2024 Data Submission Tool (DST) Guide

PROVIDER INCENTIVES

Updated: April 2024

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INTRODUCTION

The Data Submission Tool (DST) allows Alliance providers to upload data files via the Provider Portal. The DST was created to allow providers to submit data from their electronic health record and medical records to achieve compliance in the Care-Based Incentive (CBI) Program, Health Effectiveness Data Information Set (HEDIS) audit, and quality improvement projects.

Note: **Submitting data is optional**, but it is recommended to ensure complete data are reported for the below CBI and HEDIS measures. **If your members show compliance on the provider portal reports, you do not need to submit additional data**.

Measure | Test Types	Data Submission Description
Breast Cancer Screening (Screening and Mastectomies)	Women age 50-74 who had a mammogram to screen for breast cancer on or between October 1 two years prior to the Measurement Period and the end of the Measurement Period. Bilateral mastectomies can also be submitted via DST for surgical histories not captured by a Medi-Cal claim.
Cervical Cancer Screening	Women age 21–64 who had cervical cytology performed in the last three years OR women aged 30-64 who had a cervical high-risk papillomavirus (hrHPV) testing performed in the last 5 years OR women age 30–64 who had cervical cytology and human papillomavirus (HPV) co-testing performed in the last 5 years. Hysterectomies can also be submitted via DST for surgical histories not captured by a Medi-Cal claim.
Child and Adolescent Well-Visits	Members age 15 months old who had 6 or more well-child visits with a PCP during the first 15 months of life within the CBI program year. Members who turn 30 months in the CBI program year and had two or more well-child visits at 15 to 30 months of age. Members age 3-21 years who had a well-visit with a PCP within the CBI program year.
Chlamydia Screening	Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
Controlling Blood Pressure	Most recent BP reading for members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg). BP reading must occur on or after the date of the second HTN diagnosis, and office visit information must be submitted as a claim without a UB revenue code.
Colorectal Cancer Screening	Members 45-75 years of age who had appropriate screening for colorectal cancer.

Developmental Screening	Members ages 1-3 years 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.
Diabetic HbA1c Poor Control >9%	Most recent HbA1c test result for linked members with diabetes.
Depression Screening and Follow-Up for Adolescents and Adults	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.
Fluoride Varnish	Members ages 6 months to 5 years (up to before their 6th birthday) who received at least one topical fluoride application by staff at the PCP office during the measurement year.
Immunizations for Adolescents, Children, and Adults	Immunizations for members ages 0-65 years.
Initial Health Appointment (IHA)	Completed IHAs or if two phone calls and one written attempt are made to schedule a member's IHA and the provider site is unable to schedule the member, the provider may submit data via Data Submission Tool on the Provider Portal indicating inability to schedule member. See additional criteria in the IHA section.

DEADLINE TO SUBMIT DATA

Provider sites can submit their supplemental data files as often as they choose. It is recommended they submit monthly and at the close of the quarter. Submitting frequently allows for the opportunity to monitor progress. The Quarter 1 to Quarter 3 submission deadlines are suggestions so that submitted data can be reflected in the quarter's data. Data can be submitted for the year, up until the final February 28 deadline at 6:00 p.m. PT.

Measurement Year 2024*	
Quarter (Measurement Period)	**Supplemental Data Due Date**
2024 - Quarter 1 (January 1, 2024 – March 31, 2024)	March 31, 2024
2024 - Quarter 2 (April 1, 2024 – June 30, 2024)	June 30, 2024
2024 - Quarter 3 (July 1, 2024 – September 30, 2024)	September 30, 2024
2024 – Quarter 4 (October 1, 2024 – December 31, 2024)	February 28, 2025

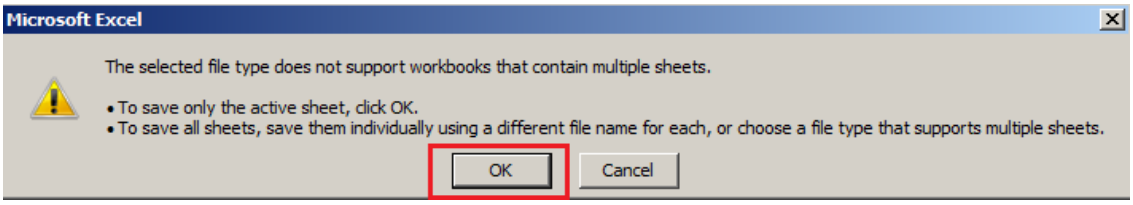
CREATE AND SUBMIT A NEW FILE

File Format Requirements

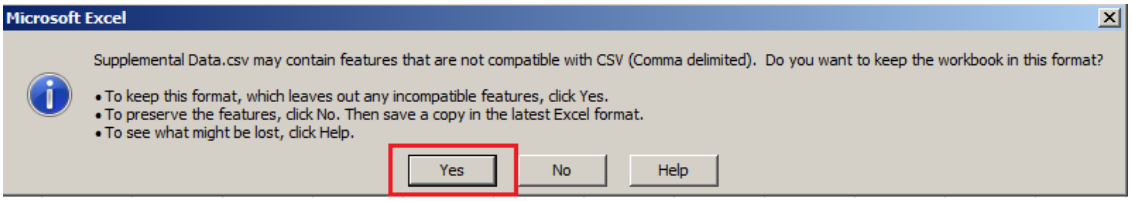
The file must be a **comma-separated** (**comma-delimited**) file and have a **.csv** file extension. Files that are not comma-separated will be rejected.

File Conversion Steps

1. Go to **File** and click **Save As**.
2. The **Save As** dialog box appears.
3. In the **Save as type** box, choose comma separated values **(.csv)** for the worksheet.
4. Browse to the location where you want to save the new file, and then click **Save**.
   a. A dialog box appears, reminding you that only the current worksheet will be saved to the new .csv file. If you are certain that the current worksheet is the one that you want to save as a .csv file, click **OK**. You can save other worksheets as separate files by repeating this procedure for each worksheet.



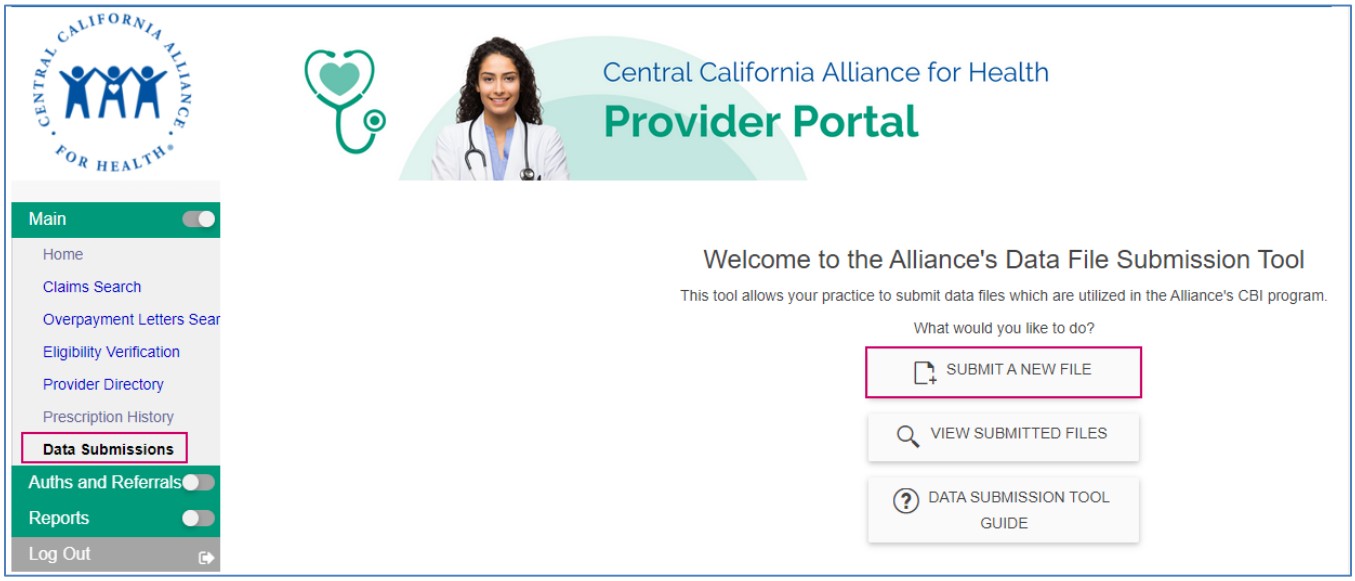
   b. A second dialog box appears, reminding you that your worksheet may contain features that are not supported by text file formats. If you are interested only in saving the worksheet data into the new .csv file, click **Yes**.



For more information please visit: https://support.office.com/en-us/article/Import-or-export-text-txt-or-csv-files-5250ac4c-663c-47ce-937b-339e391393ba

On the Provider Portal home page, click on "Data Submissions" on the left navigation bar. This will take you to the Data Submissions landing page.

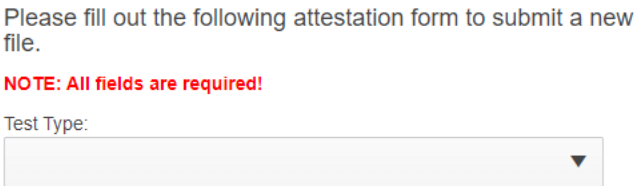
To submit your data, click on the first button "Submit a New File"; see diagram below.



Attestation Requirements

Each time you click on "Submit a New File"; you will be requested to complete an attestation form.

There are 5 main components to the form which include the following:



1. Select the test type:
    - Breast Cancer Screening (Screening and Mastectomies)
    - Cervical Cancer Screenings (PAP & HPV)
    - Child and Adolescent Well-Visits (0-21 years)
    - Chlamydia Screening for Women
    - Controlling Blood Pressure
    - Colorectal Cancer Screening
    - Depression Screening for Adolescents and Adults
    - Developmental Screening
    - Fluoride Varnish
    - HbA1c
    - Immunizations

- Initial Health Appointments (IHA)

2. Select your practice site

Please fill out the following attestation form to submit a new file.

NOTE: All fields are required!

Practice Site:

The drop-down menu will display all practice sites linked to the NPI number of the user who logged in. **When uploading files for multiple sites under one CBI group number, all files can be uploaded under the same site name.**

3. Enter name of EHR or Patient Database and specify which methodology was used to extract the data; see diagram below. If not used, please enter N/A.

Please fill out the following attestation form to submit a new file.

NOTE: All fields are required!

Test Type:

Practice Site:

Name of EHR or Patient Database

Please specify which methodology was used to collect this data:

Standard Supplemental Data

Provider files automatically generated from:

- Electronic Health Record (EHR)
- Patient Database(s)

Nonstandard Supplemental Data

Provider files are manually entered and subject to human error, such as:

- Medical Records (collected from paper charts or EHR)
- Registries

NOTE: If you have an EHR, but the DST data is manually entered by staff on the excel file, please select "Nonstandard Supplemental Data".

4. Enter contact information for the person uploading the file:; see diagram below.

Submitter Name

First Name | Last Name

Position Title

Submitter E-mail *Confirmation report will be sent to this email address

E-mail | Re-Enter E-mail

Submitter Phone

5. Browse and select your file. **Only .csv file formats are accepted.** Once the file is selected, click the attestation check box indicating that the document you are uploading has been reviewed and the information is correct and complete. Then click submit; see diagram below.:

Attestation

☑ I have reviewed and submitted the data to Central California Alliance for Health and based upon my personal knowledge, I know the contents of that information to be true, complete, and correct.

Please Select Data File

File must be in CSV format to be uploaded. For instructions on converting Excel files into CSV please see Data Submission Tool guide.

In order to ensure maximum number of accepted rows, **do not** include a field header in your data file.

SELECT FILE...

SUBMIT

Email Confirmation

Within one business day, an email confirmation will be sent to the email address provided on the attestation form. Files are processed daily at 12:00 p.m. and 6:00 p.m. The email will contain the following information:

- Test Type of the File
- Date the file was received by the Alliance
- Total records submitted
- Records passed
- Records failed

See example below:

Provider Number: 123456
Provider Site: Clinic on the Beach
Results Type: CCS

The following file was successfully processed by our system: **CCSQ12023.csv**

Below is the processing summary:

- Date of Receipt: 2/6/2024 3:51:18 PM
- Total records read: 100
- Records accepted: 85
- Records rejected: 15
- % Records Passed: 85%

A detailed report is now available on the provider portal.

For assistance please contact your Alliance Provider Relations Representative or email cbi@ccah-alliance.org.

NOTE: After the file is processed, a detailed report is available in the "view submitted files tab" of the file that was submitted. A rejected file will not show on the "view submitted files tab."

Please reach out to cbi@ccah-alliance.org if you have any questions on rejected files.

FILE TEMPLATES

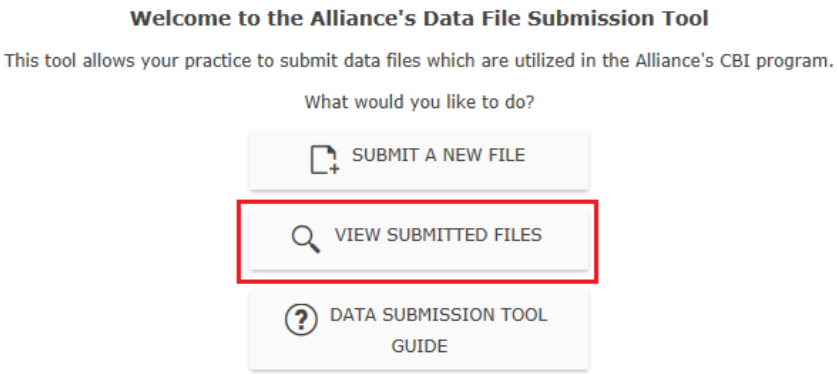
Please click on the linked files below for individual measure templates..

Measure	Template
Breast Cancer Screening (Screening and Mastectomies)	BCS Screening and Mastectomies.csv
Cervical Cancer Screening	CCS DST Template.csv
Child and Adolescent Well-Visit	Well-Visit DST Templat.csv
Chlamydia Screening for Women	Clamydia Screen DST Template.csv
Controlling Blood Pressure	CBP DST Template.csv
Colorectal Cancer Screening	Col Cancer Screen Template.csv
Depression Screening for Adolescents and Adults	Depression Screen Template.csv
Developmental Screening	Developmental Screening DST.csv
Diabetic HbA1c	HbA1c DST Template.csv
Fluoride Varnish	Fluoride Varnish DST Template.csv
Immunizations	Immunization DST Template.csv

Initial Health Appointments (IHA)	IHA DST Template.csv

VIEW SUBMITTED FILES

Click on the second button on the data submissions home page to view reports for submitted files.



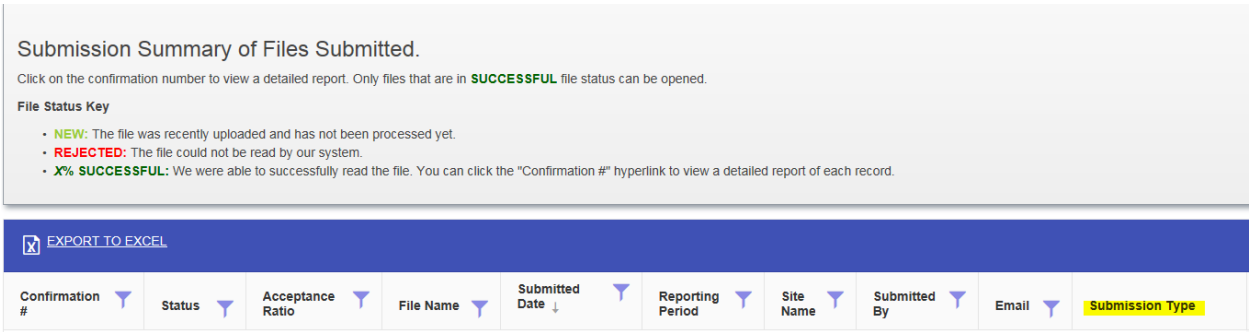
The submission summary page will display all files submitted under the NPI number of the user. If multiple sites are linked together, you will see those files as well.

At the top of the page you will see the "File Status Key":

- **NEW:** The file was recently uploaded and has not been processed yet.
- **REJECTED:** The file could not be read by our system.
- **X% SUCCESSFUL:** We were able to successfully read the file. You can click the "Confirmation #" hyperlink to view a detailed report of each record.

We recommend thoroughly reviewing your submissions to ensure all lines were uploaded successfully.

You can sort each column on this page, including the "Submission Type", to stratify the information as you desire. You also can export to Excel.



File Drill Down

To drill down into each file, please click the confirmation number.; see diagram below.

RETURN

Submission Summary of Files Submitted.

Click on the confirmation number to view a detailed report. Only files that are in **SUCCESSFUL** file status can be opened.

File Status Key

- **NEW:** The file was recently uploaded and has not been processed yet.
- **REJECTED:** The file could not be read by our system.
- ***X%* SUCCESSFUL:** We were able to successfully read the file. You can click the "Confirmation #" hyperlink to view a detailed report of each record.

EXPORT TO EXCEL

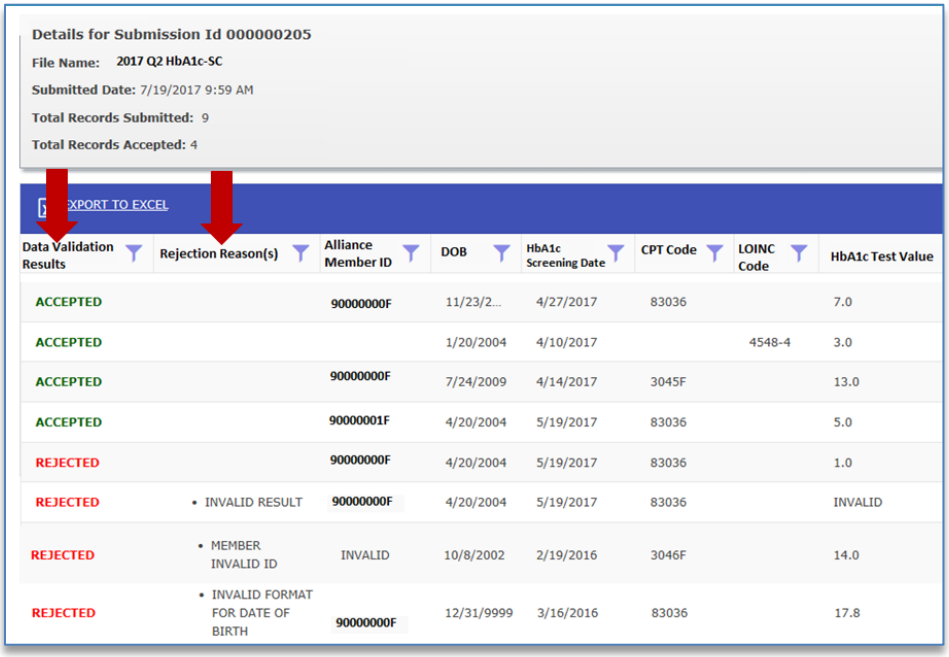
Confirmation #	Status	Acceptance Ratio	File Name	Submitted Date	Reporting Period	Site Name
000000337	33% SUCCESSFUL	6 / 18	2017_Q1.csv	7/26/2017 7:04 AM	11/2/2003 - 1/1/2027	Clinic on the Beach 1
000000336	REJECTED	-	2017_Q2.csv	7/26/2017 7:04 AM	11/2/2003 - 1/1/2027	Clinic on the Beach 1
000000335	36% SUCCESSFUL	2244 / 6309	2017_Q2.csv	7/26/2017 7:03 AM	1/21/2016 - 2/25/2017	Clinic on the Beach 2

The Status column shows how well our system processed your file. It looks at the file layout, as well as compares the rows submitted to how many met the data type's file requirement. This percentage **does not** reflect the compliance rate for any measure.

Report Drill Down

The detailed report will display the original file with an addition of two columns:

- Data validation Results
- Rejection Reasons



Details for Submission Id 000000205

File Name: 2017 Q2 HbA1c-SC

Submitted Date: 7/19/2017 9:59 AM

Total Records Submitted: 9

Total Records Accepted: 4

EXPORT TO EXCEL

Data Validation Results	Rejection Reason(s)	Alliance Member ID	DOB	HbA1c Screening Date	CPT Code	LOINC Code	HbA1c Test Value
ACCEPTED		90000000F	11/23/2...	4/27/2017	83036		7.0
ACCEPTED			1/20/2004	4/10/2017		4548-4	3.0
ACCEPTED		90000000F	7/24/2009	4/14/2017	3045F		13.0
ACCEPTED		90000001F	4/20/2004	5/19/2017	83036		5.0
REJECTED		90000000F	4/20/2004	5/19/2017	83036		1.0
REJECTED	• INVALID RESULT	90000000F	4/20/2004	5/19/2017	83036		INVALID
REJECTED	• MEMBER INVALID ID	INVALID	10/8/2002	2/19/2016	3046F		14.0
REJECTED	• INVALID FORMAT FOR DATE OF BIRTH	90000000F	12/31/9999	3/16/2016	83036		17.8

Here is where you identify why a row was rejected. You can export this report to Excel. We encourage sites to review the rejection reasons, make the corrections, and resubmit the information. If you continue to have rejected rows after resubmitting and need assistance, please contact CBI@ccah-alliance.org.

Rejection Reasons

Rejected Rows

Rejection Reasons	Allowed Data Format
Member ID Invalid	Alpha-Numeric, example, (99999999F) Blank field will be rejected.
Invalid Result	Each row must include a valid test result. Blank field will be rejected.
Invalid Procedure Code	Each must include a valid CPT, CPTII, CVX, HCPC, ICD-10, or LOINC code in the designated columns.
Invalid Format for Date of Birth	Alpha-Numeric (mm/dd/yyyy)
Service Date out of Eligible Year	Alpha-Numeric (mm/dd/yyyy) Service date cannot be a future date.

Missing Rendering Provider NPI	Rendering Provider NPI must be included for all CPT/HCPC codes used for Well-Child Visits.
Duplicate Row	Multiple rows of the same member data was submitted. Only the first row is retained, the second row is rejected.
Rejected Header Row	Several of the above mentioned rejection reasons will populate on one row when the header has been rejected. Rejection of the header is expected, but keeping the header in the file ensures that the correct number of columns are submitted.

Rejected Files

When an entire file is rejected, a confirmation email will be sent to the user who submitted the file and it will indicate file rejection reason. This is different from a *rejected row* (see above).

Incorrect Number of Fields Submitted

REASON: Incorrect number of fields submitted

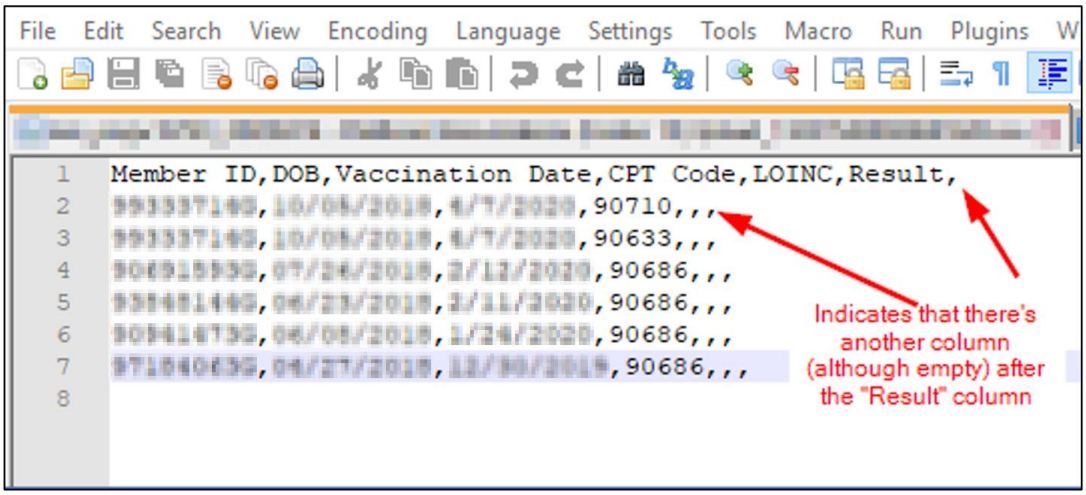
The file must have exactly six columns in the following order: Alliance Member ID, Member DOB, Date of Service, CPT Code, LOINC Code, and Test Result Value. If your data does not include LOINC codes, leave the column blank. For more information, please see Submission Tool Guide for file layout specifications.

For assistance please contact your Alliance Provider Relations Representative.

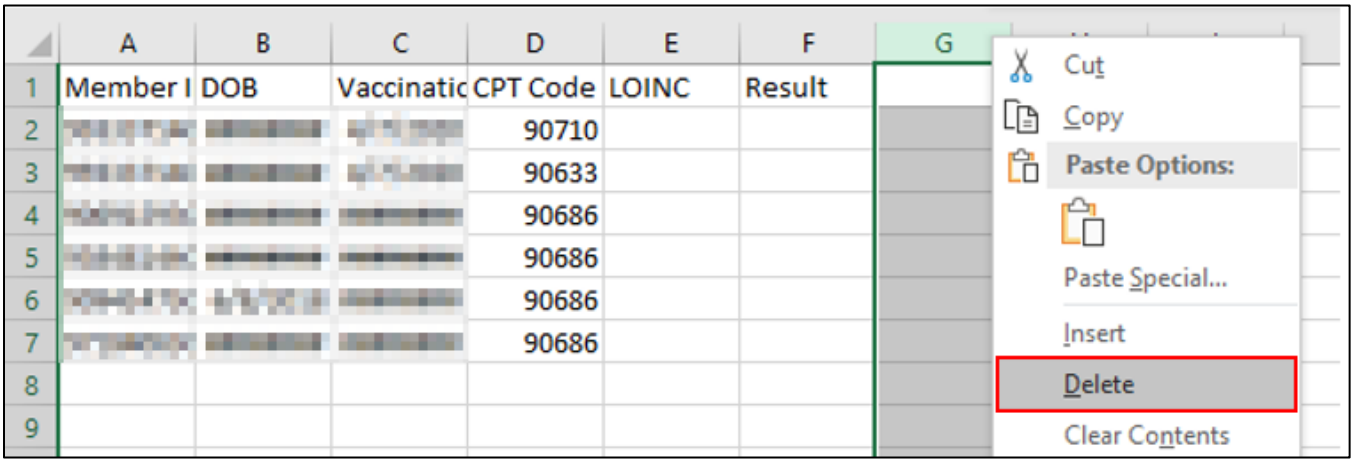
All fields may appear appropriately in your .csv upon opening. However, empty columns may have been added or created when extracting data from the EHR.

For troubleshooting empty columns:

- Right click on the .csv
- Select "Open in Notepad ++"
- Check for additional columns and commas beyond the required amount:



- Reopen the .csv, **right click** on the column heading, select Delete. The columns will visibly shift to the left.



- Re-save the .csv, confirm in Notepad ++ that the extra rows have been removed by looking for extra commas, and resubmit through the Provider Portal.

Incorrect File Type

The following file was not processed due to incorrect file type: **January 2021_Developmental Screening.xls**

Only CSV (.csv) files are allowed.

Please convert the file to CSV (.csv) before uploading. For instructions on converting Excel files to CSV please see Submission Tool Guide for file layout specifications.

For assistance please contact your Alliance Provider Relations Representative.

Please refer to the *File Formats Requirement* section of this document (above) for instructions on required format types.

Blank File

Please ensure that the .csv contains data and is not blank.

If you have any questions about the rejected file messages, please contact cbi@ccah-alliance.org

Field Layouts

NOTE: Please include column headers (column names) in the first row of every file submitted.

Breast Cancer Screening (Screening and Mastectomies)						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Screening or Mastectomy Date**	**CPT Code**	**ICD-10 Code**	**Modifier**
Rule	Required	Required	Required	At least a CPT, or ICD-10 code		Optional depending on which code is used

Cervical Cancer Screening						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Screening Date**	**CPT or HCPC**	**LOINC or ICD-10**	**Test Result Value**
Rule	Required	Required	Required	At least a CPT, HCPC, LOINC, or ICD-10 code		Leave Blank

Child and Adolescent Well-Visits						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Visit Date**	**CPT Code**	**ICD-10**	**Rendering Provider**
Rule	Required	Required	Required	At least a CPT, or ICD-10 Code		Optional – Not required

Chlamydia Screening						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Screening Date**	**CPT Code**	**LOINC Code**	**Result**
Rule	Required	Required	Required	At least a CPT, or ICD-10 code		Optional – Not required

Controlling Blood Pressure						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Screening Date**	**CPT Code**		**Result**
Rule	Required	Required	Required	Required	Leave Blank	Leave Blank

Colorectal Cancer Screening						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Screening Date**	**CPT Code**	**LOINC Code**	**Leave Blank**
Rule	Required	Required	Required	At least a CPT or LOINC Code		Leave Blank

Depression Screening and Follow-Up for Adolescents and Adults						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Screening Date**	**Leave Blank**	**LOINC Code**	**Result**
Rule	Required	Required	Required	Leave Blank	Required	Required Range: 0-108. See table below for specific ranges for each LOINC code.

Developmental Screening						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Screening Date**	**CPT Code**		**Result**
Rule	Required	Required	Required	Required Code: 96110	Leave Blank	Leave Blank

Diabetic HbA1c						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Screening Date**	**CPT Code**	**LOINC Code**	**Result**
Rule	Required	Required	Required	At least a CPT or LOINC		Required Range: 2-19.0

Fluoride Varnish						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Application Date**	**CPT Code**	**CDT Code**	**Result**
Rule	Required	Required	Required	At least a CPT or CDT		Leave Blank

Immunizations						
Column #	**1**	**2**	**3**	**4**	**5**	**6**
Column Header	**Member ID**	**Member DOB**	**Vaccination Date**	**CPT, HCPC, SNOMED or CVX Code**		**Result**
Rule	Required	Required	Required	At least a CPT, HCPC, SNOMED or CVX	Leave Blank	Leave Blank

BREAST CANCER SCREENING (SCREENING AND BILATERAL MASTECTOMIES)

Women age 50-74 who had a mammogram to screen for breast cancer on or between October 1 two years prior to the Measurement Period and the end of the Measurement Period.

Note: If you have documented screening results from an outside physician in your patients' medical record that meet compliance for the measure timeframe you may submit those DOS in the DST as well.

Measure Exclusion: Bilateral mastectomy.

- Bilateral mastectomy
- Unilateral mastectomy: If a members has evidence of a unilateral mastectomy with a bilateral modifier, or unilateral mastectomy with left and right side modifiers, they can be excluded from the Breast Cancer Screening (BCS) measure.

Breast Cancer Screening (Screening and Bilateral Mastectomies) – Valid CPT, and ICD-10 Codes

Breast Cancer Screening Code Names	CPT Codes
Mammogram, Breast-Tomosynthesis	77065 77066 77067
Digital-Breast Tomosynthesis	77061 77062 77063 (TAR required if under 40)
Diagnostic Mammogram	77065 77066
Screening Mammogram	77067

Mastectomy Code Names	CPT Codes	ICD-10 Codes	Modifier
Unilateral Mastectomy	19303 19305 19306 19307	Not required	50
History of Bilateral Mastectomy	Not required	Z90.13	Not required

Any combination of codes from the table below that indicate a mastectomy on both the left *and* right side on the same or different dates of service.

Left Mastectomy Codes				Right Mastectomy Codes			
Mastectomy Code Names	**CPT Codes**	**ICD-10 Codes**	**Modifier**	**Mastectomy Code Names**	**CPT Codes**	**ICD-10 Codes**	**Modifier**
Unilateral Mastectomy	19303 19305 19306 19307	Not required	LT	**Unilateral Mastectomy**	19303 19305 19306 19307	Not required	RT
Absence of Left Breast	Not required	Z90.12	Not required	**Absence of Right Breast**	Not required	Z90.11	Not required

Note: Coding should reflect what's documented in the medical record. For questions on coding, please reach out to your clinic's biller to ensure the submitted data reflects the service documented in the chart.

Bilateral Mastectomy - Test Results
Not required. Leave field blank but keep header in place.

Bilateral Mastectomy - File Layout
The file must include the following columns in order (submission includes adding the first row with column headers):

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Screening or Mastectomy Date	CPT	ICD-10 Code	Modifier
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha Numeric
Maximum Length of Characters	9	10	10	5	6	8
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	See Table Above	See Table Above	See Table Above
Considerations				*Each row must include a CPT, or ICD-10 Code.		Modifiers required for unilateral mastectomy codes. See table of accepted codes.

Layout Example:

Alliance Member ID	Member DOB	Screening or Mastectomy Date	CPT / HCPC Code	ICD-10 Code	Modifier
99999999X	09/01/1967	09/15/2020	19303		LT
99999999X	09/01/1967	09/15/2020	19303		RT
99999990X	10/10/1959	10/04/2010		Z90.12	
99999990X	10/10/1959	10/04/2010		Z90.11	
99999998X	11/10/1969	01/10/2024	77065		

CERVICAL CANCER SCREENING

The percentage of women 21– 64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 24–64 who had cervical cytology performed in the last 3 years; or
- Women age 30–64 who had cervical high-risk human papillomavirus (hrHPV) testing performed in the last 5 years.
- Women age 30–64 who had cervical cytology and human papillomavirus (HPV) co-testing performed in the last 5 years.

Note: If you have documented lab screening results from an outside physician in your patients' medical record that meet compliance for the measure timeframe you may submit those DOS in the DST as well.

Measure Exclusion: No cervix due to a hysterectomy with no residual cervix or patients born without a cervix (agenesis and aplasia of cervix).

- Hysterectomy: If a member has evidence of a hysterectomy with no residual cervix, they can be excluded from the measure through the DST using the below ICD-10 Codes**.** The medical record must show documentation of:
    - "Complete," "total," or "radical" abdominal or vaginal hysterectomy.
    - "Vaginal pap smear" in conjunction with documentation of "hysterectomy."
    - Hysterectomy in combination with documentation that the patient no longer needs pap testing/cervical cancer screening.
        - Documentation of hysterectomy alone does not meet the criteria because it is not enough evidence that the cervix was removed.
- Patients born without a cervix (agenesis and aplasia of cervix): This includes transgender members. The medical record must include the following documentation:
    - Cervical agenesis or clinical synonyms (e.g. evidence a patient was born without a cervix)
    - In the case that the member is transgender (male-to-female), documentation that the member was born male. Use code ICD-10 Code **Q51.5**

Note: If we have a compliant lab screening in the measurement time period with a submitted TAH, the screening will count as compliant until the date phases out of the measurement period.

Valid CPT/HCPC, and LOINC/ICD-10 Codes

Each row of data must include a CPT/HCPC code, or LOINC/ICD-10 code.

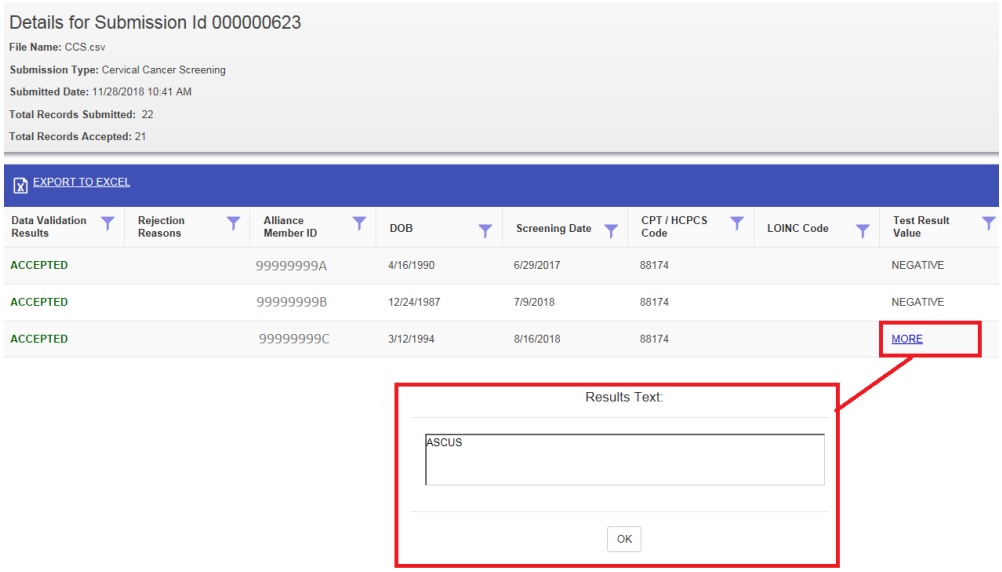
CPT Codes	HCPC Code	LOINC Codes	ICD-10
87624 87625 88141 88142 88143 88147 88148 88150 88152 88153 88164 88165 88166 88167 88174 88175	Pap Smear Code to be used in conjunction with Hysterectomy Code (for exclusion) or Used on its own as a stand-alone code (for compliance): Q0091	10524-7 18500-9 19762-4 19764-0 19765-7 19766-5 19774-9 21440-3 30167-1 33717-0 38372-9 47527-7 47528-5 59263-4 59264-2 59420-0 69002-4 71431-1 75694-0 77379-6 77399-4 77400-0 82354-2 82456-5 82675-0 95539-3	Hysterectomy Codes: Q51.5 Z90.710 Z90.712

Note: Coding should reflect what's documented in the medical record. For questions on coding, please reach out to your clinic's biller to ensure the submitted data reflects the service documented in the chart.

Valid Test Results

Test results are optional. Maximum length of this field is 100 characters of free text, if any of the below key words are present in the results field, the DST's View Submitted Files page will display Positive, Negative, or Inconclusive. If the field has any other value, the "View Submitted Files" page will display, "More".

- Positive
- Pos
- P
- Negative
- Neg
- N
- Inconclusive
- I
- Inc



Note: Do not count lab results that explicitly state the sample was inadequate or that "no cervical cells were present"; this is not considered appropriate screening.

Test Result Value	
Mandatory Field	Yes
Data Type	Alpha-Numeric
Maximum Length of Characters	100
Acceptable Values	Free Text

File Layout

The file must include the following columns in order:

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Screening Date	CPT or HCPC Code	LOINC / ICD 10 Code	Test Result Value
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha Numeric

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Screening Date	CPT or HCPC Code	LOINC / ICD 10 Code	Test Result Value
Maximum Length of Characters	9	10	10	6	7	100
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	**CPT** 87624 87625 88141 88142 88143 88147 88148 88150 88152 88153 88164 88165 88166 88167 88174 88175 **HCPC** Q0091	**LOINC** 10524-7 18500-9 19762-4 19764-0 19765-7 19766-5 19774-9 21440-3 30167-1 33717-0 38372-9 47527-7 47528-5 59263-4 59264-2 59420-0 69002-4 71431-1 75694-0 77379-6 77399-4 77400-0 82354-2 82456-5 82675-0 95539-3 **ICD – 10** **Hysterectomy:** Q51.5 Z90.710	Free Text

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Screening Date	CPT or HCPC Code	LOINC / ICD 10 Code	Test Result Value
Considerations					Z90.712	
				*Each row must include at least a CPT/HCPC code **or** LOINC/ ICD 10 code.		

* If your system does not generate LOINC codes, please leave this column blank.

Layout Example:

Alliance Member ID	DOB	Screening Date	CPT/ HCPC Code	LOINC / ICD 10 Code	Result
99999999X	09/01/1981	05/01/2024	Q0091		Positive
99999990X	10/10/1971	09/15/2023		71431-1	INC
99999991X	04/01/1966	06/25/2024	88174	69002-4	Negative
99999992X	01/25/1980	12/20/2023	88143		

CHILD AND ADOLESCENT WELL-VISITS (0-21 YEARS)

Well-Child Visits in the First 15 Months – Measure Description

Members age 15 months old who had 6 or more well-child visits with a PCP during the first 15 months of life.

Note: If the mother is not an Alliance member at the time of birth we are unable to close the gap on mother-baby claims in the first few months of life. For the Well-Visit in the First 15 Months of Life measure, we urge providers to investigate their records as to whether infants had their well-visits under their parent's ID and if so, to submit those visits via the DST.

Well-Child Visits for Age 15-30 Months of Life

Members age 30 months old who had 2 or more well-child visits with a PCP between the child's 15-month birthday plus one day and the 30-month birthday.

Child and Adolescent Well-Care Visit – Measure Description

Members age 3-21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

The well-child visit must indicate in the medical records a note indicating a visit with a PCP, the date when the well-child visit occurred and evidence of all of the following:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/anticipatory guidance

Valid Codes

Each row of data must include a CPT or ICD-10 code (if applicable):

CPT Codes	ICD-10 Codes
99381	Z00.00
99382	Z00.01
99383	Z00.110
99384	Z00.111
99385	Z00.121
99391	Z00.129
99392	Z00.2
99393	Z00.3
99394	Z01.411
99395	Z01.419

99461	Z02.5 Z76.1 Z76.2

Note: Coding should reflect what's documented in the medical record. For questions on coding, please reach out to your clinic's biller to ensure the submitted data reflects the service documented in the chart.

File Layout

The file must include the following data elements in order:

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Visit Date	CPT	ICD-10 Code	Rendering Provider
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Numeric
Maximum Length of Characters	9	10	10	15	6	10
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	99381 99382 99383 99384 99355 99391 99392 99393 99394 99395 99461	Z00.110 Z00.111 Z00.121 Z00.129 Z00.2 Z00.3 Z02.5 Z76.1 Z76.2	
Considerations	Must match the *child's ID**			Required. Each row must include a CPT or ICD-10 Code.		Optional; Individual Provider NPI (not group NPI)

Layout Example:

Alliance Member ID*	Member DOB	Visit Date	CPT Code	ICD-10 Code	Rendering Provider
99999999X	09/01/2020	06/05/2024	99381		9999999999
99999990X	10/10/2020	11/10/2024		Z00.129	9999999998
99999991X	01/01/2024	02/01/2024	99461		9999999997

*The Alliance Member ID must match the *child's ID*, even if the visit occurred under the mother's ID, prior to the child having their own. The DST submissions should only include those visits not originally captured through the child's Medi-Cal member ID.

CHLAMYDIA SCREENING

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

Valid CPT and LOINC Codes

Each row of data must include a CPT/HCPC code, or LOINC code.

CPT Codes	LOINC Codes	
87110	14463-4	45084-1
87270	14464-2	45091-6
87320	14467-5	45095-7
87490	14474-1	4993-2
87491	14513-6	50387-0
87492	16600-9	53925-4
87810	21190-4	53926-2
	21191-2	6356-0
	21613-5	6357-8
	23838-6	80360-1
	31775-0	80361-9
	42931-6	80362-7
	43304-5	80364-3
	43404-3	80365-0
	43406-8	80367-6
	44806-8	82306-2
	44807-6	87949-4
	45068-4	87950-2
	45069-2	88221-7
	45075-9	89648-0
		91860-7
		91873-0

Note: Coding should reflect what's documented in the medical record. For questions on coding, please reach out to your clinic's biller to ensure the submitted data reflects the service documented in the chart.

Valid Test Results
Not required. Leave field blank but keep header in place.

File Layout
The file must include the following columns in this order:

Column	A	B	C	D	E		F
	Alliance Member ID	Member DOB	Screening Date	CPT	LOINC code		Result
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric		-
Maximum Length of Characters	9	10	10	9	7		-
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	87110 87270 87320 87490 87491 87492 87810	14463-4 14464-2 14467-5 14474-1 14513-6 16600-9 21190-4 21191-2 21613-5 23838-6 31775-0 42931-6 43304-5 43404-3 43406-8 44806-8 44807-6 45068-4 45069-2 45075-9	45084-1 45091-6 45095-7 4993-2 50387-0 53925-4 53926-2 6356-0 6357-8 80360-1 80361-9 80362-7 80364-3 80365-0 80367-6 82306-2 87949-4 87950-2 88221-7 89648-0 91860-7 91873-0	
Considerations				*Each row must include at least a CPT **or** LOINC code.			Leave blank.

* If your system does not generate LOINC codes, please leave this column blank.

Layout Example:

Alliance Member ID	Member DOB	Screening Date	CPT	LOINC Code	Result
99999990X	09/01/2001	06/01/2024		14463-4	
99999999X	09/01/2007	05/01/2024	87491		

COLORECTAL CANCER SCREENING

The percentage of members 45-75 years of age who had appropriate screening for colorectal cancer. For members 46-75 years use any of the following criteria:

- Fecal occult blood test within the last year.
- Flexible sigmoidoscopy within the last 5 years.
- Colonoscopy within the last 10 years.
- CT colonography within the last 5 years.
- Stool DNA (sDNA) with FIT test within the last 3 years.

Valid CPT and LOINC Codes

Each row of data must include a CPT or LOINC code.

CPT Codes			LOINC Codes
82270	44389	45380	12503-9
82274	44390	45381	12504-7
45330	44391	45382	14563-1
45331	44392	45383	14564-9
45332	44393	45384	14565-6
45333	44394	45385	2335-8
45334	44397	45386	27396-1
45335	44401	45387	27401-9
45337	44402	45388	27925-7
45338	44403	45389	27926-5
45340	44404	45390	29771-3
45341	44405	45391	56490-6
45342	44406	45392	56491-4
45346	44407	45393	57905-2
45347	44408	45398	58453-2
45349	45355	74261	60515-4
45350	45378	74262	72531-7
44388	45379	74263	77353-1
		81528	77354-9
			79069-1
			79071-7
			79101-2
			80372-6
			82688-3

Exclusions		
Exclusion Description	**Code**	**ICD 9 or ICD 10**
[C18.0] Malignant neoplasm of cecum	C18.0	ICD10CM
[C18.1] Malignant neoplasm of appendix	C18.1	ICD10CM
[C18.2] Malignant neoplasm of ascending colon	C18.2	ICD10CM
[C18.3] Malignant neoplasm of hepatic flexure	C18.3	ICD10CM
[C18.4] Malignant neoplasm of transverse colon	C18.4	ICD10CM
[C18.5] Malignant neoplasm of splenic flexure	C18.5	ICD10CM
[C18.6] Malignant neoplasm of descending colon	C18.6	ICD10CM
[C18.7] Malignant neoplasm of sigmoid colon	C18.7	ICD10CM
[C18.8] Malignant neoplasm of overlapping sites of colon	C18.8	ICD10CM
[C18.9] Malignant neoplasm of colon, unspecified	C18.9	ICD10CM
[C19] Malignant neoplasm of rectosigmoid junction	C19	ICD10CM
[C20] Malignant neoplasm of rectum	C20	ICD10CM
[C21.2] Malignant neoplasm of cloacogenic zone	C21.2	ICD10CM
[C21.8] Malignant neoplasm of overlapping sites of rectum, anus and anal canal	C21.8	ICD10CM
[C78.5] Secondary malignant neoplasm of large intestine and rectum	C78.5	ICD10CM
[Z85.038] Personal history of other malignant neoplasm of large intestine	Z85.038	ICD10CM
[Z85.048] Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus	Z85.048	ICD10CM
Malignant neoplasm of hepatic flexure	153.0	ICD9CM
Malignant neoplasm of transverse colon	153.1	ICD9CM
Malignant neoplasm of descending colon	153.2	ICD9CM
Malignant neoplasm of sigmoid colon	153.3	ICD9CM
Malignant neoplasm of cecum	153.4	ICD9CM
Malignant neoplasm of appendix vermiformis	153.5	ICD9CM
Malignant neoplasm of ascending colon	153.6	ICD9CM
Malignant neoplasm of splenic flexure	153.7	ICD9CM
Malignant neoplasm of other specified sites of large intestine	153.8	ICD9CM
Malignant neoplasm of colon, unspecified site	153.9	ICD9CM
Malignant neoplasm of rectosigmoid junction	154.0	ICD9CM
Malignant neoplasm of rectum	154.1	ICD9CM
Secondary malignant neoplasm of large intestine and rectum	197.5	ICD9CM
Personal history of malignant neoplasm of large intestine	V10.05	ICD9CM
Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus	V10.06	ICD9CM
[0DTE0ZZ] Resection of Large Intestine, Open Approach	0DTE0ZZ	ICD10PCS

[0DTE4ZZ] Resection of Large Intestine, Percutaneous Endoscopic Approach	0DTE4ZZ	ICD10PCS
[0DTE7ZZ] Resection of Large Intestine, Via Natural or Artificial Opening	0DTE7ZZ	ICD10PCS
[0DTE8ZZ] Resection of Large Intestine, Via Natural or Artificial Opening Endoscopic	0DTE8ZZ	ICD10PCS
Laparoscopic total intra-abdominal colectomy	45.81	ICD9PCS
Open total intra-abdominal colectomy	45.82	ICD9PCS
Other and unspecified total intra-abdominal colectomy	45.83	ICD9PCS

Note: Coding should reflect what's documented in the medical record. For questions on coding, please reach out to your clinic's biller to ensure the submitted data reflects the service documented in the chart.

Valid Test Results
Not required. Leave field blank but keep header in place.

File Layout
The file must include the following columns in this order:

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Screening Date	CPT	LOINC code	Leave Blank
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	-
Maximum Length of Characters	9	10	10	9	7	-
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	See Above Table.	See Above Table.	
Considerations				*Each row must include at least a CPT **or** LOINC code.		Leave blank.

* If your system does not generate LOINC codes, please leave this column blank.

Layout Example:

Alliance Member ID	Member DOB	Screening Date	CPT	LOINC Code	Result
99999990X	09/01/1969	06/01/2022	45385		
99999999X	09/01/1964	05/01/2023		58453-2	

CONTROLLING BLOOD PRESSURE

Members 18–85 years of age with a hypertension (HTN) diagnosis and whose BP was adequately controlled (<140/90 mm Hg) on the most recent outpatient visit during the measurement year. BP reading must occur on or after the date of the second HTN diagnosis.

CPT II Codes

Each row of data must include a CPT II code for the systolic or diastolic reading and a corresponding outpatient visit on the same date of service must be received through claims submitted to the Alliance (**no outpatient visit billed using a UB REV code is accepted**)

CPT II Codes	Code Description
3074F	Systolic < 130 mm Hg
3075F	Systolic 130 - 139 mm Hg
3077F	Systolic ≥ 140 mm Hg
3078F	Diastolic < 80 mm Hg
3079F	Diastolic 80 - 89 mm Hg
3080F	Diastolic ≥ 90 mm Hg

Note: Coding should reflect what's documented in the medical record. For questions on coding, please reach out to your clinic's biller to ensure the submitted data reflects the service documented in the chart.

Valid Test Results

Not required. Leave fields blank and keep column header in place.

File Layout

The file must include the following columns in this order:

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Screening Date	CPT II Code	Leave Blank	Result
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	-	-
Maximum Length of Characters	9	10	10	5	-	-

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Screening Date	CPT II Code	Leave Blank	Result
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	3074F 3075F 3077F 3078F 3079F 3080F		
Considerations				*Each row must include a CPT code	Leave blank.	Leave blank.

Layout Example:

Alliance Member ID	Member DOB	Screening Date	CPT II Code	Leave Blank	Result
91234567X	09/01/1980	05/01/2024	3074F		
91234567X	09/01/1980	05/01/2024	3078F		

***Ensure each member <u>has two rows of data</u> that include one row for the systolic and one row for the diastolic CPT II codes as displayed in example above.**

*Please use the established layout template, including all six **<u>headers</u>** when submitting this file.

*The measure uses the most recent outpatient date of service to review the blood pressure, whether the claim came from the PCP or specialist. Outpatient visits submitted through claims to the Alliance (no UB REV codes accepted) will be matched with the DST blood pressure reading submissions or CPT II codes submitted in the claim.

DEPRESSION SCREENING FOR ADOLESCENTS AND ADULTS

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool, performed between January 1 and December 1 of the measurement year.

Medical record must document:

- The name of the depression screening tool and result.
- If the screening is positive, follow-up should occur on or up to 30 days after the first positive screen.

Screening for Depression and Follow-Up Plan - Valid LOINC Codes

Code	Definition	Accepted Range
89208-3	Beck Depression Inventory Fast Screen total score [BDI]	0-21
89209-1	Beck Depression Inventory II total score [BDI]	0-63
89205-9	Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]	0-60
71354-5	Edinburgh Postnatal Depression Scale [EPDS]	0-30
90853-3	Final score [DUKE-AD]	0-100
48545-8	Geriatric depression scale (GDS) short version total	0-15
48544-1	Geriatric depression scale (GDS) total	0-30
55758-7	Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]	0-6
44261-6	Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]	0-27

89204-2	Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]	0-27
71965-8	PROMIS-29 Depression score T-score	41-79.4
90221-3	Total score [CUDOS]	0-72
71777-7	Total score [M3]	0-108

Note: Coding should reflect what's documented in the medical record. For questions on coding, please reach out to your clinic's biller to ensure the submitted data reflects the service documented in the chart.

Depression Screening for Adolescents and Adults - File Layout

The file must include the following columns in this order:

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Application Date	Leave Blank	LOINC	Result
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Numeric	Alpha-Numeric	Numeric
Maximum Length of Characters	9	10	10	5	5	3
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	Leave Blank	89208-3 89209-1 89205-9 71354-5 90853-3 48545-8 48544-1 55758-7 44261-6 89204-2 71965-8 90221-3	Required Range: 0-108. See table above for specific ranges for each LOINC code.

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Application Date	Leave Blank	LOINC	Result
					71777-7	
Considerations				Leave blank but keep header	*Each row must include at least a LOINC code.	

Layout Example:

Alliance Member ID	Member DOB	Screening Date	Leave Blank	LOINC	Result
99999999X	09/01/2000	05/01/2024		89208-3	13
99999990X	10/10/1975	04/15/2024		55758-7	5
99999991X	04/01/1984	03/25/2024		71965-8	45

DEVELOPMENTAL SCREENING

The percentage of members ages 1-3 years 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.

The medical record must include a standardized developmental screening tool, and include the following in the medical record:

- Indication of the standardized tool that was used.
- The date of the screening, and evidence that the tool was completed and scored.

Standardized tools that specifically focus on one domain of development (e.g. child's social emotional development [ASQ-SE] or autism [M-CHAT]) **do not** qualify as screening tools that identify risk of developmental, behavioral, and social delays.

Valid CPT Code

Each row of data must include a CPT code

CPT Codes
96110

Valid Test Results

Not required. Leave field blank but keep header in place.

File Layout

The file must include the following columns in this order:

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Screening Date	CPT	Leave Blank	Result
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	-	-
Maximum Length of Characters	9	10	10	9	7	-
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	96110	-	-
Considerations				*Each row must include the CPT code		Leave blank.

Layout Example

Alliance Member ID	Member DOB	Screening Date	CPT	Leave Blank	Result
99999990X	05/25/2022	06/01/2024	96110		
99999999X	09/01/2021	05/01/2024	96110		

DIABETIC HBA1C POOR CONTROL >9%

The percentage of members 18-75 years of age who had a HbA1c test during the measurement year. The Poor Control measure looks at the most recent HbA1c test that either had a no result or a result >9% (the lower the rate the better), or no test completed in the measurement year. Members identified as having diabetes during the measurement year or the year prior to the measurement year will be included in this measure.

HbA1c - Valid CPT and LOINC Codes

Each row of data must include a CPT code or LOINC code. However, both codes are not mandatory. You may leave the LOINC code column blank if your system does not generate these codes.

CPT Codes	LOINC Codes
83036 83037	17856-6 4548-4 4549-2 96595-4 17855-8

Note: Coding should reflect what's documented in the medical record. For questions on coding, please reach out to your clinic's biller to ensure the submitted data reflects the service documented in the chart.

HbA1c - Valid Test Results

Test results are mandatory. Acceptable HbA1c values range from 2.0 to 19.0. If the row does not include a test result, the row will be rejected with the rejection reason "Invalid Test Result".

Test Result Value	
Mandatory Field	Yes
Data Type	Numeric (##.#) or (#.#)
Maximum Length of Characters	4
Acceptable Values	Range between: 2.0 – 19.0
Considerations	Any values with "%" will be rejected.

HbA1c - File Layout

The file must include the following columns in this order:

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Screening Date	CPT Code	LOINC Code	Test Result Value
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Numeric (##.#) or (#.#)
Maximum Length of Characters	9	10	10	6	7	4
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	83036 83037	17856-6 4548-4 4549-2	Range between: 2.0 – 19.0
Considerations				*Each row must include at least a CPT code **or** LOINC code.		Any values with "%" will be rejected.

* If your system does not generate LOINC codes, please leave this column blank.

Layout Example:

Alliance Member ID	Member DOB	Screening Date	CPT Code	LOINC Code	HbA1c Test Result Value
99999999X	09/01/1980	05/01/2024	83036		4.6
99999990X	10/10/1970	09/15/2024		4549-2	15.0
99999991X	04/01/1965	06/25/2024		4548-4	12.0

*The most recent claim submitted with an HbA1c testing, must include the HbA1c value on the claim, or have the HbA1c value submitted through the DST submission. The measure uses only the most recent date of service, whether the claim came from the PCP or a laboratory.

FLUORIDE VARNISH

The percentage of members ages 6 months to 5 years (up to before their 6th birthday) who received at least one topical fluoride application by staff at the PCP office during the measurement year. This is for fluoride varnish applied at the PCP office.

Fluoride Varnish - Valid CPT and CDT Codes

CPT
99188

Fluoride Varnish - File Layout

The file must include the following columns in this order:

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Application Date	CPT Code	CDT Code	Result
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Numeric	Alpha-Numeric	Numeric
Maximum Length of Characters	9	10	10	5	5	-
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	99188		-
Considerations				*Each row must include at least a CPT code **or** CDT code.		Leave blank but keep header

Layout Example:

Alliance Member ID	Member DOB	Application Date	CPT Code	CDT Code	Result
99999999X	09/01/2020	05/01/2024	99188		

IMMUNIZATIONS FOR ADOLESCENTS, CHILDREN, AND ADULTS

Adolescent Immunizations – Measure Description

The percentage of adolescents 13 years of age who had a meningococcal conjugate, Tdap, and two doses of HPV vaccine by their 13th birthday include:

- **1 dose meningococcal conjugate** (between 11th and 13th birthday)
- **1 dose tetanus, diphtheria, and pertussis (Tdap)** (between 10th and 13th birthday)
- **2 doses of HPV** (between 9th and 13th birthday)

Childhood Immunizations – Measure Description

The percentage of children who have received all the following vaccines (Combo 10) by their 2nd birthday include:

- **4 diphtheria, tetanus, and acellular pertussis (DTaP)** (first dose after 42 days after birth)
- **3 inactivated polio vaccine (IPV)** (first dose after 42 days after birth)
- **1 measles mumps and rubella (MMR)** (on or between child's 1st and 2nd birthday)
- **3 haemophilus influenzae type B (HiB)** (first dose after 42 days after birth)
- **3 hepatitis B (HepB)** (first dose 0-4 weeks)
- **1 varicella (VZV)** (on or between child's 1st and 2nd birthday)
- **4 pneumococcal conjugate (PCV)** (first dose after 42 days after birth)
- **2 or 3 rotavirus (RV)***
- **1 hepatitis A (HepA)** (on or before child's 2nd birthday)
- **2 influenza (Flu)** (vaccines given after 180 days after birth up to or on the child's 2nd birthday)

***Members may need 2 or 3 rotavirus doses**, depending on the brand of vaccine that was administered. The following will make the member compliant for this vaccine:

- **3 doses for RotaTeq**
- **2 doses Rotarix**
- **1 Rotarix AND two RotaTeq** (not the other way around)

NOTE: **All vaccines must be at least 14 days apart to be considered compliant.** These vaccines are the minimum recommended CDC vaccines for children under 2 years. Please follow the recommended CDC vaccine schedule for minimum ages and dosage spacing.

Adult Immunizations – Measure Description

The percentage of members 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), and zoster.

Immunization - Valid CPT, CVX, and HCPC Codes

Each row of data must include a CPT, CVX , SNOMED (non-billable), or HCPC Code.

CPT Codes		CVX Codes		
90619	90688	03	83	137
90630	90689	08	85	140
90633	90697	10	88	141
90644	90698	17	89	146
90647	90700	20	94	147
90648	90707	21	106	148
90649	90710	31	107	149
90650	90713	32	108	150
90651	90714	44	109	152
90653	90715	45	110	153
90654	90716	46	111	155
90655	90723	47	114	158
90657	90732	48	115	161
90660	90733	49	116	165
90662	90734	50	118	166
90670	90736	51	119	167
90671	90740	62	120	171
90673	90744		122	186
90672	90747		133	203
90674	90748		136	215
90677	90750			216
90680	90756			
90681				
90682				
90685				
90686				
90687				

COVID-19 Immunization Codes	
Brand Name and Age	**CPT Codes**
Pfizer-BioNTech COVID-19 Vaccine *BLA 16+ **EUA 12+	91300
Moderna COVID-19 Vaccine EUA 18+	91301
Janssen COVID-19 Vaccine EUA 18+	91303
Novavax COVID-19 Vaccine 12+	91304
Pfizer-BioNTech COVID-19 Vaccine EUA 12+	91305
Moderna COVID-19 Vaccine EUA 18+ (booster)	91306
Pfizer-BioNTech COVID-19 Vaccine EUA 5+	91307
Pfizer-BioNTech COVID-19 Vaccine EUA 6 mo to <5 years	91308
Moderna COVID-19 Vaccine 6 to <12 years	91309
Moderna COVID-19 Pediatric Vaccine EUA 6 mo to <6 years	91311
Pfizer-BioNTech COVID-19 Vaccine Bivalent Booster 12+	91312
Moderna COVID-19 Vaccine Bivalent Booster for ages 18+	91313
Moderna COVID-19 Vaccine Bivalent Booster for ages 6 – 11 years	91314
Pfizer-BioNTech COVID-19 Vaccine Bivalent Booster 5 years through 11 years	91315

Moderna COVID-19 Vaccine Bivalent Booster for ages 6 months to < 6 years	91316
Pfizer-BioNTech COVID-19 Vaccine Bivalent 6 months through 4 years	91317

Anaphylaxis and Encephalitis Compliance Codes	
Code Description	SNOMED
Anaphylaxis due to Hepatitis B vaccine (disorder)	428321000124101
Anaphylaxis due to rotavirus vaccine (disorder)	428331000124103
Anaphylaxis due to Haemophilus influenzae type b vaccine (disorder)	433621000124101
Anaphylaxis due to diphtheria and tetanus vaccine (disorder)	428281000124107
Anaphylaxis due to tetanus, diphtheria and acellular pertussis vaccine (disorder)	428291000124105
Anaphylaxis due to HPV vaccine (disorder)	428241000124101
Anaphylaxis due to meningococcal vaccine (disorder)	428301000124106
Anaphylaxis due to HiB vaccine	433621000124101
Anaphylaxis due to hepatitis B vaccine	428321000124101
Anaphylaxis due to rotavirus vaccine	428331000124103
Post tetanus vaccination encephalitis (disorder)	192710009
Post diphtheria vaccination encephalitis (disorder)	192711008
Post pertussis vaccination encephalitis (disorder)	192712001
Anaphylaxis due to MMR vaccine	471331000124109
Anaphylaxis due to VZV vaccine	471341000124104
Anaphylaxis due to pneumococcal conjugate vaccine	471141000124102
Anaphylaxis due to hepatitis A vaccine	471311000124103
Anaphylaxis due to influenza vaccine	471361000124100

Note: Coding should reflect what's documented in the medical record. For questions on coding, please reach out to your clinic's biller to ensure the submitted data reflects the service documented in the chart.

Immunization - Test Results

Not required. Leave fields blank and keep the column header in place.

Immunization - File Layout

The file must include the following data elements in order:

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Vaccination Date	CPT HCPC SNOMED CVX Code	Leave Blank	Result
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	-	-
Maximum Length of Characters	9	10	10	15	-	-
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	Please see above code set.	Not Required	Not Required
Considerations				*Each row must include a CPT, CVX, HCPC, SNOMED or Code.	Leave Blank	Leave Blank

Layout Example:

Alliance Member ID	Member DOB	Vaccination Date	CPT HCPC SNOMED CVX Code	Leave Blank	Result
99999999X	11/01/2022	11/01/2024	90723		
99999990X	05/05/2012	05/25/2024	90649		
99999990X	01/02/2021	11/12/2022	428321000124101		

INITIAL HEALTH APPOINTMENT (PREVIOUSLY ASSESSEMENT) (IHA)*

New members that receive a comprehensive IHA within 120 days of enrollment with the Alliance.

The IHA visit must document all of the following elements in the medical record:

- Comprehensive Health History.
- Member Risk Assessment:
  - Health Risk Assessment
  - Social Determinants of Health
  - Cognitive Health Assessment
  - Adverse Childhood Experiences Screening
- Physical Exam.
- Mental Status Exam.
- Dental Assessment.
- Health education/anticipatory guidance.
- Behavioral Assessment.
- Diagnoses and plan of care.

*As of January 1, 2023 the Department of Health Care Services has changed the name to Initial Health Appointment and no longer requires the SHA. Per the CBI 2024 contract, the measure will still be called Initial Health Assessment.

If the member's PCP did not perform the IHA within the last 12 months, the PCP must record that the findings have been reviewed and updated in the member's medical record. For members who have become newly eligible or had a commercial insurance prior but remain at an established PCP office, an IHA might still be needed if all elements of the IHA were not completed.

What to submit via the Data Submission Tool?

- If two phone calls and one written attempt are made to schedule a member to complete an IHA and the provider site is unable to schedule the member, the provider may submit data via Data Submission Tool on the Provider Portal indicating inability to schedule member. This should be submitted through the DST using the "Unsuccessful IHA/Dummy Code" CPT/ICD-10/Modifier code set listed below. These members will be considered compliant for the IHA CBI measure. All three attempts to reach the member must be documented in the medical record and will be subjected to random audits through medical record review. See IHA Tip Sheet for more information on billing "inability to schedule member" claims.

  Use the IHA Dummy Code for the following exemptions:

- If an IHA was completed 12 months prior to Medi-Cal enrollment (if all elements of the IHA and SHA were completed).
- Member refused IHA, missed appointment, or
- When provider has attempted to schedule a member at least three times for their IHA appointment.

Note: Only one row of data needs to be submitted for each member after three unsuccessful outreach attempts have been made and documented internally.

IHA - Valid Codes

Each row of data must include a CPT/HCPC Code and ICD-10 code (if applicable).

IHA Codes: Member Population	CPT Codes	ICD-10 Reporting Codes	Modifier
Unsuccessful IHA/Dummy Code	99499	Z00.00	KX
Preventive Visit, New Patient	99381 99382 99383 99384 99385 99386 99387	Not required (Leave field blank)	Not required (Leave field blank)
Preventive Visit, Established Patient	99391 99392 99393 99394 99395 99396 99397	Not required (Leave field blank)	Not required (Leave field blank)
Office Visit, New Patient	99204 99205	Not required (Leave field blank)	Not required (Leave field blank)
Office Visit, Established Patient	99215	CPT and appropriate Diagnosis code: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.8, Z01.411, Z01.419, Z02.1, , Z02.89, Z02.9	
Prenatal Care	Z1032, Z1034, Z1038, Z6500	Not required (Leave field blank)	Not required (Leave field blank)

IHA - File Layout

The file must include the following data elements in order:

Column	A Alliance Member ID	B Member DOB	C Date of Last Attempt of Contact or IHA Screening	D CPT / HCPC Code	E ICD-10 Code	F Modifier
Data Type	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha-Numeric	Alpha Numeric
Maximum Length of Characters	9	10	10	5	6	2
Acceptable Values	99999999F	mm/dd/yyyy	mm/dd/yyyy	99499 99381 99382 99383 99384 99385 99386 99387 99391 99392 99393 99394 99395 99396 99397 99204 99205 99215 Z1032 Z1034 Z1038 Z6500	Z00.00 Z00.01 Z00.110 Z00.111 Z00.121 Z00.129 Z01.411 Z01.419 Z02.1 Z02.89	KX Kx kX kx
Considerations				*Each row must include a CPT or HCPC Code.	Required only for CPT codes 99499 and 99215, otherwise not	Required for only CPT code 99499, otherwise

Column	A	B	C	D	E	F
	Alliance Member ID	Member DOB	Date of Last Attempt of Contact or IHA Screening	CPT / HCPC Code	ICD-10 Code	Modifier
					required (leave blank)	not required (leave blank)

Layout Example:

Alliance Member ID	Member DOB	Date of Last Attempt of Contact	CPT / HCPC Code	ICD-10 Code	Modifier
99999999X	09/01/1980	09/15/2024	99499	Z00.00	KX
99999990X	10/10/1970	10/04/2024	99391		
99999991X	04/01/1965	11/01/2024	99215	Z00.01	