a></li> </ol>          |
| <b>Lead Screening in Children (LSC-E)</b>  | The percentage of children two (2) years of age who had one (1) or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.  | <ol style="list-style-type: none"> <li><a href="#"><u>1. LSC-E Reference Guide for Providers</u></a></li> <li><a href="#"><u>2. LSC-E Reference Guide for Billing Staff</u></a></li> <li><a href="#"><u>3. LSC-E Measure Details</u></a></li> </ol>    |
| <b>Well-Child Visits in the First 15 Months of Life: Six or More Visits (W30 6+)</b> | The percentage of children who turned 15 months old during the measurement year and had six (6) or more well-child visits with a PCP during their first 15 months of life.  | <ol style="list-style-type: none"> <li><a href="#"><u>1. W30 6+ Reference Guide for Providers</u></a></li> <li><a href="#"><u>2. W30 6+ Reference Guide for Billing Staff</u></a></li> <li><a href="#"><u>3. W30 6+ Measure Details</u></a></li> </ol> |
| <b>Well-Child Visits in the First 30 Months of Life: Two or More Visits (W30 2+)</b> | The percentage of children who turned 30 months old during the measurement year and had two (2) or more well-child visits with a PCP between their 15-month birthday plus one (1) day and their 30-month birthday.          | <ol style="list-style-type: none"> <li><a href="#"><u>1. W30 2+ Reference Guide for Providers</u></a></li> <li><a href="#"><u>2. W30 2+ Reference Guide for Billing Staff</u></a></li> <li><a href="#"><u>3. W30 2+ Measure Details</u></a></li> </ol> |
| <b>Child and Adolescent Well-Care Visits (WCV)</b>                                   | The percentage of members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during the measurement year.  | <ol style="list-style-type: none"> <li><a href="#"><u>1. WCV Reference Guide for Providers</u></a></li> <li><a href="#"><u>2. WCV Reference Guide for Billing Staff</u></a></li> <li><a href="#"><u>3. WCV Measure Details</u></a></li> </ol>          |
| <b>Breast Cancer Screening (BCS-E)</b>   | The percentage of women 40-74 years of age who were recommended for routine breast cancer screening and completed a mammogram.  | <ol style="list-style-type: none"> <li><a href="#"><u>1. BCS-E Reference Guide for Providers</u></a></li> <li><a href="#"><u>2. BCS-E Reference Guide for Billing Staff</u></a></li> <li><a href="#"><u>3. BCS-E Measure Details</u></a></li> </ol>    |

# Alliance Measure Focus for MY2026

## Clinical Quality Measures

| Measure   | Description  | Additional Information<br>(please click to view)  |
|---|--|---|
| <b>Cervical Cancer Screening (CCS-E)</b>  | <p>The percentage of women 21-64 years of age who were screened for cervical cancer using one (1) of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women 21-64 years of age who had a cervical cytology performed within the last three (3) years (2024-2026).</li> <li>• Women 30-64 years of age who had human papillomavirus (HPV) testing or cervical cytology/HPV co-testing performed within the last five (5) years (2022-2026) and who were 30 years or older on the date of the test.</li> </ul> | <ol style="list-style-type: none"> <li>1. <a href="#"><u>CCS-E Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>CCS-E Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>CCS-E Measure Details</u></a></li> </ol> |
| <b>Colorectal Cancer Screening (COL-E)</b>  | <p>The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer, which includes:</p> <ul style="list-style-type: none"> <li>• Colonoscopy</li> <li>• CT colonography</li> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• Stool DNA</li> </ul>  | <ol style="list-style-type: none"> <li>1. <a href="#"><u>COL-E Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>COL-E Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>COL-E Measure Details</u></a></li> </ol> |
| <b>Glycemic Status Assessment for Patients with Diabetes (GSD)</b>                        | <p>The percentage of members 18-75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was controlled (<math>\leq 9\%</math>) on the latest reading in the measurement year.</p>  | <ol style="list-style-type: none"> <li>1. <a href="#"><u>GSD Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>GSD Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>GSD Measure Details</u></a></li> </ol>       |
| <b>Controlling High Blood Pressure (CBP)</b>  | <p>The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<math>&lt; 140/90</math> mm Hg) during the measurement year.</p>  | <ol style="list-style-type: none"> <li>1. <a href="#"><u>CBP Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>CBP Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>CBP Measure Details</u></a></li> </ol>       |
| <b>Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM) – 30 Days</b> | <p>The percentage of Emergency Department (ED) visits for members six (6) years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 30 days.</p>   | <ol style="list-style-type: none"> <li>1. <a href="#"><u>FUM Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>FUM Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>FUM Measure Details</u></a></li> </ol>       |

# Alliance Measure Focus for MY2026

## Other Measures

| Measure  | Description  | Additional Information<br>(please click to view)  |
|--|--|---|
| <b>Initial Health Appointment (IHA)</b>                                | The percentage of new or re-enrolled members who had one (1) PCP visit or two (2) documented outreach attempts within 120 days of provider assignment.                   | <ol style="list-style-type: none"> <li>1. <a href="#"><u>IHA Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>IHA Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>IHA Measure Details</u></a></li> </ol> |
| <b>Member Satisfaction Survey: Urgent Appointment Availability</b>     | The percentage of survey responses received during the measurement year that indicates the member was able to schedule an urgent appointment within 48 hours.            | <ol style="list-style-type: none"> <li>1. <a href="#"><u>Urgent Appt Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>Urgent Appt Measure Details</u></a></li> </ol>  |
| <b>Member Satisfaction Survey: Non-Urgent Appointment Availability</b> | The percentage of survey responses received during the measurement year that indicates the member was able to schedule a non-urgent appointment within 10 business days. | <ol style="list-style-type: none"> <li>1. <a href="#"><u>Non-Urgent Appt Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>Non-Urgent Appt Measure Details</u></a></li> </ol>  |

# Alliance Measure Focus for MY2026

## Monitoring Measures

| Measure  | Description  | Additional Information<br>(please click to view)  |
|--|--|---|
| <b>Avoidable Emergency Department (ED) Visits per 1000</b>                   | Members who had an avoidable ED visit, using the Johns Hopkins Adjusted Clinical Group (ACG) criteria for either “emergent, primary care treatable” or “non-emergent” visits during the measurement year.  | <ol style="list-style-type: none"> <li>1. <a href="#"><u>ED Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>ED Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>ED Measure Details</u></a></li> </ol>          |
| <b>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</b> | <p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> <li>• Depression Screening – The percentage of members who were screened for clinical depression using a standardized instrument.</li> <li>• Follow-Up on Positive Screening – The percentage of members who received follow-up care within 30 days of a positive depression screening.</li> </ul> | <ol style="list-style-type: none"> <li>1. <a href="#"><u>DSF-E Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>DSF-E Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>DSF-E Measure Details</u></a></li> </ol> |
| <b>Follow-Up After Acute Care Visits for Asthma (AAF-E)</b>                  | <p>The percentage of members 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge, or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.</p>   | <ol style="list-style-type: none"> <li>1. <a href="#"><u>AAF-E Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>AAF-E Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>AAF-E Measure Details</u></a></li> </ol> |
| <b>Members Engaged in Primary Care (ENPC)</b>                                | <p>Percentage of members who had at least one (1) primary care visit within the measurement year.</p>  | <ol style="list-style-type: none"> <li>1. <a href="#"><u>ENPC Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>ENPC Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>ENPC Measure Details</u></a></li> </ol>    |

# Alliance Measure Focus for MY2026

## Monitoring Measures

| Measure  | Description  | Additional Information<br>(please click to view)  |
|--|--|---|
| <b>Postpartum Depression Screening and Follow-up (PDS-E)</b> | <p>The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> <li>• Depression Screening – The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.</li> <li>• Follow-Up on Positive Screen – The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.</li> </ul> | <ol style="list-style-type: none"> <li>1. <a href="#"><u>PDS-E Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>PDS-E Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>PDS-E Measure Details</u></a></li> </ol> |
| <b>Prenatal Depression Screening and Follow-up (PND-E)</b>   | <p>The percentage of deliveries in which members were screened for clinical depression while pregnant and, if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> <li>• Depression Screening – The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.</li> <li>• Follow-Up on Positive Screen – The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.</li> </ul>                           | <ol style="list-style-type: none"> <li>1. <a href="#"><u>PND-E Reference Guide for Providers</u></a></li> <li>2. <a href="#"><u>PND-E Reference Guide for Billing Staff</u></a></li> <li>3. <a href="#"><u>PND-E Measure Details</u></a></li> </ol> |

## Manifest MedEx Health Information Exchange (HIE)

| Measure  | Description  | Additional Information<br>(please click to view)  |
|--|--|---|
| <b>Health Information Exchange (HIE) Participation</b> | Participate in the Manifest MedEx HIE with continuous data submission throughout the measurement year. | <a href="#"><u>Overview of Manifest MedEx</u></a> |

# Reference Guide for Providers

| Measure Type                    | Measure  | Description  | Documentation  |
|---------------------------------|--|--|--|
| <b>Clinical Quality Measure</b> | <b>Childhood Immunizations: Combo 10 (CIS-E)</b> | <p>Children who turned two (2) during the measurement year and received the following immunizations by their 2nd birthday:</p> <ul style="list-style-type: none"> <li>• Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis)</li> <li>• Three (3) IPV (Polio)</li> <li>• One (1) MMR (Measles, Mumps, Rubella) or history of Measles, Mumps, <b>and</b> Rubella</li> <li>• Three (3) HiB (H Influenza Type B)</li> <li>• Three (3) Hep B (Hepatitis B)</li> <li>• One (1) VZV (Varicella) or history of chickenpox</li> <li>• Four (4) PCV (Pneumococcal Conjugate)</li> <li>• One (1) Hep A (Hepatitis A)</li> <li>• RV (Rotavirus): 2-dose or 3-dose schedule</li> <li>• Two (2) Influenza – One (1) of the two (2) can be an LAIV vaccination administered on their 2nd birthday</li> </ul> | <ul style="list-style-type: none"> <li>• Based on claims data and California Immunization Registry (CAIR) data.</li> <li>• Document all immunizations in the chart and in CAIR.</li> </ul> |

## Reference Guide for Providers

| Measure Type             | Measure  | Description   | Documentation  |
|--------------------------|--|---|--|
| Clinical Quality Measure | <b>Immunizations for Adolescents: Combo 2 (IMA-E)</b>                    | <p>Adolescents who turned 13 during the measurement year and received the following immunizations by their 13th birthday:</p> <ul style="list-style-type: none"> <li>• One (1) Meningococcal Serogroups A, C, W, Y</li> <li>• One (1) Tdap (Tetanus, Diphtheria, Acellular Pertussis)</li> <li>• Two (2) HPV at least 146 days apart or three</li> <li>• Three (3) HPV between their 9th and 13th birthday</li> </ul> | <ul style="list-style-type: none"> <li>• Based on claims data and CAIR data.</li> <li>• Document all immunizations in the chart and in CAIR.</li> </ul>  |
| Clinical Quality Measure | <b>Developmental Screening in the First Three Years of Life (DEV-CH)</b> | <p>Children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday during the measurement year.</p>  | <p>The following tools meet the measure criteria and are included in the Bright Futures Recommendations for Preventive Care:</p> <ul style="list-style-type: none"> <li>• Ages and Stages Questionnaire – 3rd Edition (ASQ-3)</li> <li>• Parents’ Evaluation of Developmental Status (PEDS) – Birth to age eight (8)</li> <li>• Parent’s Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)</li> <li>• Survey of Well-Being in Young Children (SWYC)</li> </ul> |
| Clinical Quality Measure | <b>Topical Fluoride for Children (TFL-CH)</b>                            | <p>Children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services during the measurement year.</p>  | <p>Provide topical fluoride varnish to pediatric members ages 1-5 during routine office visits.</p>  |
| Clinical Quality Measure | <b>Lead Screening in Children (LSC-E)</b>                                | <p>Children two (2) years of age who had one (1) or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.</p>   | <p>Follow the American Academy of Pediatrics (AAP) Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.</p>  |

## Reference Guide for Providers

| Measure Type             | Measure  | Description  | Documentation   |
|--------------------------|--|--|---|
| Clinical Quality Measure | <b>Well-Child Visits in the First 15 Months of Life: Six or More Visits (W30 6+)</b> | Children who turned 15 months old during the measurement year and had six (6) or more well-child visits with a PCP during their first 15 months of life.   | Follow the AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. |
| Clinical Quality Measure | <b>Well-Child Visits for Age 15 Months to 30 Months: Two or More Visits (W30 2+)</b> | Children who turned 30 months old during the measurement year and had two (2) or more well-child visits with a PCP between their 15-month birthday plus one (1) day and their 30-month birthday. | Follow the AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. |
| Clinical Quality Measure | <b>Child and Adolescent Well-Care Visits (WCV)</b>                                   | Members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during the measurement year.   | Follow the AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. |
| Clinical Quality Measure | <b>Breast Cancer Screening (BCS-E)</b>   | Women 40-74 years of age who had a mammogram between October 1, 2024, and December 31, 2026.   | Based on claims data.   |

# Reference Guide for Providers

| Measure Type             | Measure   | Description   | Documentation  |
|--------------------------|---|---|--|
| Clinical Quality Measure | Cervical Cancer Screening (CCS-E)                           | <p>Women 21-64 years of age who were screened for cervical cancer by one (1) of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women 21-64 years of age who had cervical cytology performed within the last three (3) years (2024-2026).</li> <li>• Women 30-64 years of age who had human papillomavirus (HPV) testing or cervical cytology/HPV co-testing performed within the last five (5) years (2022-2026) and who were 30 years or older on the date of the test.</li> </ul> | <ul style="list-style-type: none"> <li>• When the screening is completed off-site, obtain the record and results to ensure the medical record is complete.</li> <li>• If the member had a hysterectomy, document the date, type of surgery (Total Abdominal Hysterectomy (TAH), complete), and absence or presence of cervix.</li> <li>• If the date of hysterectomy is unknown, document the year.</li> </ul> |
| Clinical Quality Measure | Colorectal Cancer Screening (COL-E)                         | <p>Members 45-75 years of age who had appropriate screening for colorectal cancer.</p> <p>Qualifying screenings include:</p> <ul style="list-style-type: none"> <li>• Colonoscopy</li> <li>• CT colonography</li> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• Stool DNA</li> </ul>   | <ul style="list-style-type: none"> <li>• When the screening is completed offsite, obtain the record and results and document in the member's chart to ensure the medical record is complete.</li> <li>• Document if the member has had a total colectomy at any time during the member's history.</li> <li>• Based on claims data.</li> </ul>  |
| Clinical Quality Measure | Glycemic Status Assessment for Patients with Diabetes (GSD) | <p>Members 18-75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was controlled (<math>\leq 9\%</math>) on the latest reading in the measurement year.</p>   | <ul style="list-style-type: none"> <li>• Document the HbA1c or GMI test in the measurement year along with the result. Goal is <math>&lt;8.0\%</math>.</li> <li>• Repeat labs indicating poor control (<math>&gt;9.0\%</math>) later in the measurement year.</li> <li>• When the service is completed off-site, obtain the record and results to ensure the medical record is complete.</li> </ul>            |

## Reference Guide for Providers

| Measure Type             | Measure  | Description   | Documentation  |
|--------------------------|--|---|--|
| Clinical Quality Measure | Controlling High Blood Pressure (CBP)  | Members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.                                 | Use the appropriate CPT II codes to document the lowest systolic and diastolic reading from the visit: <ul style="list-style-type: none"> <li>• <b>Systolic &lt;130:</b> 3074F</li> <li>• <b>Systolic 130-139:</b> 3075F</li> <li>• <b>Systolic ≥140:</b> 3077F</li> <li>• <b>Diastolic &lt;80:</b> 3078F</li> <li>• <b>Diastolic 80-89:</b> 3079F</li> <li>• <b>Diastolic ≥90:</b> 3080F</li> </ul> |
| Clinical Quality Measure | Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM) – 30 Days | ED Visits for members six (6) years of age and older with a principal diagnosis of mental illness or any diagnosis of intentional self-harm, who had a follow-up visit for mental illness within 30 days. | Based on claims data if a member had a follow-up service for mental health within 30 days after the ED Visit.  |
| Other Measure            | Initial Health Appointment (IHA)   | New or re-enrolled members who had one (1) PCP visit or two (2) documented outreach attempts within 120 days of provider assignment.  | Based on claims data.  |
| Other Measure            | Member Satisfaction Survey: Urgent Appointment Availability                        | Survey responses received during the measurement year that indicate the member was able to schedule an urgent appointment within 48 hours.  | Survey question: In the last six (6) months, when you made an appointment either in person or by telephone for urgent care that you needed right away, when was your appointment either in person or by telephone scheduled? <ol style="list-style-type: none"> <li>a. 0-2 business days</li> <li>b. 3-4 business days</li> <li>c. More than 4 business days</li> </ol>                              |
| Other Measure            | Member Satisfaction Survey: Non-Urgent Appointment Availability                    | Survey responses received during the measurement year that indicate the member was able to schedule a non-urgent appointment within 10 business days.   | Survey question: In the last six (6) months, when you made an appointment either in person or by telephone for a check-up or routine care with this provider, when was your appointment either in person or by telephone scheduled? <ol style="list-style-type: none"> <li>a. 0-10 business days</li> <li>b. More than 10 business days</li> </ol>   |

## Reference Guide for Providers

| Measure Type       | Measure  | Description   | Documentation   |
|--------------------|--|---|---|
| Monitoring Measure | <b>Avoidable Emergency Department (ED) Visits per 1000</b>                   | Members who had avoidable ED visits during the measurement year, using the Johns Hopkins Adjusted Clinical Group (ACG) criteria for either “emergent, primary care treatable” or “non-emergent” visits.   | Based on claims data.   |
| Monitoring Measure | <b>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</b> | Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.   | Use a standard assessment instrument that has been normalized and validated for the appropriate patient population.<br>Eligible screening instruments: <ul style="list-style-type: none"> <li>• PHQ-9</li> <li>• PHQ-2</li> <li>• Beck Depression Inventory-Fast Screen</li> <li>• Center for Epidemiologic Studies Depression Scale – Revised</li> <li>• Edinburgh Postnatal Depression Scale</li> <li>• PROMIS Depression</li> </ul> Ensure appropriate code is used when screening is conducted. |
| Monitoring Measure | <b>Follow-Up After Acute Care Visits for Asthma (AAF-E)</b>                  | Members 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge, or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days. | Based on claims data.   |
| Monitoring Measure | <b>Members Engaged in Primary Care (ENPC)</b>                                | Members who had at least one (1) primary care visit within the measurement year   | Based on claims data.   |

## Reference Guide for Providers

| Measure Type              | Measure  | Description  | Documentation   |
|---------------------------|--|--|---|
| <b>Monitoring Measure</b> | <b>Postpartum Depression Screening and Follow-up (PDS-E)</b> | Members who were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. | Use a standard assessment instrument that has been normalized and validated for the appropriate patient population.<br>Eligible screening instruments: <ul style="list-style-type: none"> <li>• PHQ-9</li> <li>• PHQ-2</li> <li>• Beck Depression Inventory – Fast Screen</li> <li>• Center for Epidemiologic Studies Depression Scale – Revised</li> <li>• Edinburgh Postnatal Depression Scale</li> <li>• PROMIS Depression</li> </ul> Ensure appropriate code is used when screening is conducted. |
| <b>Monitoring Measure</b> | <b>Prenatal Depression Screening and Follow-up (PND-E)</b>   | Members who were screened for clinical depression while pregnant and, if screened positive, received follow-up care.               | Use a standard assessment instrument that has been normalized and validated for the appropriate patient population.<br>Eligible screening instruments: <ul style="list-style-type: none"> <li>• PHQ-9</li> <li>• PHQ-2</li> <li>• Beck Depression Inventory – Fast Screen</li> <li>• Center for Epidemiologic Studies Depression Scale – Revised</li> <li>• Edinburgh Postnatal Depression Scale</li> <li>• PROMIS Depression</li> </ul> Ensure appropriate code is used when screening is conducted. |

# Reference Guide for Billing Staff

| Measure Type             | Measure                                   | Description  | Code*   |
|--------------------------|---|--|---|
| Clinical Quality Measure | Childhood Immunizations: Combo 10 (CIS-E) | <p>Children who turned two (2) during the measurement year and received the following immunizations by their 2nd birthday:</p> <ul style="list-style-type: none"> <li>• Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis)</li> <li>• Three (3) IPV (Polio)</li> <li>• One (1) MMR (Measles, Mumps, Rubella) or history of Measles, Mumps, <b>and</b> Rubella</li> <li>• Three (3) HiB (H Influenza Type B)</li> <li>• Three (3) Hep B (Hepatitis B)</li> <li>• One (1) VZV (Varicella) or history of chickenpox</li> <li>• Four (4) PCV (Pneumococcal Conjugate)</li> <li>• One (1) Hep A (Hepatitis A)</li> <li>• RV (Rotavirus): 2-dose or 3-dose schedule</li> <li>• Two (2) Influenza - One (1) of the two (2) can be an LAIV vaccination administered on their 2nd birthday</li> </ul> | <p><b>DTaP CPT:</b> 90697, 90698, 90700, 90723<br/> <b>IPV CPT:</b> 90697, 90698, 90713, 90723<br/> <b>MMR CPT:</b> 90707, 90710<br/> <b>History of Measles - ICD-10 Dx:</b> B05.0-B05.4, B05.81, B05.89, B05.9<br/> <b>History of Mumps - ICD-10 Dx:</b> B26.0-B26.3, B26.81-B26.85, B26.89, B26.9<br/> <b>History of Rubella - ICD-10 Dx:</b> B06.00-B06.02, B06.09, B06.81, B06.82, B06.89, B06.9<br/> <b>HiB CPT:</b> 90644, 90647, 90648, 90697, 90698, 90748<br/> <b>Hep B CPT:</b> 90697, 90723, 90740, 90744, 90747, 90748<br/> <b>History of Hep B - ICD-10 Dx:</b> B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11<br/> <b>VZV CPT:</b> 90710, 90716<br/> <b>History of Chickenpox - ICD-10 Dx:</b> B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29, B02.30-B02.34, B02.39, B02.7, B02.8, B02.9<br/> <b>PCV CPT:</b> 90670<br/> <b>History of Hep A - ICD-10 Dx:</b> B15.0, B15.9<br/> <b>RV CPT:</b> 90681 (2-dose schedule), 90680 (3-dose schedule)<br/> <b>Influenza CPT:</b> 90756, 90674, 90689, 90687, 90688, 90685, 90686, 90657, 90655<br/> <b>Influenza LAIV CPT:</b> 90660, 90672</p> |

\*If covered by Medi-Cal.

## Reference Guide for **Billing Staff**

| Measure Type             | Measure  | Description   | Code*   |
|--------------------------|--|---|---|
| Clinical Quality Measure | <b>Immunizations for Adolescents: Combo 2 (IMA-E)</b>                    | <p>Adolescents who turned 13 years of age during the measurement year and received the following immunizations by their 13th birthday:</p> <ul style="list-style-type: none"> <li>• One (1) Meningococcal Serogroups A, C, W, Y</li> <li>• One (1) Tdap (Tetanus, Diphtheria, Acellular Pertussis)</li> <li>• Two (2) HPV at least 146 days apart or three (3) HPV between their 9th and 13th birthday</li> </ul> | <p><b>Meningococcal CPT:</b> 90619, 90733, 90734, 90623<br/> <b>Tdap CPT:</b> 90715<br/> <b>HPV CPT:</b> 90649, 90650, 90651</p>  |
| Clinical Quality Measure | <b>Developmental Screening in the First Three Years of Life (DEV-CH)</b> | Children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday during the measurement year.   | <b>CPT:</b> 96110   |
| Clinical Quality Measure | <b>Topical Fluoride for Children (TFL-CH)</b>                            | Children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services during the measurement year.   | <p>For fluoride application provided by a non-dental medical provider:<br/> <b>CPT:</b> 99188</p> <p>For fluoride application completed in an FQHC dental setting:<br/>           Procedure code+ Z29.3</p> |
| Clinical Quality Measure | <b>Lead Screening in Children (LSC-E)</b>                                | Children two (2) years of age who had one (1) or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.  | <p><b>POC CPT:</b> 83655</p> <p>Codes submitted by the laboratory.</p>  |

\*If covered by Medi-Cal.

## Reference Guide for **Billing Staff**

| Measure Type             | Measure  | Description  | Code*  |
|--------------------------|--|--|--|
| Clinical Quality Measure | <b>Well-Child Visits in the First 15 Months of Life: Six or More Visits (W30 6+)</b> | Children who turned 15 months old during the measurement year and had six (6) or more well-child visits with a PCP during their first 15 months of life.   | <b>CPT:</b> 99381, 99382, 99392, 99461<br><b>Or ICD-10 Dx:</b> Z00.110, Z00.111, Z00.121, Z00.129, Z00.2                             |
| Clinical Quality Measure | <b>Well-Child Visits for Age 15 Months to 30 Months: Two or More Visits (W30 2+)</b> | Children who turned 30 months old during the measurement year and had two (2) or more well-child visits with a PCP between their 15-month birthday plus one (1) day and their 30-month birthday. | <b>CPT:</b> 99382, 99392<br><b>Or ICD-10 Dx:</b> Z00.121, Z00.129, Z00.2   |
| Clinical Quality Measure | <b>Child and Adolescent Well-Care Visits (WCV)</b>                                   | Members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during the measurement year.   | <b>CPT:</b> 99382-99385, 99392-99395<br><b>Or ICD-10 Dx:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5 |
| Clinical Quality Measure | <b>Breast Cancer Screening (BCS-E)</b>   | Women 40-74 years of age who had a mammogram between October 1, 2024, and December 31, 2026.   | Codes submitted by the imaging center.   |

\*If covered by Medi-Cal.

## Reference Guide for **Billing Staff**

| Measure Type             | Measure   | Description   | Code*  |
|--------------------------|---|---|--|
| Clinical Quality Measure | Cervical Cancer Screening (CCS-E)                           | <p>Women 21-64 years of age who were screened for cervical cancer by one (1) of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women 21-64 years of age who had cervical cytology performed within the last three (3) years (2024-2026).</li> <li>• Women 30-64 years of age who had human papillomavirus (HPV) testing or cervical cytology/HPV co-testing performed within the last five (5) years (2022-2026) and who were 30 years or older on the date of the test.</li> </ul> | Codes submitted by the laboratory.   |
| Clinical Quality Measure | Colorectal Cancer Screening (COL-E)                         | <p>Members 45-75 years of age who had appropriate screening for colorectal cancer.</p> <p>Qualifying screenings include:</p> <ul style="list-style-type: none"> <li>• Colonoscopy</li> <li>• CT colonography</li> <li>• Fecal occult blood test</li> <li>• Flexible sigmoidoscopy</li> <li>• Stool DNA</li> </ul>   | Codes submitted by the laboratory or specialist.   |
| Clinical Quality Measure | Glycemic Status Assessment for Patients with Diabetes (GSD) | Members 18-75 years of age with diabetes (type 1 or type 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was controlled ( $\leq 9\%$ ) on the latest reading in the measurement year.   | <p><b>CPT II:</b><br/> <b>POC CPT:</b> 83037<br/> <b>HbA1c level &lt;7.0%:</b> 3044F<br/> <b>HbA1c level <math>\geq 7.0\%</math> and &lt;8.0%:</b> 3051F<br/> <b>HbA1c level <math>\geq 8.0\%</math> and <math>\leq 9.0\%</math>:</b> 3052F<br/> <b>HbA1c level <math>\geq 8.0\%</math> and <math>\leq 9.0\%</math>:</b> 3052F<br/> <b>HbA1c level &lt;9.0%:</b> 3046F</p> |

\*If covered by Medi-Cal.

# Reference Guide for **Billing Staff**

| Measure Type             | Measure  | Description   | Code*   |
|--------------------------|--|---|---|
| Clinical Quality Measure | Controlling High Blood Pressure (CBP)  | Members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was: <ul style="list-style-type: none"> <li>Adequately controlled (&lt;140/90 mm Hg) during the measurement year.</li> </ul> | <b>CPT II:</b> <ul style="list-style-type: none"> <li><b>Systolic &lt;130:</b> 3074F</li> <li><b>Systolic 130-139:</b> 3075F</li> <li><b>Systolic ≥140:</b> 3077F</li> <li><b>Diastolic &lt;80:</b> 3078F</li> <li><b>Diastolic 80-89:</b> 3079F</li> <li><b>Diastolic ≥90:</b> 3080F</li> </ul>  |
| Clinical Quality Measure | Follow-up After Emergency Department (ED) Visit for Mental Illness (FUM) – 30 Days | ED Visits for members six (6) years of age and older with a principal diagnosis of mental illness or any diagnosis of intentional self-harm, who had a follow-up visit for mental illness within 30 days.                       | <b>CPT:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 99221-99223, 99231-99233, 99238, 99239, 99252-99255<br><br>Visit must have a diagnosis of a mental health disorder and must be in an outpatient setting – e.g., Office POS 11, FQHC POS 50.   |
| Other Measure            | Initial Health Appointment (IHA)   | New or re-enrolled members who had one (1) PCP visit or two (2) documented outreach attempts within 120 days of provider assignment.  | <b>Behavioral Health CPT Code:</b> 96156<br><b>OB/GYN CPT Codes:</b> 59400, 59425, 59426, 59510, 59610, 59618<br><b>OB/GYN Z Codes:</b> Z1000, Z1008, Z1020, Z1032, Z1034, Z1038<br><b>PCP CPT Codes:</b> 99202-99205, 99461, 99211-99215, 99381-99387, 99391-99397<br><b>PCP Z Codes:</b> Z00.01, Z00.110, Z00.111, Z00.8, Z02.1, Z02.3, Z02.5<br><br>We will accept telehealth visits with a Place of Service Code 02 or Modifier 95.<br><br>To submit evidence of two (2) outreach attempts or a completed IHA within the last 12 months, use CPT code 99080 with ICD-10:Z76.89. |

\*If covered by Medi-Cal.

## Reference Guide for **Billing Staff**

| Measure Type       | Measure   | Description   | Code*   |
|--------------------|---|---|---|
| Monitoring Measure | Avoidable Emergency Department (ED) Visits per 1000                   | Members who had avoidable ED visits during the measurement year, using the Johns Hopkins ACG criteria for either “emergent, primary care treatable” or “non-emergent” visits.   | Codes submitted by the hospital.  |
| Monitoring Measure | Depression Screening and Follow-up for Adolescents and Adults (DSF-E) | Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up.  | <p>Billing Codes for Numerator 2:<br/> <b>CPT Codes for Follow-up Visit:</b><br/>           98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99366, 99492-99494, 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865-90870, 90875, 90876, 90880, 90887, 99484</p> <p>Follow-up visit must have a diagnosis of depression or other behavioral health condition.</p> |
| Monitoring Measure | Follow-Up After Acute Care Visits for Asthma (AAF-E)                  | Members 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge, or ED visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days. | <p><b>CPT:</b> 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483</p> <p><b>ICD-10 Dx:</b> J45.20-J45.22, J45.30-J45.32, J45.40-J45.42, J45.50-J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998</p>   |

\*If covered by Medi-Cal.

## Reference Guide for **Billing Staff**

| Measure Type       | Measure   | Description  | Code*   |
|--------------------|---|--|---|
| Monitoring Measure | Members Engaged in Primary Care (ENPC)                | Members who had at least one (1) primary care visit within the measurement year.   | <p><b>CPT Codes:</b> 92002, 92004, 92012, 92014, 98000-98016, 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99304-99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99457, 99458, 99483, 99461, 99500, 57170, 58300, 59430, 99501</p> <p><b>ICD-10 Dx:</b><br/>                     Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.84, Z02.89, Z02.9, Z76.1, Z76.2, Z01.42, Z30.430, Z39.1, Z39.2</p> |
| Monitoring Measure | Postpartum Depression Screening and Follow-up (PDS-E) | Members who were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care. | <p>Billing Codes for Numerator 2:<br/> <b>CPT Codes for Follow-up Visit:</b><br/>                     98000-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99205, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99366, 99492-99494, 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484</p> <p>Follow-up visit must have a diagnosis of depression or other behavioral health condition.</p>                |

\*If covered by Medi-Cal.

## Reference Guide for **Billing Staff**

| Measure Type       | Measure   | Description  | Code*  |
|--------------------|---|--|--|
| Monitoring Measure | Prenatal Depression Screening and Follow-up (PND-E) | Members who were screened for clinical depression while pregnant and, if screened positive, received follow-up care. | Billing Codes for Numerator 2:<br><b>CPT Codes for Follow-up Visit:</b><br>9800-98016, 98960-98962, 98966-98968, 98970-98972, 98980, 98981, 99078, 99202-99203, 99211-99215, 99242-99245, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99441-99443, 99457, 99458, 99483, 99366, 99492-99493, 90791, 90792, 90832-90834, 90836-90839, 90845-90847, 90849, 90853, 90865, 90867-90870, 90875, 90876, 90880, 90887, 99484<br><br>Follow-up visit must have a diagnosis of depression or other behavioral health condition. |

\*If covered by Medi-Cal.

# Clinical Quality Measure Details

## Childhood Immunizations: Combo 10 (CIS-E)

**Methodology:** HEDIS®

**Measure Description:** Children who turned the age of two (2) in the measurement year and received the following immunizations by their 2nd birthday:

- Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis)
- Three (3) IPV (Polio)
- One (1) MMR (Measles, Mumps, Rubella) or history of Measles, Mumps, **and** Rubella
- Three (3) HiB (H Influenza Type B)
- Three (3) Hep B (Hepatitis B)
- One (1) VZV (Varicella) or history of chickenpox
- Four (4) PCV (Pneumococcal Conjugate)
- One (1) Hep A (Hepatitis A)
- RV (Rotavirus): 2-dose or 3-dose schedule
- Two (2) Influenza – One (1) of the two (2) can be an LAIV vaccination administered on their 2nd birthday

**Measure Population (denominator):** Children who turned two (2) years of age during the measurement year.

**Measure Compliance (numerator):** Children in the denominator who show timely completion of all vaccines by their 2nd birthday.

### Coding Tips:

| Vaccine               | Type of Code | Code*  |
|-----------------------|--------------|--|
| DTaP                  | CPT          | 90697, 90698, 90700, 90723   |
| Hep B                 | CPT          | 90697, 90723, 90740, 90744, 90747, 90748   |
| HiB                   | CPT          | 90644, 90647, 90648, 90697, 90698, 90748   |
| History of Chickenpox | ICD-10 Dx    | B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29, B02.30-B02.34, B02.39, B02.7, B02.8, B02.9 |
| History of Hep A      | ICD-10 Dx    | B15.0, B15.9   |
| History of Hep B      | ICD-10 Dx    | B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11  |
| History of Measles    | ICD-10 Dx    | B05.0, B05.1, B05.2, B05.3, B05.4, B05.81, B05.89, B05.9   |

\*If covered by Medi-Cal.

## Clinical Quality Measure Details

| Vaccine            | Type of Code | Code*   |
|--------------------|--------------|---|
| History of Mumps   | ICD-10 Dx    | B26.0, B26.1, B26.2, B26.3, B26.81, B26.82, B26.83, B26.84, B26.85, B26.89, B26.9   |
| History of Rubella | ICD-10 Dx    | B06.00, B06.01, B06.02, B06.09, B06.81, B06.82, B06.89, B06.9                       |
| Influenza          | CPT          | 90655, 90657, 90674, 90685, 90686, 90687, 90688, 90756<br><b>LAIV:</b> 90660, 90672 |
| IPV                | CPT          | 90697, 90698, 90713, 90723  |
| MMR                | CPT          | 90707, 90710  |
| PCV                | CPT          | 90670   |
| RV                 | CPT          | 90681 (2-dose schedule), 90680 (3-dose schedule)                                    |
| VZV                | CPT          | 90710, 90716  |

\*If covered by Medi-Cal.

**Please Note:** Please bill for the appropriate vaccine Current Procedural Terminology (CPT) code on the claim, and not just the CPT code for the administration of the vaccine, even if you are a Vaccines for Children (VFC) provider.

**Exclusions:**

- Members who died at any time during the measurement year.
- Members who had a contraindication to a childhood vaccine.
- Members who received hospice services at any time during the measurement year.

# Clinical Quality Measure Details

## Immunizations for Adolescents: Combo 2 (IMA-E)

**Methodology:** HEDIS®

**Measure Description:** Adolescents who turned the age of 13 during the measurement year and received the following immunizations by their 13th birthday:

- One (1) Meningococcal Serogroups A, C, W, Y between their 10th and 13th birthday.
- One (1) Tdap (Tetanus, Diphtheria, Acellular Pertussis) between their 10th and 13th birthday.
- Two (2) HPV at least 146 days apart or three (3) HPV between their 9th and 13th birthday

**Measure Population (denominator):** Children who turned 13 years of age during the measurement year.

**Measure Compliance (numerator):** Children in the denominator who show timely completion of all vaccines by their 13th birthday.

### Coding Tips:

| Vaccine       | Type of Code | Code*                      |
|---------------|--------------|----------------------------|
| HPV           | CPT          | 90649, 90650, 90651        |
| Meningococcal | CPT          | 90619, 90733, 90734, 90623 |
| Tdap          | CPT          | 90715                      |

\*If covered by Medi-Cal.

### Exclusions:

- Members who died at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

### How to Improve Your HEDIS® Rates

- Document all vaccines administered, including historical immunizations in the California Immunization Registry (CAIR).
- Educate staff to schedule **prior** to the child's 13th birthday.
- Make sure immunizations are completed before the patient's 13th birthday. Immunizations completed after the 13th birthday do not count towards this measure.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for an immunization.

# Clinical Quality Measure Details

## Developmental Screening in the First Three Years of Life (DEV-CH)

**Methodology:** CMS Child Core Set

**Measure Description:** Children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday in the measurement year.

**Measure Population (denominator):** Children who turn ages 1, 2, or 3 by December 31st, of the measurement year.

**Measure Compliance (numerator):** Children who were screened for risk of developmental, behavioral, and social delays on or before the child's first, second, or third birthday.

Examples of developmental screening tools include, but are not limited to:

- Ages and Stages Questionnaire – 3rd Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS)
- Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
- Survey of Well-Being in Young Children (SWYC)

### Coding Tips:

| Description                         | Type of Code | Code* |
|-------------------------------------|--------------|-------|
| Developmental screening and testing | CPT          | 96110 |

\*If covered by Medi-Cal.

### Exclusions:

- None

### How to Improve Your Rates

- Ensure that you are coding for the developmental screening that is completed during each well-child visit at 9, 18, and 30 months of age.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for developmental screening.

# Clinical Quality Measure Details

## Topical Fluoride for Children (TFL-CH)

**Methodology:** Dental Quality Alliance

**Measure Description:** Children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services during the measurement year.

**Measure Population (denominator):** Children 1 through 20 years of age.

**Measure Compliance (numerator):** Children who received at least two topical fluoride applications.

### Coding Tips:

| Description  | Type of Code | Code* |
|--|--------------|-------|
| For fluoride application provided by a non-dental medical provider | CPT          | 99188 |
| For fluoride application completed in an FQHC dental setting       | ICD-10       | Z29.3 |

\*If covered by Medi-Cal.

### Exclusions:

- None

### How to Improve Your Rates

- Implement standing orders for varnish application.
- Complete training on proper fluoride varnish application technique. Consider designating a Medical Assistant to apply fluoride varnish.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for fluoride varnish application.

# Clinical Quality Measure Details

## Lead Screening in Children (LSC-E)

**Methodology:** HEDIS®

**Measure Description:** Children two (2) years of age who had one (1) or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.

**Measure Population (denominator):** Children who turn two (2) during the measurement year.

**Measure Compliance (numerator):** Children in the denominator who had at least one (1) lead capillary or venous blood test on or before their 2nd birthday.

### Coding Tips:

| Description                        | Type of Code | Code* |
|------------------------------------|--------------|-------|
| Point of care blood lead screening | CPT          | 83655 |

\*If covered by Medi-Cal.

**Please Note:** Additional codes can be found in [Appendix – LSC](#).

### Exclusions:

- Members who died at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

### How to Improve Your HEDIS® Rates

- Educate parents on importance of screening for lead poisoning.
- Provide point-of-care testing for lead in your office.
- Follow up on open lab orders for lead screening **before** the patient's 2nd birthday.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for a lead screening.

## Clinical Quality Measure Details

### Well-Child Visits in the First 15 Months of Life: Six or More Visits (W30 6+)

**Methodology:** HEDIS®

**Measure Description:** Children who turned 15 months old during the measurement year and had six (6) or more well-child visits with a PCP during their first 15 months of life.

**Measure Population (denominator):** Children who turned 15 months old during the measurement year.

**Measure Compliance (numerator):** Children who received six (6) or more well-child visits on or before their 15th month birthday. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

**Coding Tips:**

| Description  | Type of Code | Code*   |
|--|--------------|---------|
| Initial preventive medicine new patient <1year                           | CPT          | 99381   |
| Initial preventive medicine new pt age 1-4 yrs                           | CPT          | 99382   |
| Periodic preventive med est. patient <1y                                 | CPT          | 99391   |
| Periodic preventive med est. patient 1-4yrs                              | CPT          | 99392   |
| Initial newborn per day for eval/ nonhospital or birth center            | CPT          | 99461   |
| Health examination for newborns under 8 days old                         | ICD-10       | Z00.110 |
| Health examination for newborns 8 to 28 days old                         | ICD-10       | Z00.111 |
| Encounter for routine child health examination with abnormal findings    | ICD-10       | Z00.121 |
| Encounter for routine child health examination without abnormal findings | ICD-10       | Z00.129 |
| Encounter for examination for period of rapid growth in childhood        | ICD-10       | Z00.2   |

\*If covered by Medi-Cal.

**Please Note:** Additional codes can be found in [Appendix – W30 6+](#).

**Exclusions:**

- Members who died at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

# Clinical Quality Measure Details

## How to Improve Your HEDIS® Rates

- Develop standardized templates to ensure documentation of anticipatory guidance discussions, milestones, age-appropriate topics, and standard counseling activities are captured.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are non-compliant for W30 6+ and take advantage of every office visit to provide a well-child visit.

# Clinical Quality Measure Details

## Well-Child Visits for Age 15 Months to 30 Months: Two or More Visits (W30 2+)

**Methodology:** HEDIS®

**Measure Description:** Children who turned 30 months old during the measurement year and had two (2) or more well-child visits with a PCP between their 15-month birthday plus one (1) day and their 30-month birthday.

**Measure Population (denominator):** Children who turned 30 months old during the measurement year.

**Measure Compliance (numerator):** Children in the denominator who received two (2) or more well-child visits between the child's 15th month plus one (1) day and 30 months of life. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

### Coding Tips:

| Description  | Type of Code | Code*   |
|--|--------------|---------|
| Initial preventive medicine new patient age 1-4 years                    | CPT          | 99382   |
| Periodic preventive medicine established Patient age 1-4 years           | CPT          | 99392   |
| Encounter for routine child health examination with abnormal findings    | ICD-10       | Z00.121 |
| Encounter for routine child health examination without abnormal findings | ICD-10       | Z00.129 |
| Encounter for examination for period of rapid growth in childhood        | ICD-10       | Z00.2   |

\*If covered by Medi-Cal.

**Please Note:** Additional codes can be found in [Appendix – W30 2+](#).

### Exclusions:

- Members who died at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

### How to Improve Your HEDIS® Rates

- Develop standardized templates to ensure documentation of anticipatory guidance discussions, milestones, age-appropriate topics, and standard counseling activities are captured.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are noncompliant for W30 2+ and take advantage of every office visit to provide a well-child visit.

# Clinical Quality Measure Details

## Child and Adolescent Well-Care Visits (WCV)

**Methodology:** HEDIS®

**Measure Description:** Members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during the measurement year

**Measure Population (denominator):** Members who turned 3-21 years old in during the measurement year.

**Measure Compliance (numerator):** Members in the denominator who had one (1) or more well-care visits with a PCP or an OB/GYN during the measurement year.

### Coding Tips:

| Description  | Type of Code | Code*   |
|--|--------------|---------|
| Initial preventive medicine new patient 1-4 yrs                          | CPT          | 99382   |
| Initial preventive medicine new patient 5-11 yrs                         | CPT          | 99383   |
| Initial preventive medicine new patient 12-17 yrs                        | CPT          | 99384   |
| Initial preventive medicine new patient 18-39 yrs                        | CPT          | 99385   |
| Periodic preventive med est. patient 1-4yrs                              | CPT          | 99392   |
| Periodic preventive med est patient 5-11yrs                              | CPT          | 99393   |
| Periodic preventive med est patient 12-17yrs                             | CPT          | 99394   |
| Periodic preventive med est patient 18-39 yrs                            | CPT          | 99395   |
| Encounter for general adult medical examination with abnormal findings   | ICD-10       | Z00.00  |
| Encounter for general adult medical examination with abnormal findings   | ICD-10       | Z00.01  |
| Encounter for routine child health examination with abnormal findings    | ICD-10       | Z00.121 |
| Encounter for routine child health examination without abnormal findings | ICD-10       | Z00.129 |
| Encounter for examination for period of rapid growth in childhood        | ICD-10       | Z00.2   |
| Encounter for examination for adolescent development state               | ICD-10       | Z00.3   |

\*If covered by Medi-Cal.

## Clinical Quality Measure Details

| Description   | Type of Code | Code*   |
|---|--------------|---------|
| Encounter for gynecological examination (general) (routine) with abnormal findings    | ICD-10       | Z01.411 |
| Encounter for gynecological examination (general) (routine) without abnormal findings | ICD-10       | Z01.419 |
| Encounter for examination for participation in sport                                  | ICD-10       | Z02.5   |

\*If covered by Medi-Cal.

**Please Note:** Additional codes can be found in [Appendix – WCV](#).

### Exclusions:

- Members who died at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

### How to Improve Your HEDIS® Rates

- Develop standardized templates to ensure all components of a Well-Child Visit are being captured:
  - o Health History – Assessment of member’s history of disease or illness and family health history.
  - o Physical Development History – Assessment of specific age-appropriate physical development milestones.
  - o Mental Development History – Assessment of specific age-appropriate mental development milestones.
  - o Physical Exam
  - o Health Education/Anticipatory Guidance – Guidance given in anticipation of emerging issues that a child/family may face.
- Use the Bright Futures periodicity schedule and the Centers for Disease Control and Prevention (CDC) immunization schedule to keep track of milestones and services needed at each check-up.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for a well-child visit.

# Clinical Quality Measure Details

## Breast Cancer Screening (BCS-E)

**Methodology:** HEDIS®

**Measure Description:** Members 40-74 years of age who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

**Measure Population (denominator):** Members 42-74 years of age by the end of the measurement year.

**Measure Compliance (numerator):** One (1) or more mammograms any time on or between October 1, two (2) years prior to the measurement year and the last day of the measurement year.

**Please Note:** Members 40-74 years of age should screen for breast cancer every two (2) years. However, depending on risk factors, mammograms may need to be done more frequently.

### Coding Tips:

| Value Set                       | ICD-10 Code                            | Description   |
|---------------------------------|--|---|
| History of Bilateral Mastectomy | Z90.13                                 | Acquired absence of bilateral breasts and nipples   |
| Gender Dysphoria                | F64.1, F64.2, F64.8, F64.9, or Z87.890 | In addition to one of the Gender Dysphoria ICD-10 codes, please include the CPT Code 19318 for Gender Affirming Chest Surgery |

**Please Note:** Mammography codes will be submitted by the imaging center. Additional codes can be found in **Appendix – BCS-E**.

### Exclusions:

- Members 66 years of age and older with frailty and an advanced illness diagnosis.
- Members who died at any time during the measurement year.
- Members who had bilateral mastectomy, or both right and left unilateral mastectomies at any time during their history through the end of the measurement year.
- Members who received hospice services or palliative care at any time during the measurement year.
- Members with completed gender-affirming chest surgery with a diagnosis of gender dysphoria.

### How to Improve Your HEDIS® Rates

- Submit the appropriate ICD-10 diagnosis code that matches the member's medical history of a bilateral mastectomy, Z90.13.
- Prepare a standing referral for a mammography, assist the patient in making appointments, and track the referral until the radiology report is obtained and added to the patient's chart.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for a mammogram.
- Build preventative care screening alerts in your electronic health record (EHR) system.

# Clinical Quality Measure Details

## Cervical Cancer Screening (CCS-E)

**Methodology:** HEDIS®

**Measure Description:** Women 21-64 years of age who were screened for cervical cancer by one (1) of the following criteria:

- Women 21-64 years of age who had a cervical cytology performed within the last three (3) years (2024-2026).
- Women 30-64 years of age who had human papillomavirus (HPV) testing or cervical cytology/HPV co-testing performed within the last five (5) years (2022-2026) and who were 30 years or older on the date of the test.

**Measure Population (denominator):** Women 24-64 years of age.

**Measure Compliance (numerator):** Women in the denominator who received a timely screening for cervical cancer.

**Exclusions:**

- Members who died at any time during the measurement year.
- Members who had a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix.
- Members who received hospice services or palliative care at any time during the measurement year.
- Members who were assigned male at birth.

**Exclusion Codes:**

| Description                                      | Type of Code | Code*   |
|--|--------------|---------|
| Acquired absence of both cervix and uterus       | ICD-10       | Z90.710 |
| Acquired absence of cervix with remaining uterus | ICD-10       | Z90.712 |
| Agenesis and aplasia of cervix                   | ICD-10       | Q51.5   |

\*If covered by Medi-Cal.

**Please Note:** Additional codes can be found in [Appendix – CCS-E](#).

# Clinical Quality Measure Details

## How to Improve Your HEDIS® Rates

- Request to have results of Pap tests sent to you if done at OB/GYN visits.
- Document in the medical record if the patient had a hysterectomy with no residual cervix (remember synonyms “total”, “complete”, “radical”). Note that documentation of a hysterectomy alone does not meet the HEDIS guidelines because it does not indicate the cervix was removed.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for cervical cancer screening.
- Build preventative care screening alerts in your EHR system.

# Clinical Quality Measure Details

## Colorectal Cancer Screening (COL-E)

**Methodology:** HEDIS®

**Measure Description:** Members 45-75 years of age who had appropriate screening for colorectal cancer.

**Measure Population (denominator):** Members 46-75 years of age by the end of the measurement year.

**Measure Compliance (numerator):** One (1) or more screenings for colorectal cancer.

Any of the following will meet the criteria:

| Screening Method  | Screening Frequency |
|---|---------------------|
| <ul style="list-style-type: none"><li>• Fecal Occult Blood Test (gFOBT)</li><li>• Fecal immunochemical test (FIT)</li></ul> | Yearly              |
| <ul style="list-style-type: none"><li>• Multitargeted stool DNA with FIT test (sDNA FIT)<br/>Example: Cologuard®</li></ul>  | Every 3 years       |
| <ul style="list-style-type: none"><li>• Flexible Sigmoidoscopy</li><li>• CT colonography</li></ul>                          | Every 5 years       |
| <ul style="list-style-type: none"><li>• Colonoscopy</li></ul>   | Every 10 years      |

**Coding Tips:** Colon cancer screening diagnostic results will be submitted by the lab or specialist completing the test. Additional codes are available upon request.

### Exclusions:

- Members 66 years of age and older who enrolled in an Institutional Special Needs Plan (I-SNP) or living in a long-term in an institution (LTI) any time during the measurement year.
- Members 66 years of age and older with advanced illness and frailty.
- Members who died at any time during the measurement year.
- Members who have a history of colorectal cancer and/or total colectomy any time during the member's history through the last day of the measurement year(see exclusion codes).
- Members who received hospice services or palliative care at any time during the measurement year.

## Clinical Quality Measure Details

### Exclusion Codes: Colorectal Cancer and Total Colectomy:

| Value Set  | ICD-10 CM Code  | Description  |
|--|---|--|
| Colorectal Cancer and History of Colorectal Cancer | C18.0   | Malignant neoplasm of cecum  |
|  | C18.1   | Malignant neoplasm of appendix   |
|  | C18.2   | Malignant neoplasm of ascending colon                                  |
|  | C18.3   | Malignant neoplasm of hepatic flexure                                  |
|  | C18.4   | Malignant neoplasm of transverse colon                                 |
|  | C18.5   | Malignant neoplasm of splenic flexure                                  |
|  | C18.6   | Malignant neoplasm of descending colon                                 |
|  | C18.7   | Malignant neoplasm of sigmoid colon                                    |
|  | C18.8   | Malignant neoplasm of overlapping sites of colon                       |
|  | C18.9   | Malignant neoplasm of colon, unspecified                               |
|  | C19   | Malignant neoplasm of rectosigmoid junction                            |
|  | C20   | Malignant neoplasm of rectum   |
|  | C21.2   | Malignant neoplasm of cloacogenic zone                                 |
|  | C21.8   | Malignant neoplasm of overlapping sites of rectum, anus and anal canal |
|  | C78.5   | Secondary malignant neoplasm of large intestine and rectum             |
|  | Z85.038   | Personal history of other malignant neoplasm of large intestine        |
| Z85.048  | Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus |  |

**Please Note:** Additional codes can be found in [Appendix – COL-E](#).

### How to Improve Your HEDIS® Rates

- Submit the appropriate ICD-10 diagnosis code that matches the member’s medical history of colon cancer or total colectomy.
- Prepare standing referral for a colonoscopy, CT colonography, or flexible sigmoidoscopy, assist patients in making appointments, and track referrals until the report is obtained from the specialist and added to the patient’s chart.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for colorectal cancer screening.
- Build preventative care screening alerts in your EHR system.

# Clinical Quality Measure Details

## Glycemic Status Assessment for Patients with Diabetes (GSD)

**Methodology:** HEDIS®

**Measure Description:** The percentage of diabetic members whose blood sugar was adequately controlled.

**Measure Population (denominator):** Members 18-75 years old with diabetes (type 1 or type 2).

**Measure Compliance (numerator):** The last glycemic status assessment of the measurement year result must be  $\leq 9\%$  to show evidence of control.

Documentation of either of the following that includes the result and date performed is acceptable:

- Hemoglobin A1c (HbA1c)
- Glucose Management Indicator (GMI)

### Coding Tips:

| Value Set      | Code* |       | Description   |
|----------------|-------|-------|---|
| HbA1c Lab Test | CPT   | 83036 | Hemoglobin, Glycosylated (HbA1c) test   |
|                |       | 83037 | Glycosylated hemoglobin (A1C) test performed using a device cleared by the FDA for home or office use |

\*If covered by Medi-Cal.

| Value Set   | CPT II Codes | Description   |
|-------------|--------------|---|
| HbA1c Level | 3044F        | Most recent hemoglobin A1c (HbA1c) <7.0% (DM)                               |
|             | 3051F        | Most recent hemoglobin A1c (HbA1c) level $\geq 7.0\%$ and <8.0% (DM)        |
|             | 3052F        | Most recent hemoglobin A1c (HbA1c) level $\geq 8.0\%$ and $\leq 9.0\%$ (DM) |
|             | 3046F        | Most recent hemoglobin A1c (HbA1c) level >9.0% (DM)                         |

**Please Note:** CPT II codes **are not** reimbursable codes; they are informational codes. The table shows a partial list of value set codes.

# Clinical Quality Measure Details

The result of the *most recent* glycemic status assessment (HbA1c or GMI) (performed during the measurement year) is  $\leq 9\%$  as documented through laboratory data, point-of-care (POC) test, or medical record review.

## Medical Record Documentation:

- A distinct numeric result is required for numerator compliance.
- At a minimum, documentation in the medical record must include a note indicating the date when the glycemic status assessment (HbA1c or GMI) was performed, and the result.
- The person is numerator compliant if the result of the most recent glycemic status assessment during the measurement year is  $\leq 9\%$ .
- When identifying the most recent glycemic status assessment (HbA1c or GMI), GMI values must include documentation of the continuous glucose monitoring data's date range used to derive the value. If multiple glycemic status assessments were recorded for a single date, use the lowest result.

## Exclusions:

- Members 66 years of age and older who enrolled in an I-SNP or are living in an LTI during the measurement year.
- Members 66 years of age and older with advanced illness and frailty.
- Members who died at any time during the measurement year.
- Members who received hospice services or palliative care at any time during the measurement year.

## How to Improve Your HEDIS® Rates

- This measure looks at the most recent HbA1c result in the measurement year. If the last result is  $>9\%$ , then the member is not compliant for this measure.
- Ensure documentation in the medical record includes the date when HbA1c was performed, and the result.
- Bill for point-of-care testing if completed in office. Ensure to include CPT II codes to indicate the HbA1c level.
- Include numeric value; ranges and thresholds do not meet criteria (e.g.,  $<9.0\%$  is not acceptable).
- This measure requires a lab value. If an HbA1c or glucose management indicator result is missing or it was not completed during the measurement year, the member is numerator compliant for HbA1c Poor Control.
- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are due for labs.
- Build preventative care screening alerts in your EHR system.

# Clinical Quality Measure Details

## Controlling High Blood Pressure (CBP)

**Methodology:** HEDIS®

**Measure Description:** Members 18-85 years of age with a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

**Measure Population (denominator):** Members 18-85 years of age with a diagnosis of hypertension on at least two (2) different dates of service between January 1 of the year prior and June 30 of the measurement year.

**Measure Compliance (numerator):** The final blood pressure reading of the measurement year is adequately controlled (<140/90 mm Hg).

**Note:** The BP reading must occur on or after the date of the second diagnosis of hypertension.

### Guidelines for member-reported BP readings documented in the medical record:

- Must indicate the date that BP was taken.
- May obtain BP during telephone visits, e-visits, or virtual check-ins.
- Patient-reported blood pressure readings taken with a digital device are acceptable and should be documented in the medical record. The provider does not need to see the digital reading.
- EHR communications with BPs reported must indicate the date taken.
- A distinct numeric result for both systolic and diastolic must be documented in the medical record.

**Coding Tips:** CPT II codes may be used to indicate compliance:

| Value Set                     | CPT II Codes | Description      |
|-------------------------------|--------------|------------------|
| Systolic and Diastolic Result | 3074F        | Systolic <130    |
|                               | 3075F        | Systolic 130-139 |
|                               | 3077F        | Systolic ≥140    |
|                               | 3078F        | Diastolic <80    |
|                               | 3079F        | Diastolic 80-89  |
|                               | 3080F        | Diastolic ≥90    |

**Please Note:** CPT II codes **are not** reimbursable codes. They are informational codes that should be submitted in conjunction with a visit code for a visit where a BP reading was taken. The table shows a partial list of value set codes. Additional codes are available upon request.

# Clinical Quality Measure Details

## Not Accepted Readings:

- Readings reported as a range or threshold are not acceptable.
- Readings taken during an acute inpatient setting or an ED visit are excluded.
- Readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or medication on or one day before the test or procedure are excluded, except for fasting blood tests.

## Exclusions:

- Members 66-80 years of age with advanced illness and frailty, or 81 years of age and older with frailty.
- Members who died during the measurement year.
- Members who had a non-acute inpatient admission during the measurement year.
- Members who had a pregnancy diagnosis during the measurement year.
- Members who had ESRD, dialysis, nephrectomy, or kidney transplant at any time during the member's history.
- Members who received hospice services or palliative care during the measurement year.

## How to Improve Your HEDIS® Rates

- Make every visit count by utilizing monthly gap-in-care reports to identify patients who are missing a controlled BP reading in the measurement year.
- Member-reported data are considered services reported by the patient to the health care provider while taking the patient's history and recording in the medical record.
  - o Member-reported blood pressures are acceptable when performed and documented in the acceptable time frame.
  - o Documented while obtaining a history (e.g., member reports blood pressure this morning was 127/88).
- Retake the BP if the results are high during an office visit (140/90 mmHg or greater). HEDIS® allows use of the lowest systolic/diastolic readings if taken on the same day.
- Take advantage of BP readings taken from remote monitoring devices, as these are now allowed to be used for measuring compliance.
- Build an alert in your EHR system to prompt clinic staff to retake a patient's BP if reading is elevated.

## Clinical Quality Measure Details

### Follow-Up After ED Visit for Mental Illness (FUM) – 30 Days

**Methodology:** HEDIS®

**Measure Description:** The percentage of Emergency Department (ED) visits for persons six (6) years of age and older with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service.

**Measure Population (denominator):** Members six (6) years of age and older who had an ED visit with a principal diagnosis of mental illness or intentional self-harm.

**Measure Compliance (numerator):** Members in the denominator with a follow-up service for mental health within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.

#### Coding Tips:

| Value Set  | Code*   |
|--|---|
| BH Outpatient CPT Codes (with any diagnosis of a mental health disorder)                     | 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98960, 98961, 98962, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99483, 99492, 99493, 99494, 99510  |
| E-visit or Virtual Check-In CPT Codes (with a primary diagnosis of a mental health disorder) | 98016, 98970, 98971, 98972, 98980, 98981, 99421, 99422, 99423, 99457, 99458   |
| Mental Health Diagnosis ICD-10 Codes   | F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345 |

\*If covered by Medi-Cal.

## Clinical Quality Measure Details

| Value Set   | Code*  |
|---|--|
| Telephone Visits CPT Codes (with any diagnosis of a mental health disorder)           | 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98966, 98967, 98968, 99441, 99442, 99443   |
| Visit CPT Codes with a Specified POS (with any diagnosis of a mental health disorder) | 90791, 90792, 90832, 90833, 90834, 90836, 90835, 90836, 90837, 90838, 90839, 90840, 90847, 90849, 90853, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99252, 99253, 99254, 99255<br><br><i>With</i><br><b>Place of Service (POS)</b><br>2, 10, 11, 49, 50, 52, 53 |

\*If covered by Medi-Cal.

### Exclusions:

- Members who died at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

### How to Improve Your HEDIS® Rates

- Utilize Manifest MedEx ADT notifications.
- Outreach to patients as soon as you are notified of their ED visit to schedule a follow-up visit.
- Consider maintaining appointment availability in your calendar dedicated for patients with recent ED visits to ensure they can schedule follow-up appointment in a timely manner.

## Other Measure Details

### Initial Health Appointment (IHA)

**Methodology:** Alliance-defined Measure

**Measure Description:** New or re-enrolled members who had one (1) PCP visit or two (2) documented outreach attempts within 120 days of provider assignment.

**Measure Population (denominator):** New or re-enrolled members assigned to PCP Group during the measurement year.

**Measure Compliance (numerator):** Members in the denominator who had one (1) PCP visit or two (2) documented outreach attempts within 120 days of provider assignment.

#### IHA Requirements:

- The IHA consists of a complete health exam that includes the following elements:
  1. History of present illness
  2. Physical and mental health exam
  3. Identification of risks per PCP assessment
  4. Age-appropriate preventive screens or services
  5. Health education
  6. Diagnoses and plan of treatment for any disease
- The IHA should be completed within 120 days of the member's enrollment with the Alliance or provider assignment.
  - o For members under 18 months of age, the IHA should be completed within 120 days following the date of enrollment or within the periodicity timeline established by the AAP for ages two (2) and younger, whichever is less.
- The effective date of enrollment is defined as the first of the month following the notification from the DHCS that the member is an eligible Alliance member. For infants born to Alliance members, the effective date of enrollment is the infant's date of birth.

#### Medical Record Documentation Requirements for Preventive Services:

Document the status of preventive services recommended by the U.S. Preventive Services Task Force's Guide (USPSTF) to Clinical Preventive Services for adults, or the AAP Bright Futures age-specific guidelines for children. Offer any preventive services that are due based on age and periodicity.

## Other Measure Details

### Coding Tips:

| Provider                  | Code*  | Description  |
|---------------------------|--|--|
| Behavioral Health         | 96156  | Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making).   |
| OB/Gyn                    | 59400, 59425, 59426, 59510, 59610, 59618             | Under vaginal delivery, antepartum and postpartum care procedures, under cesarean delivery procedures, under delivery procedures after previous cesarean delivery, and under delivery procedures after previous cesarean delivery. |
|                           | Z1000, Z1008, Z1020, Z1032, Z1034, Z1038             |  |
| PCP (established patient) | 99211-99215  | Office or other outpatient visit for the evaluation and management of an established patient with PCP but new to the Alliance.   |
|                           | Z00.01, Z00.110, Z00.111, Z00.8, Z02.1, Z02.3, Z02.5 |  |
|                           | 99391-99397  | Comprehensive preventive visit and management of an established patient with PCP but new to the Alliance.  |
| PCP (new patient)         | 99202-99205, 99461                                   | Office or other outpatient visit for the evaluation and management of a new patient.   |
|                           | 99381-99387  | Comprehensive preventive visit and management of a new patient.  |

\*If covered by Medi-Cal.

### Outreach and Scheduling:

- Document at least two (2) attempts to schedule/reschedule an appointment in the medical record.
- Use the following codes as a pair to track attempts to schedule an appointment:
  - **CPT 99080:** Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.
  - **ICD-10 Z76.89:** Persons encountering health services in other specified circumstances.
- For a missed and/or canceled scheduled appointment, documentation must include the following:
  - Two (2) attempts to contact the member by phone, mail, text message, or email. Any combination of these methods will meet the requirements.
  - Good faith effort to update the member's contact information.
  - Attempts to perform the IHA at subsequent member office visit(s).
- IHA refusals must be signed and documented in the medical record.

## Other Measure Details

### How to Improve Your Rates

- If an IHA is not present in the medical record, the member's refusal, missed appointments, or other reason(s) must be documented in the medical record.
- Members without a valid phone number should be contacted by mail.
- Develop a procedure to track outreach attempts. A template is available from the Alliance upon request.
- Members who are new to your practice but not to the Alliance do not need a new IHA if able to verify it was completed within the last 12 months.
- Utilize gap-in-care reports for an updated list of assigned members who require an IHA.

### Member Satisfaction Survey: Urgent Appointment Availability

**Methodology:** CG-CAHPS

**Measure Description:** On a quarterly basis, members who have had a visit with a PCP are randomly selected for a satisfaction survey. This measure calculates the percentage of survey responses received during the measurement year that indicate the member was able to schedule an urgent appointment within 48 hours.

The survey question reads:

*“In the last six (6) months, when you made an appointment either in person or by telephone for urgent care that you needed right away, when was your appointment either in person or by telephone scheduled?”*

- a. 0-2 business days*
- b. 3-4 business days*
- c. More than 4 business days*

### Member Satisfaction Survey: Non-Urgent Appointment Availability

**Methodology:** CG-CAHPS

**Measure Description:** On a quarterly basis, members who have had a visit with a PCP are randomly selected for a satisfaction survey. This measure calculates the percentage of survey responses received during the measurement year that indicate the member was able to schedule a non-urgent appointment within 10 business days.

The survey question reads:

*“In the last six (6) months, when you made an appointment either in person or by telephone for a check-up or routine care with this provider, when was your appointment either in person or by telephone scheduled?”*

- a. 0-10 business days*
- b. More than 10 business days*

# Monitoring Measures Details

## Avoidable Emergency Department (ED) Visits Per 1,000

**Methodology:** Alliance Defined Measure

**Measure Description:** Members who had an avoidable Emergency Department (ED) visit, using the Johns Hopkins ACG criteria for either “emergent, primary care treatable” or “non-emergent” visits during the measurement year.

**Measure Population (denominator):** Claims received for members with an ED visit during the measurement year.

**Measure Compliance (numerator):** Claims received for members whose ED visit meets the Johns Hopkins ACG criteria for either “emergent, primary care treatable” or “non-emergent” visit.

**Coding Tip:** Codes submitted by the ED.

### How to Improve Your Rates

- Utilize Manifest MedEx ADT notifications.
- Outreach to patients as soon as you are notified of their ED visit to schedule a follow-up visit.
- Consider maintaining appointment availability in your calendar dedicated for patients with recent ED visits to ensure they can schedule follow-up appointment in a timely manner.

# Monitoring Measures Details

## Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)

**Methodology:** HEDIS®

**Measure Description:** Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

- Depression Screening – The percentage of members who were screened for clinical depression using a standardized instrument.
- Follow-Up on Positive Screening – The percentage of members who received follow-up care within 30 days of a positive depression screening.

**Measure Population (denominator):** Members 12 years of age or older at the start of the measurement year.

**Measure Compliance (numerator):**

- **Numerator 1:** Depression screened members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 1 of the measurement year.
- **Numerator 2:** Follow-up on positive screened members who received follow-up care on or up to 30 days after the date of the first positive screening (31 total days).

### Coding Tips for Numerator 2:

| Value Set  | Code*   |
|--|---|
| Depression or Other Behavioral Health Condition ICD-10 Codes | F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345 |

\*If covered by Medi-Cal.

## Monitoring Measures Details

| Value Set          | Code*   |
|--------------------|---|
| Follow-up CPT Code | 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483, 99366, 99492, 99493, 99494, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484 |

\*If covered by Medi-Cal.

### Exclusions:

- Members who had a diagnosis of depression that started during the year prior to the measurement year.
- Members who received hospice services at any time during the measurement year.
- Members with a history of bipolar disorder.

### How to Improve Your HEDIS® Rates

- Ensure members of the care team understand the importance of depression screening and receive training on depression screening and care so they are versed in strategies to engage patients on completing and understanding the tool.
- Patients are screened at new visits, on an annual basis at well care visits, or when clinically indicated.

# Monitoring Measures Details

## Follow-Up After Acute and Urgent Care Visits for Asthma (AAF-E)

**Methodology:** HEDIS®

**Measure Description:** Members 5-64 years of age with an urgent care visit, acute inpatient discharge, observation stay discharge, or Emergency Department (ED) visit with a diagnosis of asthma that had a corresponding outpatient follow-up visit with a diagnosis of asthma within 30 days.

**Measure Population (denominator):** Members 5-64 years of age who had acute visits for asthma during the measurement year.

**Measure Compliance (numerator):** Members in the denominator who had a follow-up visit with a diagnosis of asthma within 30 days after the asthma episode.

### Coding Tips:

| Value Set                           | Code*  |
|-------------------------------------|--|
| Asthma ICD-10 Codes                 | J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998   |
| Outpatient and Telehealth CPT Codes | 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483 |

\*If covered by Medi-Cal.

### Exclusions:

- Members who died at any time during the measurement year.
- Members who had a diagnosis of cystic fibrosis at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

# Monitoring Measures Details

## How to Improve Your HEDIS® Rates

- Utilize Manifest MedEx Admission Discharge and Transfer (ADT) notifications.
- Outreach to patients as soon as you are notified of their ED visit to schedule a follow-up visit.
- Consider maintaining appointment availability in your calendar dedicated for patients with recent ED visits to ensure they can schedule follow-up appointment in a timely manner.
- Promote the use of SMART (Single Maintenance and Reliever Therapy) when appropriate.
- Educate patients on the difference between a reliever and a controller medication.
- Work with patients to create an asthma action plan.
- Review medication adherence and step up or step down treatment as needed.

# Monitoring Measures Details

## Members Engaged in Primary Care (ENPC)

**Methodology:** Population Health Management (PHM)

**Measure Description:** Members who had at least one (1) primary care visit within a 12-month period.

**Measure Population (denominator):** The total cumulative and unduplicated number of members who are continuously enrolled for any six (6) continuous months during the measurement year.

**Measure Compliance (numerator):** The number of members in the denominator who had one (1) or more primary care visit(s) within the measurement year.

### Coding Tips:

| Description                | Code*  |
|----------------------------|--|
| ICD-10 Diagnosis Codes     | Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z00.5, Z00.8, Z02.0-Z02.6, Z02.71, Z02.79, Z02.81-Z02.84, Z02.89, Z02.9, Z76.1, Z76.2, Z01.42, Z30.430, Z39.1, Z39.2   |
| Ambulatory Visits CPT Code | 92002, 92004, 92012, 92014, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99429, 99441, 99442, 99443, 99457, 99458, 99483, 99461, 99500, 57170, 58300, 59430, 99501 |

\*If covered by Medi-Cal.

### Exclusions:

- Members who died at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

### How to Improve Your Rates

- Use monthly member reports to identify newly assigned to your practice and call to schedule a visit with your practice.
- Schedule annual visit or follow-up visit before patient leaves the office.
- Outreach to patients who missed their appointment to reschedule.

# Monitoring Measures Details

## Postpartum Depression Screening and Follow-Up (PDS-E)

**Methodology:** HEDIS®

**Measure Description:** The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

- **Depression Screening** – The percentage of deliveries in which members were screened for clinical depression using a standardized instrument during the postpartum period.
- **Follow-Up on Positive Screening** – The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screening.

### **Measure Population (denominator):**

- **Denominator 1:** Members who delivered during September 8 of the year prior to the measurement year through September 7 of the measurement year.
- **Denominator 2:** All deliveries from numerator 1 with a positive finding for depression during the 7-84 days following the date of delivery.

### **Measure Compliance (numerator):**

- **Numerator 1:** Depression Screening – Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during the 7-84 days following the delivery date.
- **Numerator 2:** Follow-Up on Positive Screening – Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).

# Monitoring Measures Details

## Coding Tips:

| Value Set  | Code*   |
|--|---|
| Depression or Other Behavioral Health Condition ICD-10 Codes | F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345 |
| Follow-up CPT Code   | 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441, 99442, 99443, 99457, 99458, 99483, 99366, 99492, 99493, 99494, 90791, 90792, 90832, 90833, 90834, 90836, 9083, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484  |

\*If covered by Medi-Cal.

## Exclusions:

- Members who died at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

# Monitoring Measures Details

## How to Improve Your HEDIS® Rates

- Ensure members of the care team understand the importance of depression screening and receive training on depression screening and care so they are versed in strategies to engage patients on completing and understanding the tool.
- Patients are screened at new visits, on an annual basis at well care visits, or when clinically indicated.

# Monitoring Measures Details

## Prenatal Depression Screening and Follow-Up (PND-E)

**Methodology:** HEDIS®

**Measure Description:** The percentage of deliveries in which members were screened for clinical depression while pregnant, and if screened positive, received follow-up care.

- **Depression Screening** – The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
- **Follow-Up on Positive Screening** – The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screening.

### **Measure Population (denominator):**

- **Denominator 1:** Members who delivered during the measurement year.
- **Denominator 2:** Deliveries from numerator 1 with a positive finding for depression.

### **Measure Compliance (numerator):**

- **Numerator 1:** Depression Screening – Deliveries in which members had a documented result for depression screening, using an age-appropriate standardized instrument, performed during pregnancy.
- **Numerator 2:** Follow-Up on Positive Screening – Deliveries in which members received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).

# Monitoring Measures Details

## Coding Tips:

| Value Set  | Code*   |
|--|---|
| Depression or Other Behavioral Health Condition ICD-10 Codes | F01.511, F01.518, F06.4, F10.180, F10.280, F10.980, F11.188, F11.288, F11.988, F12.180, F12.280, F12.980, F13.180, F13.280, F13.980, F14.180, F14.280, F14.980, F15.180, F15.280, F15.980, F16.180, F16.280, F16.980, F18.180, F18.280, F18.980, F19.180, F19.280, F19.980, F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F21, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.81, F32.89, F32.9, F32.A, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.0, F34.1, F34.81, F34.89, F34.9, F39, F40.00, F40.01, F40.02, F40.10, F40.11, F40.210, F40.218, F40.220, F40.228, F40.230, F40.231, F40.232, F40.233, F40.240, F40.241, F40.242, F40.243, F40.248, F40.290, F40.291, F40.298, F40.8, F40.9, F41.0, F41.1, F41.3, F41.8, F41.9, F42.2, F42.3, F42.4, F42.8, F42.9, F43.0, F43.10, F43.11, F43.12, F43.20, F43.21, F43.22, F43.23, F43.24, F43.25, F43.29, F43.81, F43.89, F43.9, F44.89, F45.21, F51.5, F53.0, F53.1, F60.0, F60.1, F60.2, F60.3, F60.4, F60.5, F60.6, F60.7, F60.81, F60.89, F60.9, F63.0, F63.1, F63.2, F63.3, F63.81, F63.89, F63.9, F68.10, F68.11, F68.12, F68.13, F68.8, F68.A, F84.0, F84.2, F84.3, F84.5, F84.8, F84.9, F90.0, F90.1, F90.2, F90.8, F90.9, F91.0, F91.1, F91.2, F91.3, F91.8, F91.9, F93.0, F93.8, F93.9, F94.0, F94.1, F94.2, F94.8, F94.9, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345 |
| Follow-up CPT Code   | 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99078, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99421, 99422, 99423, 99441; 99442, 99443, 99457, 99458, 99483, 99366, 99492, 99493, 99494, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90845, 90846, 90847, 90849, 90853, 90865, 90867, 90868, 90869, 90870, 90875, 90876, 90880, 90887, 99484   |

\*If covered by Medi-Cal.

## Exclusions:

- Deliveries that occurred at less than 37 weeks of gestation.
- Members who died at any time during the measurement year.
- Members who received hospice services at any time during the measurement year.

# Monitoring Measures Details

## How to Improve Your HEDIS® Rates

- Ensure members of the care team understand the importance of depression screening and receive training on depression screening and care so they are versed in strategies to engage patients on completing and understanding the tool.
- Patients are screened at new visits, on an annual basis at well care visits, or when clinically indicated.

# Manifest MedEx Health Information Exchange (HIE) Participation Benefits

## Overview

The Alliance has contracted with Manifest MedEx, a Health Information Exchange (HIE), to improve our members' health and well-being through the sharing and exchange of data in a secure environment. Participation in the HIE creates new connections, efficiencies, and enables providers to work together to improve health outcomes. The Alliance is encouraging our provider network to participate in Manifest MedEx's HIE to improve care across the continuum and take advantage of participation benefits.

## Benefits of Participating with Manifest

- Entities that participate can receive utilization data for their eligible/assigned members from all entities that participate in the HIE.
- Providers can receive real-time ADT notifications and access to medical records that include discharge summaries, clinical notes, and lab reports from hospitals that participate in the HIE.
- Participation with Manifest will meet the California Data Exchange Framework (DxF requirements under AB133.
- No cost for ambulatory providers.
- Eliminates the need for providers to submit custom electronic medical record (EMR) extracts to the Alliance for HEDIS®.
- Fewer individual medical record requests from the Alliance for HEDIS®.
- Manifest MedEx has experience working with over 90 Electronic EMR systems, including OCHIN Epic, Epic, eClinicalWorks, NextGen, etc.
- Providers can identify high-risk patients, reduce readmissions, and proactively monitor and support their patients by using Manifest MedEx's MX Notify and MX Access tools:
  - o Receive real-time hospital event notifications and immediate follow-up without spending time on faxes and calls
  - o Optimize care with easy access to a comprehensive patient history drawn from claims and clinical data
  - o Streamline HCC/RAF follow-up with a complete list of diagnoses and accurate data
  - o Identify and close gaps in care
- Manifest MedEx is only focused on the California market and is based in Alameda County.
- Manifest MedEx participates in eHealth Exchange and is connected to the Carequality Framework.
- Manifest MedEx is the only data aggregator in California with NCQA-validated data, providing health plans access to standard supplemental data for HEDIS®.
- Manifest MedEx is HiTrust certified.

# Manifest MedEx Health Information Exchange (HIE) Participation Benefits

## Overview of Manifest MedEx

As the largest nonprofit health data network in California, Manifest MedEx is an integral part of the state's health data infrastructure, combining and delivering crucial health information for more than 38 million Californians across every county throughout the state. Manifest MedEx has been designated as a Qualified Health Information Organization (QHIO) under the California Health and Human Services (CalHHS) Data Exchange Framework (DxF).

Current participants in the Manifest MedEx HIE:

- Over 3,200 California healthcare organizations
- Over 2,600 ambulatory providers
- 2.7 million admissions, discharge, and transfer (ADT) feeds share per month
- 176 California health plans, including Anthem Blue Cross, Blue Shield of California, Health Net, Kaiser Permanente, and Aetna

The Alliance is working with Manifest MedEx to onboard additional providers in the Alliance provider network.

## Next Steps

If you want to participate or learn more about Manifest MedEx, please email the Alliance Performance and Analytics Department at [hedis@alamedaalliance.org](mailto:hedis@alamedaalliance.org).

## Appendix – Additional Codes

### Lead Screening in Children (LSC-E)

| Description                            | Code Type | Code*   |
|--|-----------|---------|
| Lead [Mass/volume] in Capillary blood  | LOINC     | 10368-9 |
| Lead [Mass/volume] in Serum or Plasma  | LOINC     | 10912-4 |
| Lead [Moles/volume] in Blood           | LOINC     | 14807-2 |
| Lead [Presence] in Blood               | LOINC     | 17052-2 |
| Lead [Moles/volume] in Serum or Plasma | LOINC     | 25459-9 |
| Lead [Mass/mass] in Red Blood Cells    | LOINC     | 27129-6 |
| Lead [Moles/volume] in Red Blood Cells | LOINC     | 32325-3 |
| Lead [Mass/volume] in Blood            | LOINC     | 5671-3  |
| Lead [Mass/volume] in Red Blood Cells  | LOINC     | 5674-7  |
| Lead [Mass/volume] in Venous blood     | LOINC     | 77307-7 |

\*If covered by Medi-Cal.

**Please Note:** LOINC codes are submitted by the lab company.

#### [LSC-E Measure Detail](#)

## Appendix – Additional Codes

### Well-Child Visits in the First 15 Months of Life: Six or More Visits (W30 6+)

| Description  | Type of Code | Code*   |
|--|--------------|---------|
| Initial preventive medicine new patient <1year   | CPT          | 99381   |
| Initial preventive medicine new pt age 1-4 yrs   | CPT          | 99382   |
| Initial preventive medicine new pt age 5-11 yrs  | CPT          | 99383   |
| Initial preventive medicine new pt age 12-17 yrs   | CPT          | 99384   |
| Initial preventive medicine new pt age 18-39 yrs   | CPT          | 99385   |
| Periodic preventive med est. patient <1y   | CPT          | 99391   |
| Periodic preventive med est. patient 1-4yrs  | CPT          | 99392   |
| Periodic preventive med est patient 5-11yrs  | CPT          | 99393   |
| Periodic preventive med est patient 12-17yrs   | CPT          | 99394   |
| Periodic preventive med est patient 18-39 yrs  | CPT          | 99395   |
| Initial newborn per day for eval/non hospital or birth center                                  | CPT          | 99461   |
| Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit | HCPCS        | G0438   |
| Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit | HCPCS        | G0439   |
| Annual gynecological examination, new patient  | HCPCS        | S0610   |
| Annual gynecological examination, established patient  | HCPCS        | S0612   |
| Annual gynecological examination; clinical breast examination without pelvic evaluation        | HCPCS        | S0613   |
| Encounter for general adult medical examination with abnormal findings                         | ICD-10       | Z00.00  |
| Encounter for general adult medical examination with abnormal findings                         | ICD-10       | Z00.01  |
| Health examination for newborn under 8 days old  | ICD-10       | Z00.110 |
| Health examination for newborn 8 to 28 days old  | ICD-10       | Z00.111 |
| Encounter for routine child health examination with abnormal findings                          | ICD-10       | Z00.121 |
| Encounter for routine child health examination without abnormal findings                       | ICD-10       | Z00.129 |

\*If covered by Medi-Cal.

## Appendix – Additional Codes

| Description   | Type of Code | Code*   |
|---|--------------|---------|
| Encounter for examination for period of rapid growth in childhood                     | ICD-10       | Z00.2   |
| Encounter for examination for adolescent development state                            | ICD-10       | Z00.3   |
| Encounter for gynecological examination (general) (routine) with abnormal findings    | ICD-10       | Z01.411 |
| Encounter for gynecological examination (general) (routine) without abnormal findings | ICD-10       | Z01.419 |
| Encounter for examination for participation in sport                                  | ICD-10       | Z02.5   |
| Encounter for health supervision and care of foundling                                | ICD-10       | Z76.1   |
| Encounter for health supervision and care of other healthy infant and child           | ICD-10       | Z76.2   |

\*If covered by Medi-Cal.

### [W30 6+ Measure Detail](#)

## Appendix – Additional Codes

### Well-Child Visits for Age 15 Months to 30 Months: Two or More Visits (W30 2+)

| Description  | Type of Code | Code*   |
|--|--------------|---------|
| Initial preventive medicine new patient <1year   | CPT          | 99381   |
| Initial preventive medicine new pt age 1-4 yrs   | CPT          | 99382   |
| Initial preventive medicine new pt age 5-11 yrs  | CPT          | 99383   |
| Initial preventive medicine new pt age 12-17 yrs   | CPT          | 99384   |
| Initial preventive medicine new pt age 18-39 yrs   | CPT          | 99385   |
| Periodic preventive med est. patient <1y   | CPT          | 99391   |
| Periodic preventive med est. patient 1-4yrs  | CPT          | 99392   |
| Periodic preventive med est patient 5-11yrs  | CPT          | 99393   |
| Periodic preventive med est patient 12-17yrs   | CPT          | 99394   |
| Periodic preventive med est patient 18-39 yrs  | CPT          | 99395   |
| Initial newborn per day for eval/ non hospital or birth center                                 | CPT          | 99461   |
| Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit | HCPCS        | G0438   |
| Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit | HCPCS        | G0439   |
| Annual gynecological examination, new patient  | HCPCS        | S0610   |
| Annual gynecological examination, established patient  | HCPCS        | S0612   |
| Annual gynecological examination; clinical breast examination without pelvic evaluation        | HCPCS        | S0613   |
| Encounter for general adult medical examination with abnormal findings                         | ICD-10       | Z00.00  |
| Encounter for general adult medical examination with abnormal findings                         | ICD-10       | Z00.01  |
| Health examination for newborn under 8 days old  | ICD-10       | Z00.110 |
| Health examination for newborn 8 to 28 days old  | ICD-10       | Z00.111 |
| Encounter for routine child health examination with abnormal findings                          | ICD-10       | Z00.121 |

\*If covered by Medi-Cal.

## Appendix – Additional Codes

| Description   | Type of Code | Code*   |
|---|--------------|---------|
| Encounter for routine child health examination without abnormal findings              | ICD-10       | Z00.129 |
| Encounter for examination for period of rapid growth in childhood                     | ICD-10       | Z00.2   |
| Encounter for examination for adolescent development state                            | ICD-10       | Z00.3   |
| Encounter for gynecological examination (general) (routine) with abnormal findings    | ICD-10       | Z01.411 |
| Encounter for gynecological examination (general) (routine) without abnormal findings | ICD-10       | Z01.419 |
| Encounter for examination for participation in sport                                  | ICD-10       | Z02.5   |
| Encounter for health supervision and care of foundling                                | ICD-10       | Z76.1   |
| Encounter for health supervision and care of other healthy infant and child           | ICD-10       | Z76.2   |

\*If covered by Medi-Cal.

[W30 2+ Measure Detail](#)

## Appendix – Additional Codes

### Child and Adolescent Well-Care Visits (WCV)

| Description  | Type of Code | Code*   |
|--|--------------|---------|
| Initial preventive medicine new patient <1year   | CPT          | 99381   |
| Initial preventive medicine new pt age 1-4 yrs   | CPT          | 99382   |
| Initial preventive medicine new pt age 5-11 yrs  | CPT          | 99383   |
| Initial preventive medicine new pt age 12-17 yrs   | CPT          | 99384   |
| Initial preventive medicine new pt age 18-39 yrs   | CPT          | 99385   |
| Periodic preventive med est. patient <1y   | CPT          | 99391   |
| Periodic preventive med est. patient 1-4yrs  | CPT          | 99392   |
| Periodic preventive med est patient 5-11yrs  | CPT          | 99393   |
| Periodic preventive med est patient 12-17yrs   | CPT          | 99394   |
| Periodic preventive med est patient 18-39 yrs  | CPT          | 99395   |
| Initial newborn per day for eval/ non hospital or birth center                                 | CPT          | 99461   |
| Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit | HCPCS        | G0438   |
| Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit | HCPCS        | G0439   |
| Annual gynecological examination, new patient  | HCPCS        | S0610   |
| Annual gynecological examination, established patient  | HCPCS        | S0612   |
| Annual gynecological examination; clinical breast examination without pelvic evaluation        | HCPCS        | S0613   |
| Encounter for general adult medical examination with abnormal findings                         | ICD-10       | Z00.00  |
| Encounter for general adult medical examination with abnormal findings                         | ICD-10       | Z00.01  |
| Health examination for newborn under 8 days old  | ICD-10       | Z00.110 |
| Health examination for newborn 8 to 28 days old  | ICD-10       | Z00.111 |
| Encounter for routine child health examination with abnormal findings                          | ICD-10       | Z00.121 |

\*If covered by Medi-Cal.

## Appendix – Additional Codes

| Description   | Type of Code | Code*   |
|---|--------------|---------|
| Encounter for routine child health examination without abnormal findings              | ICD-10       | Z00.129 |
| Encounter for examination for period of rapid growth in childhood                     | ICD-10       | Z00.2   |
| Encounter for examination for adolescent development state                            | ICD-10       | Z00.3   |
| Encounter for gynecological examination (general) (routine) with abnormal findings    | ICD-10       | Z01.411 |
| Encounter for gynecological examination (general) (routine) without abnormal findings | ICD-10       | Z01.419 |
| Encounter for examination for participation in sport                                  | ICD-10       | Z02.5   |
| Encounter for health supervision and care of foundling                                | ICD-10       | Z76.1   |
| Encounter for health supervision and care of other healthy infant and child           | ICD-10       | Z76.2   |

\*If covered by Medi-Cal.

### [WCV Measure Detail](#)

## Appendix – Additional Codes

### Breast Cancer Screening (BCS-E)

| Description                  | Code* | Description   |
|------------------------------|-------|---|
| <b>Mammography</b>           | 77061 | Breast tomosynthesis unilateral   |
|                              | 77062 | Breast tomosynthesis bilateral  |
|                              | 77063 | Breast tomosynthesis bilateral  |
|                              | 77065 | Diagnostic mammography including computer-aided detection (CAD) when performed unilateral     |
|                              | 77066 | Diagnostic mammography incl including computer-aided detection (CAD) when performed bilateral |
|                              | 77067 | Screening mammography bilateral including computer-aided detection (CAD) when performed       |
| <b>Unilateral Mastectomy</b> | 19180 | Simple, complete mastectomy   |
|                              | 19220 | Radical mastectomy  |
|                              | 19240 | Modified radical mastectomy   |
|                              | 19303 | Mastectomy simple complete  |
|                              | 19304 | Mastectomy, subcutaneous  |
|                              | 19305 | Mastectomy radical  |
|                              | 19306 | Mastectomy radical urban type   |
|                              | 19307 | Mastectomy modified radical   |
| <b>Gender Dysphoria</b>      | 19318 | Breast reduction  |

\*If covered by Medi-Cal.

**Please Note:** Mammography CPT codes are submitted by the imaging company. The table shows a partial list of value set codes. Additional codes are available upon request.

#### [BCS-E Measure Detail](#)

## Appendix – Additional Codes

### Cervical Cancer Screening (CCS-E)

| Description   | Code Type | Code* |
|---|-----------|-------|
| Cervical Cytology Lab Test  | CPT       | 88141 |
| Cervical Cytology Lab Test  | CPT       | 88142 |
| Cervical Cytology Lab Test  | CPT       | 88143 |
| Cervical Cytology Lab Test  | CPT       | 88147 |
| Cervical Cytology Lab Test  | CPT       | 88148 |
| Cervical Cytology Lab Test  | CPT       | 88150 |
| Cervical Cytology Lab Test  | CPT       | 88152 |
| Cervical Cytology Lab Test  | CPT       | 88153 |
| Cervical Cytology Lab Test  | CPT       | 88164 |
| Cervical Cytology Lab Test  | CPT       | 88165 |
| Cervical Cytology Lab Test  | CPT       | 88166 |
| Cervical Cytology Lab Test  | CPT       | 88167 |
| Cervical Cytology Lab Test  | CPT       | 88174 |
| Cervical Cytology Lab Test  | CPT       | 88175 |
| Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision (G0123)                             | HCPCS     | G0123 |
| Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician (G0124)   | HCPCS     | G0124 |
| Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician (G0141)  | HCPCS     | G0141 |
| Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision (G0143) | HCPCS     | G0143 |
| Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision (G0144)                       | HCPCS     | G0144 |

\*If covered by Medi-Cal.

## Appendix – Additional Codes

| Description   | Code Type | Code*    |
|---|-----------|----------|
| Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision (G0145) | HCPCS     | G0145    |
| Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision (G0147)  | HCPCS     | G0147    |
| Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening (G0148)  | HCPCS     | G0148    |
| Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision (P3000)  | HCPCS     | P3000    |
| Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician (P3001)  | HCPCS     | P3001    |
| Microscopic observation [Identifier] in Cervix by Cyto stain thin prep computer assisted  | LOINC     | 104866-9 |
| Microscopic observation [Identifier] in Cervix by Cyto stain  | LOINC     | 10524-7  |
| Microscopic observation [Identifier] in Cervix by Cyto stain thin prep  | LOINC     | 18500-9  |
| General categories [Interpretation] of Cervical or vaginal smear or scraping by Cyto stain  | LOINC     | 19762-4  |
| Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain   | LOINC     | 19765-7  |
| Microscopic observation [Identifier] in Cervical or vaginal smear or scraping by Cyto stain Narrative   | LOINC     | 19766-5  |
| Cytology study comment Cervical or vaginal smear or scraping Cyto stain   | LOINC     | 19774-9  |
| Cervical AndOr vaginal cytology study   | LOINC     | 33717-0  |
| Cytology report of Cervical or vaginal smear or scraping Cyto stain thin prep   | LOINC     | 47527-7  |
| Cytology report of Cervical or vaginal smear or scraping Cyto stain   | LOINC     | 47528-5  |
| High Risk HPV Lab Test  | CPT       | 87624    |
| High Risk HPV Lab Test  | CPT       | 87625    |
| High Risk HPV Lab Test  | CPT       | 87626    |
| High Risk HPV Lab Test  | CPT       | 0502U    |

\*If covered by Medi-Cal.

## Appendix – Additional Codes

| Description  | Code Type | Code*    |
|--|-----------|----------|
| Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (hpv), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test (G0476) | HCPCS     | G0476    |
| Human papilloma virus 16 and 18 and 31 and 45+33+52+58 and 35+39+51+56+59+66+68 DNA [Interpretation] in Cervix by NAA with probe detection   | LOINC     | 104132-6 |
| Human papilloma virus 31+33+52+58 DNA [Presence] in Cervix by NAA with probe detection   | LOINC     | 104170-6 |
| Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Molecular genetics method   | LOINC     | 104752-1 |
| Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by Molecular genetics method  | LOINC     | 104766-1 |
| Human papilloma virus E6+E7 mRNA [Presence] in Cervix by Molecular genetics method   | LOINC     | 104783-6 |
| Human papilloma virus 16+18+31+33+35+45+51+52+56 DNA [Presence] in Cervix by Probe   | LOINC     | 21440-3  |
| Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe with signal amplification   | LOINC     | 30167-1  |
| Human papilloma virus 6+11+16+18+31+33+35+39+42+43+44+45+51+52+56+58+59+68 DNA [Presence] in Cervix by Probe with signal amplification   | LOINC     | 38372-9  |
| Human papilloma virus 16 DNA [Presence] in Cervix by Probe with signal amplification   | LOINC     | 59263-4  |
| Human papilloma virus 18 DNA [Presence] in Cervix by Probe with signal amplification   | LOINC     | 59264-2  |
| Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by Probe with signal amplification  | LOINC     | 59420-0  |
| Human papilloma virus E6+E7 mRNA [Presence] in Cervix by NAA with probe detection  | LOINC     | 69002-4  |
| Human papilloma virus 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection   | LOINC     | 71431-1  |
| Human papilloma virus 18+45 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection  | LOINC     | 75694-0  |
| Human papilloma virus 16 and 18 and 31+33+35+39+45+51+52+56+58+59+66+68 DNA [Interpretation] in Cervix   | LOINC     | 77379-6  |

\*If covered by Medi-Cal.

## Appendix – Additional Codes

| Description  | Code Type | Code*   |
|--|-----------|---------|
| Human papilloma virus 16 DNA [Presence] in Cervix by NAA with probe detection  | LOINC     | 77399-4 |
| Human papilloma virus 18 DNA [Presence] in Cervix by NAA with probe detection  | LOINC     | 77400-0 |
| Human papilloma virus 16 and 18+45 E6+E7 mRNA [Identifier] in Cervix by NAA with probe detection                     | LOINC     | 82354-2 |
| Human papilloma virus 16 E6+E7 mRNA [Presence] in Cervix by NAA with probe detection                                 | LOINC     | 82456-5 |
| Human papilloma virus 16+18+31+33+35+39+45+51+52+56+58+59+66+68 DNA [Presence] in Cervix by NAA with probe detection | LOINC     | 82675-0 |
| Human papilloma virus 31 DNA [Presence] in Cervix by NAA with probe detection  | LOINC     | 95539-3 |
| Hysterectomy With No Residual Cervix   | CPT       | 57530   |
| Hysterectomy With No Residual Cervix   | CPT       | 57531   |
| Hysterectomy With No Residual Cervix   | CPT       | 57540   |
| Hysterectomy With No Residual Cervix   | CPT       | 57545   |
| Hysterectomy With No Residual Cervix   | CPT       | 57550   |
| Hysterectomy With No Residual Cervix   | CPT       | 57555   |
| Hysterectomy With No Residual Cervix   | CPT       | 57556   |
| Hysterectomy With No Residual Cervix   | CPT       | 58150   |
| Hysterectomy With No Residual Cervix   | CPT       | 58152   |
| Hysterectomy With No Residual Cervix   | CPT       | 58200   |
| Hysterectomy With No Residual Cervix   | CPT       | 58210   |
| Hysterectomy With No Residual Cervix   | CPT       | 58240   |
| Hysterectomy With No Residual Cervix   | CPT       | 58260   |
| Hysterectomy With No Residual Cervix   | CPT       | 58262   |
| Hysterectomy With No Residual Cervix   | CPT       | 58263   |
| Hysterectomy With No Residual Cervix   | CPT       | 58267   |
| Hysterectomy With No Residual Cervix   | CPT       | 58270   |

\*If covered by Medi-Cal.

## Appendix – Additional Codes

| Description                          | Code Type | Code* |
|--------------------------------------|-----------|-------|
| Hysterectomy With No Residual Cervix | CPT       | 58275 |
| Hysterectomy With No Residual Cervix | CPT       | 58280 |
| Hysterectomy With No Residual Cervix | CPT       | 58285 |
| Hysterectomy With No Residual Cervix | CPT       | 58290 |
| Hysterectomy With No Residual Cervix | CPT       | 58291 |
| Hysterectomy With No Residual Cervix | CPT       | 58292 |
| Hysterectomy With No Residual Cervix | CPT       | 58293 |
| Hysterectomy With No Residual Cervix | CPT       | 58294 |
| Hysterectomy With No Residual Cervix | CPT       | 58548 |
| Hysterectomy With No Residual Cervix | CPT       | 58550 |
| Hysterectomy With No Residual Cervix | CPT       | 58552 |
| Hysterectomy With No Residual Cervix | CPT       | 58553 |
| Hysterectomy With No Residual Cervix | CPT       | 58554 |
| Hysterectomy With No Residual Cervix | CPT       | 58570 |
| Hysterectomy With No Residual Cervix | CPT       | 58571 |
| Hysterectomy With No Residual Cervix | CPT       | 58572 |
| Hysterectomy With No Residual Cervix | CPT       | 58573 |
| Hysterectomy With No Residual Cervix | CPT       | 58575 |
| Hysterectomy With No Residual Cervix | CPT       | 58951 |
| Hysterectomy With No Residual Cervix | CPT       | 58953 |
| Hysterectomy With No Residual Cervix | CPT       | 58954 |
| Hysterectomy With No Residual Cervix | CPT       | 58956 |
| Hysterectomy With No Residual Cervix | CPT       | 59135 |

\*If covered by Medi-Cal.

### [CCS-E Measure Detail](#)

## Appendix – Additional Codes

### Colorectal Cancer Screening (COL-E)

| Value Set     | CPT Code*              | Description                                  |
|---------------|------------------------|--|
| Colonoscopy** | 44388                  | Colonoscopy through stoma separate procedure |
|               | 44389                  | Colonoscopy with biopsy                      |
|               | 44390                  | Colonoscopy for foreign body                 |
|               | 44391                  | Colonoscopy for bleeding                     |
|               | 44392                  | Colonoscopy & polypectomy                    |
|               | 44394                  | Colonoscopy w/snare                          |
|               | 44401                  | Colonoscopy with ablation                    |
|               | 44402                  | Colonoscopy w/stent placement                |
|               | 44403                  | Colonoscopy w/resection                      |
|               | 44404                  | Colonoscopy w/injection                      |
|               | 44405                  | Colonoscopy w/dilation                       |
|               | 44406                  | Colonoscopy w/ultrasound                     |
|               | 44407                  | Colonoscopy w/needle aspiration biopsy       |
|               | 44408                  | Colonoscopy w/decompression                  |
|               | 45378                  | Diagnostic colonoscopy                       |
|               | 45379                  | Colonoscopy w/foreign body removal           |
|               | 45380                  | Colonoscopy and biopsy                       |
|               | 45381                  | Colonoscopy submucous injection              |
|               | 45382                  | Colonoscopy w/control bleed                  |
|               | 45384                  | Colonoscopy w/lesion removal                 |
|               | 45385                  | Colonoscopy w/lesion removal                 |
|               | 45386                  | Colonoscopy w/balloon dilation               |
| 45388         | Colonoscopy w/ablation |  |

\*If covered by Medi-Cal.

\*\*Codes submitted when the diagnostic test is completed.

\*\*\*Codes submitted by the lab company.

## Appendix – Additional Codes

| Value Set                              | CPT Code* | Description  |
|--|-----------|--|
| <b>Colonoscopy**</b><br><i>(cont.)</i> | 45389     | Colonoscopy w/stent placement                          |
|  | 45390     | Colonoscopy w/resection                                |
|  | 45391     | Colonoscopy w/endoscope ultrasound                     |
|  | 45392     | Colonoscopy w/endoscopic fine needle aspiration/biopsy |
|  | 45393     | Colonoscopy w/decompression                            |
|  | 45398     | Colonoscopy w/band ligation                            |
| <b>CT Colonography**</b>               | 74261     | CT colonography diagnostic                             |
|  | 74262     | CT colonography diagnostic w/dye                       |
|  | 74263     | CT colonography screening                              |
| <b>Flexible Sigmoidoscopy**</b>        | 45330     | Diagnostic sigmoidoscopy                               |
|  | 45331     | Sigmoidoscopy and biopsy                               |
|  | 45332     | Sigmoidoscopy w/foreign body removal                   |
|  | 45333     | Sigmoidoscopy & polypectomy                            |
|  | 45334     | Sigmoidoscopy for bleeding                             |
|  | 45335     | Sigmoidoscopy w/submucosal injection                   |
|  | 45337     | Sigmoidoscopy & decompress                             |
|  | 45338     | Sigmoidoscopy w/tumor remove                           |
|  | 45340     | Sigmoidoscopy w/transendoscopic balloon dilation       |
|  | 45341     | Sigmoidoscopy w/ultrasound                             |
|  | 45342     | Sigmoidoscopy w/ultrasound guide biopsy                |
|  | 45346     | Sigmoidoscopy w/ablation                               |
|  | 45347     | Sigmoidoscopy w/stent placement                        |
|  | 45349     | Sigmoidoscopy w/resection                              |
|  | 45350     | Sigmoidoscopy w/band ligation                          |

\*If covered by Medi-Cal.

\*\*Codes submitted when the diagnostic test is completed.

\*\*\*Codes submitted by the lab company.

## Appendix – Additional Codes

| Value Set            | CPT Code* | Description  |
|----------------------|-----------|--|
| FOBT Lab Test***     | 82270     | Occult blood feces   |
|                      | 82274     | Assay test for blood fecal   |
| sDNA FIT Lab Test*** | 81528     | Oncology colorectal screening  |
| Total Colectomy      | 44150     | Total abdominal colectomy without a proctectomy, with an ileostomy or ileoproctostomy  |
|                      | 44151     | Total colectomy (abdominal, without proctectomy) with Continent Ileostomy  |
|                      | 44155     | Total abdominal colectomy with proctectomy with ileostomy  |
|                      | 44156     | Total abdominal colectomy with proctectomy (removal of the colon and rectum) and the creation of an ileostomy                                    |
|                      | 44157     | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy                        |
|                      | 44158     | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J)                                   |
|                      | 44210     | Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy                                       |
|                      | 44211     | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop |
|                      | 44212     | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy   |

\*If covered by Medi-Cal.

\*\*Codes submitted when the diagnostic test is completed.

\*\*\*Codes submitted by the lab company.

### COL-E Measure Detail

# 2026 P4P Provider Attestation

By signing below, I \_\_\_\_\_  
(Print Full Name)

Attest that I have received the materials as they relate to the Alameda Alliance for Health (Alliance) Pay-for-Performance (P4P) Program for measurement year (MY) 2026.

I also attest that I have received information on w hom to contact with any questions or if further assistance is needed.

Provider/Group Name (Print): \_\_\_\_\_

Signature of Person Attesting: \_\_\_\_\_

Date: \_\_\_\_\_

