Clinical Reminders

(PXRM)

Addendum to Installation Notes

Version 2.0 Patch 1005
December 2015

Office of Information Technology (OIT)
Albuquerque, New Mexico
# Table of Contents

1.0 **Introduction** .............................................................................................................. 1  
1.1 Clinical Reminders Resources .............................................................................. 1  

2.0 **What's New** .................................................................................................................. 2  
2.1 Taxonomy Update ........................................................................................................... 2  
2.1.1 ScreenMan Overview ............................................................................................... 2  
2.2 Taxonomy Management Dialog Changes ...................................................................... 2  
2.2.1 New Approach .......................................................................................................... 2  
2.3 Dialog Conversions ....................................................................................................... 3  
2.4 Updated Taxonomies ..................................................................................................... 3  
2.4.1 Computed Finding Parameter Field ........................................................................... 4  
2.5 New Reminders ............................................................................................................. 4  
2.6 Updated Reminder Dialogs .......................................................................................... 5  
2.7 New Dialogs (with Associated Reminder) ..................................................................... 5  
2.8 New Items for Reminder Dialogs ................................................................................ 6  
2.8.1 Consults and Quick Orders ....................................................................................... 6  
2.8.2 Lab Quick Orders and Objects ................................................................................... 6  
2.8.3 New Health Summary Object ................................................................................... 6  

3.0 **Installation Checklist** .................................................................................................. 7  

4.0 **Patch 12 Enhancements** ............................................................................................ 9  
4.1 Drug Class Updates ....................................................................................................... 9  
4.2 New Options .................................................................................................................. 9  
4.3 Reminder Computed Findings ....................................................................................... 9  
4.3.1 Computed Finding Inquiry ....................................................................................... 9  
4.4 Reminder Definitions and Terms .................................................................................. 10  
4.5 Reminder Dialogs ......................................................................................................... 11  
4.5.1 Invalid Item Report .................................................................................................... 11  
4.5.2 Invalid Item Report for All ....................................................................................... 12  
4.6 Reminder Exchange ..................................................................................................... 13  
4.6.1 Items That Can Be Exchanged .................................................................................. 13  
4.6.2 Packing Reminders .................................................................................................. 13  
4.6.3 Packing a Reminder ................................................................................................ 14  
4.6.4 Health Summary Objects ......................................................................................... 15  
4.6.5 Dialog Error Checking .............................................................................................. 15  
4.7 Reminder List Rules ..................................................................................................... 16  
4.8 Reminder Reports ......................................................................................................... 16  
4.8.1 Output from Usage Report ....................................................................................... 17  
4.8.2 Reminder Due Report ............................................................................................... 18  
4.9 Integrity Checks .......................................................................................................... 21  
4.9.1 New Options ............................................................................................................. 21  
4.9.2 ICA Integrity Check All ............................................................................................. 21
5.0 Using the New Reminder Taxonomy Menu .................................................... 23
5.1 Reminder Taxonomy Management Main Screen ........................................ 23
5.2 Reminder Taxonomy Management Actions ................................................ 23
  5.2.1 Range Error ......................................................................................... 25
  5.2.2 Reminder Taxonomy Action Examples .............................................. 25
6.0 Review National Reminder Definitions .......................................................... 62
  6.1 IHS-ASBI BNI 2015 and IHS-ASBI SCREENING 2015 .................. 62
  6.2 IHS-ASTHMA ACTION PLAN 2015 .................................................... 62
  6.3 IHS-ASTHMA CONTROL 2015 .......................................................... 63
  6.4 IHS-ASTHMA PRIM PROV 2015 ......................................................... 63
  6.5 IHS-ASTHMA RISK EXACERBATION 2015 ................................. 64
  6.6 IHS-ASTHMA SEVERITY 2015 .......................................................... 65
  6.7 IHS-ASTHMA STEROIDS 2015 .......................................................... 66
  6.8 HIS-BLOOD PRESSURE 2015 .......................................................... 66
  6.9 IHS-COLON CANCER 2015 .............................................................. 67
  6.10 IHS-DEPO PROVERA 2015 ............................................................ 67
  6.11 IHS-DIAB ACE/ARB 2015 ............................................................... 68
  6.12 IHS-DIAB ANTPLT KNOWN CVD 2015 ............................................. 69
  6.13 IHS-DIAB ASPIRIN FEMALE 2015 .................................................... 69
  6.14 IHS-DIAB ASPIRIN MALE 2015 ........................................................ 70
  6.15 IHS-DIAB BP CONTROL 2015 ......................................................... 70
  6.16 IHS-DIAB EYE EXAM 2015 ............................................................... 71
  6.17 IHS-DIAB FOOT EXAM 2015 ............................................................. 71
  6.18 IHS-DIAB HGBA1C 2015 ................................................................. 72
  6.19 IHS-DIAB HGBA1C CONTROL 2015 ................................................. 72
  6.20 IHS-DIAB NEPHRO SCR/MON 2015 .................................................. 73
  6.21 IHS-DIABETES SCREENING 2015 .................................................... 74
  6.22 IHS DOMESTIC VIOLENCE 2015 ...................................................... 74
  6.23 IHS-HEP C SCREENING 2015 ............................................................ 75
  6.24 IHS-HIV SCREEN 2015 ................................................................. 75
  6.25 IHS-LIPID PROFILE FEMALE 2015 ................................................... 75
  6.26 IHS-LIPID PROFILE MALE 2015 ..................................................... 76
  6.27 IHS-MAMMOGRAM 40-49 2015 ......................................................... 76
  6.28 IHS-MAMMOGRAM 50-74 2015 ......................................................... 77
  6.29 IHS-MAMMOGRAM 75-100 2015 ......................................................... 78
  6.30 IHS-MED THERAPY MNGT 2015 ....................................................... 79
  6.31 IHS-MH HYPERTENSION CONTROL 2015 .................................... 79
  6.32 IHS-MH HYPERTENSION RECALL 2015 ......................................... 79
  6.33 IHS-OSTEOPOROSIS SCREEN 2015 .................................................. 80
  6.34 IHS-PAP SMEAR 21-29Y 2015 .......................................................... 81
  6.35 IHS-PAP SMEAR 30-64Y 2015 .......................................................... 81
  6.36 IHS-PHN DC FU 2015 ................................................................. 82
  6.37 IHS-SCREENING BUNDLE 2015 ........................................................ 82
7.0 National Reminder Dialogs ........................................................................... 83
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>IHS-ASBI BNI 2015</td>
<td>83</td>
</tr>
<tr>
<td>7.2</td>
<td>IHS-ASBI SCREEN 2015</td>
<td>84</td>
</tr>
<tr>
<td>7.3</td>
<td>IHS-ASTHMA CONTROL 2015</td>
<td>86</td>
</tr>
<tr>
<td>7.4</td>
<td>IHS-ASTHMA ACTION PLAN 2015</td>
<td>86</td>
</tr>
<tr>
<td>7.5</td>
<td>IHS-ASTHMA PRIM PROV 2015, IHS-ASTHMA RISK EXACERBATION 2015, IHS-ASTHMA SEVERITY 2015</td>
<td>87</td>
</tr>
<tr>
<td>7.6</td>
<td>IHS-ASTHMA STEROID 2015</td>
<td>89</td>
</tr>
<tr>
<td>7.7</td>
<td>IHS-BLOOD PRESSURE 2015</td>
<td>90</td>
</tr>
<tr>
<td>7.8</td>
<td>IHS-COLON CANCER 2015</td>
<td>90</td>
</tr>
<tr>
<td>7.9</td>
<td>IHS-DEPO PROVERA 2015</td>
<td>91</td>
</tr>
<tr>
<td>7.10</td>
<td>IHS-DIAB ACE/ARB 2015</td>
<td>93</td>
</tr>
<tr>
<td>7.11</td>
<td>IHS-DIAB ANTPLT KNOWN CVD 2015</td>
<td>93</td>
</tr>
<tr>
<td>7.12</td>
<td>IHS-DIAB ASPIRIN MALE 2015</td>
<td>94</td>
</tr>
<tr>
<td>7.13</td>
<td>IHS-DIAB ASPIRIN FEMALE 2015</td>
<td>95</td>
</tr>
<tr>
<td>7.14</td>
<td>IHS-DIAB BP CONTROL 2015</td>
<td>97</td>
</tr>
<tr>
<td>7.15</td>
<td>IHS-DIAB EYE EXAM 2015</td>
<td>98</td>
</tr>
<tr>
<td>7.16</td>
<td>IHS-DIAB FOOT EXAM 2015</td>
<td>99</td>
</tr>
<tr>
<td>7.17</td>
<td>IHS-DIAB HGBA1C 2015</td>
<td>99</td>
</tr>
<tr>
<td>7.18</td>
<td>IHS-DIAB HGBA1C CONTROL 2015</td>
<td>100</td>
</tr>
<tr>
<td>7.19</td>
<td>IHS-DM (DIABETES) SCREENING 2015</td>
<td>101</td>
</tr>
<tr>
<td>7.20</td>
<td>IHS-DIAB NEPHRO SCR/MON 2015</td>
<td>102</td>
</tr>
<tr>
<td>7.21</td>
<td>HIS-DOMESTIC VIOLENCE 2015</td>
<td>103</td>
</tr>
<tr>
<td>7.22</td>
<td>IHS-HEP C SCREEN 2015</td>
<td>104</td>
</tr>
<tr>
<td>7.23</td>
<td>IHS-HIV SCREEN 2015</td>
<td>105</td>
</tr>
<tr>
<td>7.24</td>
<td>IHS-LIPID FEMALE 2015</td>
<td>106</td>
</tr>
<tr>
<td>7.25</td>
<td>IHS-LIPID MALE 2015</td>
<td>106</td>
</tr>
<tr>
<td>7.26</td>
<td>IHS-MAMMOGRAM 40 – 49 2015</td>
<td>107</td>
</tr>
<tr>
<td>7.27</td>
<td>IHS-MAMMOGRAM 50 – 74 2015</td>
<td>110</td>
</tr>
<tr>
<td>7.28</td>
<td>IHS-MAMMOGRAM 75 – 100 2015</td>
<td>111</td>
</tr>
<tr>
<td>7.29</td>
<td>IHS-MED THERAPY MNGT 2015</td>
<td>112</td>
</tr>
<tr>
<td>7.30</td>
<td>HIS-MH HYPERTENSION CONTROL 2015</td>
<td>112</td>
</tr>
<tr>
<td>7.31</td>
<td>IHS-OSTEOPOROSIS SCREENING 2015</td>
<td>113</td>
</tr>
<tr>
<td>7.32</td>
<td>IHS-PAP TEST 21 – 29 2015</td>
<td>114</td>
</tr>
<tr>
<td>7.33</td>
<td>IHS-PAP TEST 30 – 64 2015</td>
<td>115</td>
</tr>
<tr>
<td>7.34</td>
<td>IHS-PHN DC FU 2015</td>
<td>116</td>
</tr>
<tr>
<td>7.35</td>
<td>HIS-SCREENING BUNDLE 2015</td>
<td>119</td>
</tr>
</tbody>
</table>

8.0 Remove Old Reminders from Exchange .................................................. 121

9.0 Dialog Preparation.................................................................................. 122

9.1 FileMan Search.................................................................................... 122

9.2 Removal of Additional Findings ........................................................... 123

10.0 Install the KIDS Build ......................................................................... 125

11.0 Install the Reminder ........................................................................... 126

11.1 Programmer Access ............................................................................ 126
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.2</td>
<td>Installing the Reminder</td>
<td>127</td>
</tr>
<tr>
<td>11.3</td>
<td>Taxonomy Error</td>
<td>131</td>
</tr>
<tr>
<td>11.3.1</td>
<td>Create the Taxonomy Manually</td>
<td>132</td>
</tr>
<tr>
<td>12.0</td>
<td>Install the Dialogs</td>
<td>134</td>
</tr>
<tr>
<td>12.1</td>
<td>Activate the Dialog</td>
<td>134</td>
</tr>
<tr>
<td>12.1.1</td>
<td>Reminder Dialog Management (DLG)</td>
<td>135</td>
</tr>
<tr>
<td>12.1.2</td>
<td>Dialog Does Not Link Automatically</td>
<td>137</td>
</tr>
<tr>
<td>13.0</td>
<td>Review Reminder Terms</td>
<td>138</td>
</tr>
<tr>
<td>14.0</td>
<td>Manually Update Dialogs</td>
<td>142</td>
</tr>
<tr>
<td>15.0</td>
<td>EHR Reminder Configuration</td>
<td>143</td>
</tr>
<tr>
<td>16.0</td>
<td>Inactivate the Old Reminder and Dialog</td>
<td>145</td>
</tr>
<tr>
<td>17.0</td>
<td>Reviewing the Reminder and Dialog</td>
<td>148</td>
</tr>
<tr>
<td>17.1</td>
<td>Reminder Test</td>
<td>148</td>
</tr>
<tr>
<td>17.2</td>
<td>View Reminders Due</td>
<td>153</td>
</tr>
<tr>
<td>17.3</td>
<td>View Reminders on Cover Sheet</td>
<td>153</td>
</tr>
<tr>
<td>17.4</td>
<td>View Reminders Icon</td>
<td>154</td>
</tr>
<tr>
<td>17.4.1</td>
<td>Clinical Maintenance</td>
<td>154</td>
</tr>
<tr>
<td>17.4.2</td>
<td>Do a Reminder Inquiry</td>
<td>155</td>
</tr>
<tr>
<td>17.4.3</td>
<td>Look at the Reminder Icons</td>
<td>157</td>
</tr>
<tr>
<td>17.5</td>
<td>View Reminders on the Health Summary</td>
<td>158</td>
</tr>
<tr>
<td>Appendix A:</td>
<td>Common Install Questions/Issues</td>
<td>159</td>
</tr>
<tr>
<td>A.1</td>
<td>Programmer Access Message During Installation</td>
<td>159</td>
</tr>
<tr>
<td>A.2</td>
<td>Taxonomy Error Message During Installation</td>
<td>159</td>
</tr>
<tr>
<td>A.3</td>
<td>Error on Install from Exchange: EDUCATION TOPICS Entries</td>
<td>159</td>
</tr>
<tr>
<td>A.4</td>
<td>After Installed in Reminder Exchange Findings Say None</td>
<td>161</td>
</tr>
<tr>
<td>A.5</td>
<td>The BPXRM Objects Do Not Work</td>
<td>162</td>
</tr>
<tr>
<td>A.5.1</td>
<td>The BPXRM LIPIID PROFILE Object Does Not Display Last Lipid Profile Results</td>
<td>162</td>
</tr>
<tr>
<td>A.5.2</td>
<td>The BPXRM HGBA1C Object Does Not Display Last Lab Data</td>
<td>167</td>
</tr>
<tr>
<td>A.6</td>
<td>Medication Reminders – Last Occurrence Date</td>
<td>170</td>
</tr>
<tr>
<td>A.7</td>
<td>Problems Getting Reminders Visible For Everyone</td>
<td>171</td>
</tr>
<tr>
<td>A.8</td>
<td>Reminder Due When It Should NOT Be Due</td>
<td>172</td>
</tr>
<tr>
<td>A.9</td>
<td>Access Violation Error When Processing Dialogs</td>
<td>173</td>
</tr>
<tr>
<td>Appendix B:</td>
<td>Reminder Taxonomies</td>
<td>175</td>
</tr>
<tr>
<td>B.1</td>
<td>IHS-ASTHMA 2015</td>
<td>175</td>
</tr>
<tr>
<td>B.2</td>
<td>IHS-BILATERAL MASTECTOMY 2015</td>
<td>176</td>
</tr>
<tr>
<td>B.3</td>
<td>Taxonomies for IHS-COLON CANCER 2015</td>
<td>176</td>
</tr>
<tr>
<td>B.4</td>
<td>IHS-COLONOSCOPY 2015</td>
<td>177</td>
</tr>
<tr>
<td>B.5</td>
<td>IHS-COLORECTAL CANCER 2015</td>
<td>179</td>
</tr>
<tr>
<td>B.5.1</td>
<td>IHS-SIGMOIDOSCOPY 2015</td>
<td>180</td>
</tr>
<tr>
<td>B.5.2</td>
<td>IHS-DIABETES DX 2015</td>
<td>181</td>
</tr>
<tr>
<td>Appendix C: Reminder Terms</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>----------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>C.1 IHS-ASTHMA CONTROL</td>
<td>204</td>
<td></td>
</tr>
<tr>
<td>C.2 IHS-ACE/ARB</td>
<td>204</td>
<td></td>
</tr>
<tr>
<td>C.3 IHS-ASPIRIN</td>
<td>204</td>
<td></td>
</tr>
<tr>
<td>17.6 IHS-ASTHMA 2015</td>
<td>204</td>
<td></td>
</tr>
<tr>
<td>C.4 IHS-BILATERAL MASTECTOMY 2015</td>
<td>204</td>
<td></td>
</tr>
<tr>
<td>C.5 IHS-CLOPIDOGREL</td>
<td>205</td>
<td></td>
</tr>
<tr>
<td>C.6 IHS-COLONOSCOPY 2015</td>
<td>205</td>
<td></td>
</tr>
<tr>
<td>C.7 IHS-COLORECTAL CANCER 2015</td>
<td>205</td>
<td></td>
</tr>
<tr>
<td>C.8 IHS-DIAB NEPHROPATHY LABS</td>
<td>205</td>
<td></td>
</tr>
<tr>
<td>C.9 IHS-DIABETES DX 2015</td>
<td>205</td>
<td></td>
</tr>
<tr>
<td>C.10 IHS-DIABETES PROBLEMS 2015</td>
<td>205</td>
<td></td>
</tr>
<tr>
<td>C.11 IHS-DIABETIC EYE CODES 2015</td>
<td>206</td>
<td></td>
</tr>
<tr>
<td>C.12 IHS-DIABETIC NEPHROPATHY 2015</td>
<td>206</td>
<td></td>
</tr>
<tr>
<td>C.13 IHS-DIALYSIS 2015</td>
<td>206</td>
<td></td>
</tr>
<tr>
<td>C.14 IHS-DM BLOOD PRESSURE 2015</td>
<td>206</td>
<td></td>
</tr>
<tr>
<td>C.15 IHS-EGFR</td>
<td>206</td>
<td></td>
</tr>
<tr>
<td>C.16 IHS-FECAL OCCULT BLOOD</td>
<td>206</td>
<td></td>
</tr>
<tr>
<td>C.17 IHS-FUNDOSCOPIC EYE CODES 2015</td>
<td>207</td>
<td></td>
</tr>
<tr>
<td>C.18 IHS – HGBA1C</td>
<td>207</td>
<td></td>
</tr>
<tr>
<td>C.19 IHS – HGBA1C REEVALUATE</td>
<td>207</td>
<td></td>
</tr>
<tr>
<td>C.20 IHS – HIV 2015</td>
<td>207</td>
<td></td>
</tr>
<tr>
<td>C.21 IHS – HYPERTENSION 2015</td>
<td>207</td>
<td></td>
</tr>
<tr>
<td>C.22 IHS – HYSTERECTOMY 2015</td>
<td>208</td>
<td></td>
</tr>
<tr>
<td>C.23 IHS – ISCHEMIC HEART DISEASE 2015</td>
<td>208</td>
<td></td>
</tr>
<tr>
<td>C.24 IHS – LIPID LAB TESTS</td>
<td>208</td>
<td></td>
</tr>
<tr>
<td>C.25 IHS-OSTEOPOROSIS 2015</td>
<td>208</td>
<td></td>
</tr>
<tr>
<td>C.26 IHS – SIGMOIDOSCOPY 2015</td>
<td>208</td>
<td></td>
</tr>
<tr>
<td>C.27 IHS – URINE ALBUMIN 2015</td>
<td>208</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendix D: Reminders Using Computed Findings</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.1 Computed Findings Entry Points</td>
<td>209</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appendix E: Reminder Parameter Summary</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>210</td>
</tr>
</tbody>
</table>
Appendix F: ScreenMan Overview ................................................................. 213
  F.1 ScreenMan Descriptions ................................................................. 214
  F.2 How to Navigate Between Fields and Pages ................................. 214
  F.3 Saving and Exiting ................................................................. 215
  F.4 Word-Processing Fields ............................................................. 215
  17.7 Multiples Linked to "Pop-Up" Subpages ...................................... 215

Appendix G: Browser ........................................................................ 217
  G.1 Shortcuts and Screen Setup Tips .................................................. 217

Appendix H: Adding a SNOMED Taxonomy ........................................... 218

Appendix I: Making the Hypertension Health Summary Object .......... 222
  I.1 Creating Measurement Panels in IHS Health Summary .................. 222
  I.2 Instructions to create Measurement Panel ..................................... 222
  I.3 Creating Flowsheets in IHS Health Summary ................................. 223
  I.3.1 Instructions .............................................................................. 223
  I.3.2 Create VA Health Summary “Hypertension Control” .................... 226
  I.3.3 Create TIU Health Summary Object “Hypertension Control” ........ 228

Appendix J: Rules of Behavior ................................................................. 231
  J.1 All RPMS User ............................................................................ 231
  J.1.1 Access ...................................................................................... 231
  J.1.2 Logging On to the System ........................................................ 231
  J.1.3 Information Accessibility ......................................................... 232
  J.1.4 Accountability ........................................................................ 232
  J.1.5 Confidentiality ........................................................................ 233
  J.1.6 Integrity .................................................................................. 233
  J.1.7 Passwords ............................................................................... 234
  J.1.8 Backups .................................................................................. 235
  J.1.9 Reporting ............................................................................... 235
  J.1.10 Session Time Outs ................................................................. 235
  J.1.11 Hardware .............................................................................. 236
  J.1.12 Awareness ........................................................................... 236
  J.1.13 Remote Access .................................................................... 236
  J.2 RPMS Developers ....................................................................... 237
  J.3 Privileged Users ........................................................................ 238

Contact Information ............................................................................ 240
Preface

This documentation applies to those reminders distributed in Version 2.0, Patch 1005 of Clinical Reminders.
1.0 **Introduction**

This guide was designed to supplement the patch installation notes and provide guidance in setting up the Clinical Reminders contained in the PXRM V2.0 1005 patch. We strongly recommend reviewing this entire document before installing and setting up the Clinical Reminders 1005 patch.

This guide is intended to be used by the following individuals who are responsible for installing, supporting, maintaining, and testing this package:

- Information Resources Management (IRM)
- Clinical Application Coordinator (CAC)

1.1 **Clinical Reminders Resources**

This guide is intended to be used by individuals who have previous experience with the Clinical Reminders. Patch 1005 is not comprehensive. It includes those reminders that have taxonomies as part of the findings. Refer to *Clinical Reminders (PXRM) Addendum to Installation Notes* (pxrm0200.1002o) for full documentation of the version 2.0 list of reminders. It also includes some updated immunization reminders that include updated reminder terms.

The dialogs for the reminders in patch 1005 were not changed from patch 1002 and can be viewed in the pxrm0200.1002in.

**Clinical Reminders Office Hours:**
Office hours are announced periodically on the EHR and Reminders Listservs.

**Clinical Reminders Listserv:**
Send a question to the EHR Reminders Listserv.

http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=159
2.0 What’s New

This section provides an overview of the major changes in the Clinical Reminders patch 1005.

2.1 Taxonomy Update

A new taxonomy management system replaces the previous taxonomy management menu. The new system uses a combination of List Manager, ScreenMan, and the Browser. List Manager should already be familiar to users of Clinical Reminders tools such as Dialog Management or Reminder Exchange. ScreenMan and the Browser may not be as familiar, but reviewing Appendix A of this manual or the FileMan documentation should give you enough knowledge to make using the taxonomy management system much easier.

2.1.1 ScreenMan Overview

ScreenMan is the VA FileMan's screen-oriented data entry tool. It is an alternative to the Scrolling Mode approach. With ScreenMan, data is entered in forms. Each form field occupies a fixed position on the screen (instead of scrolling off). You can see many data fields at once, and use simple key-combinations to edit data and move from field to field on a screen. You can also move from one screen to another like turning through the pages of a book.

2.2 Taxonomy Management Dialog Changes

In the past, users created Reminder Dialogs containing ICD-9-CM and/or CPT-4 codes. When using codes as Finding Items or Additional Finding Items in the EHR, the end user didn’t select codes; codes were automatically filed to VistA when the element/group was selected in the Reminder Dialog.

A Taxonomy could only be used as a Finding Item; it created a PickList of codes for the user to select from in the EHR. The display in the EHR was controlled by the setup in the Reminder Finding Parameter File (#801.45) and the Reminder Taxonomy File (#811.2). These controls determined if the Taxonomy should assign codes to the current encounter or an historical encounter. The controls also determined what prompts were assigned to the Reminder Dialog in the EHR.

2.2.1 New Approach

Users will no longer be able to add ICD-9-CM and/or CPT-4 codes to a Reminder Dialog. Users will need to create a Taxonomy, assign codes, and then add the Taxonomy to the Reminder Dialog. To maintain similar end-user functionality in the EHR, a new prompt called Taxonomy PickList Display has been added to the dialog editor. This controls how Taxonomies should display in the EHR.
2.3 Dialog Conversions

- Taxonomies are automatically generated for all dialogs that use ICD-9 diagnosis codes or CPT codes as a finding or additional finding.

In IHS, we do NOT use ICD codes in dialogs, only CPT.

- Dialogs with preexisting taxonomies will have the settings from file 801.45 move to the element/group level.
- Dialogs with codes only will generate new taxonomies and the codes will be replaced with taxonomies.
- Dialog elements/groups that are updated will have the edit history updated with the changes due to the data conversion.
- Three Mailman messages will be generated due to the data conversion: Mailman messages are sent to the mailgroup defined in the REMINDER MANAGEMENT MAILGROUP field of the CLINICAL REMINDER PARAMETERS file (file 800)
  - A pre-conversion message lists dialogs, elements, and groups to be updated with pre-patched structure.
  - A post-conversion message lists dialogs, elements, and groups with the new structure.
  - A message listing error messages during dialog conversion.

2.4 Updated Taxonomies

There are 38 reminders/dialogs in this patch. The logic for the 38 taxonomy related reminders has changed slightly. New dialogs look the same as the 2013 dialogs but have been given new names with 2015 in them so that they will match the reminders.

The 38 reminders were changed to allow taxonomies that contain ICD-10 POV codes to be used, as well as SNOMED problems. The taxonomy menus were greatly enhanced by the VA to allow for the addition of multiple code sets. It now uses the Lexicon as its code dictionary. The reminder term still contains the SNOMED computed finding for problems. Although SNOMED codes can be added to the new taxonomies, IHS has chosen not to do this since it is easier to update the Apelon subsets for SNOMED terms.

The field Computed Finding Parameter will contain the name of the Apelon Subset that will be used to determine if the problem is part of this cohort. In the example below, the Computed Finding Parameter is called PXRM DIABETES.

Even though reminder terms are editable, sites should NOT change the item or this parameter since it is specific for the needs of the reminder.
2.4.1 Computed Finding Parameter Field

<table>
<thead>
<tr>
<th>IHS-DIABETES DX 2015</th>
<th>No.35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class: VISN</td>
<td></td>
</tr>
<tr>
<td>Sponsor:</td>
<td></td>
</tr>
<tr>
<td>Date Created:</td>
<td></td>
</tr>
<tr>
<td>Review Date:</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td></td>
</tr>
<tr>
<td>Edit History:</td>
<td></td>
</tr>
<tr>
<td>Edit Date: MAR 11,2014 14:37 Edit By: USER,DEMO</td>
<td></td>
</tr>
<tr>
<td>Edit Comments:</td>
<td></td>
</tr>
<tr>
<td>Findings:</td>
<td></td>
</tr>
<tr>
<td>Finding Item: IHS-DIABETES DX 2007 (FI(1)=TX(71))</td>
<td></td>
</tr>
<tr>
<td>Finding Type: REMINDER TAXONOMY</td>
<td></td>
</tr>
<tr>
<td>Beginning Date/Time: T-3Y</td>
<td></td>
</tr>
<tr>
<td>Finding Item: IHS-SNOMED (FI(2)=CF(681))</td>
<td></td>
</tr>
<tr>
<td>Finding Type: REMINDER COMPUTED FINDING</td>
<td></td>
</tr>
<tr>
<td>Beginning Date/Time: T-3Y</td>
<td></td>
</tr>
</tbody>
</table>

Computed Finding Parameter: PXRM DIABETES

2.5 New Reminders

IHS-ASBI BNI 2015
IHS-ASBI SCREENING 2015
IHS-ASTHMA ACTION PLAN 2015
IHS-ASTHMA CONTROL 2015
IHS-ASTHMA PRIM PROV 2015
IHS-ASTHMA RISK EXACERBATION 2015
IHS-ASTHMA SEVERITY 2015
IHS-ASTHMA STEROID 2015
IHS-BLOOD PRESSURE 2015
IHS-COLON CANCER 2015
IHS-DEPO PROVERA 2015
IHS-DIAB ACE/ARB 2015
IHS-DIAB ANTPLT KNOWN CVD 2015
IHS-DIAB ASPIRIN FEMALE 2015
IHS-DIAB ASPIRIN MALE 2015
IHS-DIAB BP CONTROL 2015
IHS-DIAB EYE EXAM 2015
IHS-DIAB FOOT EXAM 2015
IHS-DIAB HGBA1C 2015
IHS-DIAB HGBA1C CONTROL 2015
IHS-DIAB NEPHRO SCR/MON 2015
IHS-DIABETES SCREENING 2015
IHS-DOMESTIC VIOLENCE 2015
IHS-HEP C SCREENING 2015
IHS-HIV SCREEN 2015
IHS-LIPID FEMALE 2015
IHS-LIPID MALE 2015
IHS-MAMMOGRAM 40-49 2015
IHS-MAMMOGRAM 50-74 2015
IHS-MAMMOGRAM 75-100 2015
IHS-MED THERAPY MNGT 2015
IHS-MH HYPERTENSION CONTROL 2015
IHS-MH HYPERTENSION RECALL 2015
IHS-OSTEOPOROSIS SCREEN 2015
IHS-PAP SMEAR 21-29Y 2015
IHS-PAP SMEAR 30-64Y 2015
IHS-PHN DC FU 2015
IHS-SCREENING BUNDLE 2015

2.6 Updated Reminder Dialogs
There were no dialog changes.

2.7 New Dialogs (with Associated Reminder)
IHS-ASBI BNI 2015
IHS-ASBI SCREENING 2015
IHS-ASTHMA ACTION PLAN 2015
IHS-ASTHMA CONTROL 2015
IHS-ASTHMA PRIM PROV 2015
IHS-ASTHMA RISK EXACERBATION 2015
IHS-ASTHMA SEVERITY 2015
IHS-ASTHMA STEROID 2015
IHS-BLOOD PRESSURE 2015
IHS-COLON CANCER 2015
IHS-DEPO PROVERA 2015
IHS-DIAB ACE/ARB 2015
IHS-DIAB ANTPLT KNOWN CVD 2015
IHS-DIAB ASPIRIN FEMALE 2015
IHS-DIAB ASPIRIN MALE 2015
IHS-DIAB BP CONTROL 2015
IHS-DIAB EYE EXAM 2015
IHS-DIAB FOOT EXAM 2015
IHS-DIAB HGBA1C 2015
IHS-DIAB HGBA1C CONTROL 2015
IHS-DIAB NEPHRO SCR/MON 2015
IHS-DIABETES SCREENING 2015
2.8 New Items for Reminder Dialogs

2.8.1 Consults and Quick Orders

The hypertension control reminders are new reminders. Sites will need to make sure that they have created consults and quick orders for:

- TOBACCO CESSARION, quick order: GMRCZ TOBACCO CESSATION,
- FITNESS PROGRAM, quick order: GMRCZ FITNESS PROGRAM,
- NUTRITIONL quick order: GMRCZ NUTRITION,
- HOME HEALTH quick order: GMRCZ HOME HEALTH
- SOCIAL SERVICES, quick order: GMRCZ SOCIAL SERVICES
- PUBLIC HEALTH NURSIGN, quick order: GMRCZ PHN

You may use your own if they exist and replace them when installing the reminder.

2.8.2 Lab Quick Orders and Objects

- Make sure quick orders exist for LRZ BMP, and LRZ LIPIDS.
- Make sure there is an object for the LAST 3 BP.

2.8.3 New Health Summary Object

Use Appendix I to create the health summary object for HYPERTENSION CONTROL.
3.0 Installation Checklist

Review the patch notes and this guide. The following steps should be performed by the appropriate IRM or CAC staff in the order that it is presented.

1. Review the list of reminders to determine which ones you will install/activate at your site. (See Review National Reminder Definitions.)

2. Remove Old Reminders from Reminder Exchange (See Remove Old Reminders from Exchange.) This is not required for this install but may make it easier to find the new reminders if the site has finished installation of all reminders from patch 1003.

3. Pre-requisites
   - IHS CLINICAL REPORTING V14.0
   - AICD 4.0
   - CLINICAL REMINDERS 2.0
   - PXRM*2.0*1003 for patch 1004 and patch 1004 for patch 1005
   - GMPL*2.0*1004 for PXRM patch 1005
   - XU*8.0*539 for GMPL patch 1004 and PXRM patch 1005

4. Install PXRM*2.0*1004. This is a very small patch that contains one routine necessary for further patch installation.

5. Install USR*1.0*1005

6. Install PX*1.0*1003. This small patch will help with errors on doing a re-index of V-files

7. Install GMPL*2.0*1004. This build installs several VA patches for problem list that are needed to create the new reminder indexes.

8. Set up the quick orders and the objects needed for installation of the hypertension control reminder (See appendix I for the object information.)

9. Make sure there is a mail group defined in the file REMINDER REMINDERS PARAMETERS and the field REMINDER MANAGEMENT MAILGROUP. This is where any issues will be sent.

10. Install the PXRM*2.0*1005 KIDS build by appropriate IRM personnel. This patch contains several VA patches as well as the new patch to allow ICD-10 and SNOMEDs in taxonomies.
Reminders MUST be turned OFF before installation of this patch. This is VERY critical. Site managers must contact their Clinical Application Coordinator (CAC) to use the parameter to turn OFF reminders while the patch is installed.

Preferably this would be done while there are no or minimal users on the system. The parameter is PXRM GUI REMINDERS ACTIVE.

Sites must rebuild the MENUs in this patch, as most menus have changed.

11. Install the reminders in Reminder Exchange that will be used at the facility.

12. Install, link and enable the dialogs.

13. If you removed additional findings in Step 5, then add them back in. Consider manually updating the dialogs. (See Manually Update Dialogs.) NEVER use an additional finding that is used in any other reminder dialog. Only absolutely unique finding items may be used as additional findings. (See EHR Reminder Configuration.)

14. Configure the Electronic Health Record to display the reminders. Sites may choose to activate the reminders just for specific individuals during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab. (See Inactivate the Old Reminder and Dialog.)

15. Inactivate Old Reminders.

16. Review the installed reminders and dialogs
4.0 **Patch 12 Enhancements**

4.1 **Drug Class Updates**

Similarly to what was done for code set versioning, a new mechanism was created that will be triggered whenever a national drug class update takes place. All reminder definitions, dialogs, and terms will be searched to determine if any of them can potentially be affected by the drug class changes in the update. A Mailman message that describes what was found will be delivered to the Reminders mail group.

4.2 **New Options**

- Reminder Computed Finding Inquiry
- Check Reminder Dialog for invalid items
- Finding Usage Report
- Reminder Integrity Check

4.3 **Reminder Computed Findings**

The new option, CFI – Reminder Computed Finding Inquiry, enables a user to display the information about a computed finding in an easy-to-read format.


4.3.1 **Computed Finding Inquiry**

<table>
<thead>
<tr>
<th>Select COMPUTED FINDING: IHS-PAP 2013 VISN</th>
</tr>
</thead>
<tbody>
<tr>
<td>...OK? Yes// (Yes)</td>
</tr>
<tr>
<td>DEVICE: CONSOLE Right Margin: 80//</td>
</tr>
<tr>
<td>REMINDER COMPUTED FINDING INQUIRY</td>
</tr>
<tr>
<td>Apr 15, 2015</td>
</tr>
<tr>
<td>2:55:55 pm Page 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IHS-PAP 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. 81</td>
</tr>
</tbody>
</table>

| Print Name: |
|            |

| Type:       |
|            |

| Class: VISN |
|            |

| Sponsor:    |
|            |
• The VA-PROGRESS NOTE computed finding was changed so it can use either the TIU DOCUMENT DEFINITION title or IEN in the computed finding parameter.

• VA-DATE FOR AGE is a new computed finding that uses the COMPUTED FINDING PARAMETER to pass an age in years and returns the date the patient will be that age as the date of the computed finding.

• VA-EMPLOYEE is a new computed finding that returns true if the patient is an employee.

• VA-ADMISSIONS FOR A DATE RANGE is a list type computed finding that can be used to build a list of patients who have been admitted in the specified date range.

• VA-DISCHARGES FOR A DATE RANGE is a list type computed finding that can be used to build a list of patients who have been discharged in the specified date range.

• VA-CURRENT INPATIENTS is a list type computed finding that can be used to build a list of all current inpatients

• CF VA-IS INPATIENT- This new computed finding will be true if the patient was/is an inpatient on the evaluation date. The following CSUB values will be available:
  - ADMISSION DATE/TIME (FileMan format)
  - ADMISSION TYPE
  - ATTENDING PHYSICIAN
  - DATE (FileMan format)
  - PRIMARY PROVIDER
  - TREATING SPECIALTY
  - WARD LOCATION

4.4 Reminder Definitions and Terms

A hint was added on how to add a second occurrence of a finding. The hint will be displayed when a double question mark is typed when editing the findings in a definition or a term.
Because of questions about checking for valid usage of TIU Objects, additional checking was added for anyplace a TIU Object can be used in a reminder definition. If an odd number of | characters are found, a warning will be issued.

An odd number of | characters in the text will cause TIU Object expansion to fail.

### 4.5 Reminder Dialogs

A new option Check Reminder Dialog for invalid items" has been added to the Dialog Report Menu. This option scans the selected reminder dialog and all of its sub-components for possible problems that could affect the use of the reminder dialog in the EHR The user can select every dialog type except Additional Prompts and Forced Values. The dialog checker report will check for the following items.

- Disabled dialog items in the selected dialog.
- Incomplete sequences in the selected dialog.
- All sub-items in the selected dialog are pointing to a valid entry on the system.
- All finding items, additional finding items, and orderable items are pointing to a valid entry on the system.
- Result groups are pointing to a valid MH Test and an MH scale has been defined for the result group.
- An odd number of characters in a dialog text field. If this is the case it would not be possible to determine which part is a TIU Object.

**Note:** Text and the Alternate Progress Note text fields have valid TIU Objects and TIU Template Fields.

### 4.5.1 Invalid Item Report

The following is an example of output:
Select Dialog Reports Option: CH Check Reminder Dialog for invalid items
Select Dialog Definition: EXCHANGE DIALOG reminder dialog LOCAL
...OK? Yes// (Yes)
EXCHANGE DIALOG contains the following errors.
The dialog element INACTIVE OBJECT contains a reference to a TIU Object NP TIUHS OBJECT TEST in the Dialog Text field. This TIU Object is inactive.

4.5.2 Invalid Item Report for All

Select Reminder Dialog Management Option: DR Dialog Reports
OR Reminder Dialog Elements Orphan Report
ER Empty Reminder Dialog Report
ALL Check all active reminder dialog for invalid items
CH Check Reminder Dialog for invalid items

Select Dialog Reports Option: ALL Check all active reminder dialog for invalid items
IHS-HEP A ADULT IMMUN 2014 contains the following errors.
The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains an incomplete sequence
The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains an incomplete sequence
IHS-HEP B ADULT IMMUN 2014 contains the following errors.
The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains an incomplete sequence
The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains an incomplete sequence
IHS-PED POLIO IMMUN 2014 contains the following errors.
The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains an incomplete sequence
The dialog element ED IMMUNIZATION PATIENT LITERATURE 2013 contains an incomplete sequence
The dialog element ED FP-DEPO contains an incomplete sequence
IHS-DEPO PROVERA 2013 contains the following errors.
The dialog element ED FP-DEPO contains an incomplete sequence

A new cross-reference was added to file #801.41:

^PXRMD(801.41,‖RG‖,X,DA(1),DA)

A problem was found with the dialog orphan report incorrectly displaying a dialog element only used as a replacement item. Result Groups were also showing in the dialog orphan report when the result group was assigned to a parent element.
It was possible for a user to delete a dialog element if it was only used as a replacement item. The user was also able to delete a result group even when it was being used. This has been fixed and the user should not be able to delete an element or a result group if it is assigned to another dialog element/group.

The dialog inquiry will now display the value for the patient specific field.

Changes were made to reminder dialog functionality to support data standardization of findings, the first of which will be Immunizations and Skin Tests:

The DISABLE field has been changed from a free-text field to a set of codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>NO</td>
</tr>
<tr>
<td>1</td>
<td>DISABLE AND SEND MESSAGE</td>
</tr>
<tr>
<td>2</td>
<td>DISABLE AND DO NOT SEND MESSAGE</td>
</tr>
</tbody>
</table>

These codes will be used when loading a reminder dialog in EHR. If an item is marked as DISABLE AND SEND MESSAGE, a Mailman message will be sent to the Clinical Reminder mail group.

### 4.6 Reminder Exchange

Major enhancements were made to Reminder Exchange. The main change visible to users is the ability to select individual reminder file entries for packing. Now when the Create Exchange File Entry (CFE) action is selected, the user will be presented with the following selection list:

#### 4.6.1 Items That Can Be Exchanged

Select from the following reminder files:

- REMINDER COMPUTED FINDINGS
- REMINDER COUNTING GROUP
- REMINDER DEFINITION
- REMINDER DIALOG
- REMINDER EXTRACT COUNTING RULE
- REMINDER EXTRACT DEFINITION
- REMINDER LIST RULE
- REMINDER LOCATION LIST
- REMINDER SPONSOR
- REMINDER TAXONOMY
- REMINDER TERM

#### 4.6.2 Packing Reminders

Multiple items of different types can be selected for packing into a single Exchange File entry. In previous versions of Reminder Exchange, only reminder definitions could be selected; the packing included everything the definition needed to function, such as sponsor, findings, and dialog.

In this new version of Reminder Exchange, this functionality has been extended.
When a reminder file entry is selected from the above list, everything it needs to function will be included in the packed entry. For example, an extract definition could include reminder definitions and rule sets, which in turn have their own dependencies. Because of this, an Exchange file entry may contain components that were not expected. To help the user know what is being included as it is packing up an entry, Reminder Exchange will list every single component that is being included.

For reminder dialogs, selection of individual dialog items is now allowed; the user is no longer limited to packing up the entire dialog.

### 4.6.3 Packing a Reminder

Select Action: Next Screen// CFE   Create Exchange File Entry

Select from the following reminder files:
1. REMINDER COMPUTED FINDINGS
2. REMINDER COUNTING GROUP
3. REMINDER DEFINITION
4. REMINDER DIALOG
5. REMINDER EXTRACT COUNTING RULE
6. REMINDER EXTRACT DEFINITION
7. REMINDER LIST RULE
8. REMINDER LOCATION LIST
9. REMINDER SPONSOR
10. REMINDER TAXONOMY
11. REMINDER TERM
12. REMINDER ORDER CHECK ITEMS GROUP
13. REMINDER ORDER CHECK RULES

Select REMINDER DEFINITION NAME: IHS-DIAB EYE
1. IHS-DIAB EYE EXAM NATIONAL
2. IHS-DIAB EYE EXAM 2011 NATIONAL
3. IHS-DIAB EYE EXAM 2013 NATIONAL
4. IHS-DIAB EYE EXAM 2015 NATIONAL

CHOOSE 1-4: 4 IHS-DIAB EYE EXAM 2015 NATIONAL
Enter another one or just press enter to go back to file selection.
Select REMINDER DEFINITION NAME: << Can select multiples

Checking reminder dialog(s) for errors.
No problems found.
Enter the Exchange File entry name: IHS-DIAB EYE EXAM 2015 <<If multiples are selected, you MUST make a new name
Enter Description: << Can overwrite description

Packing components ...
Adding routine BPXRMSNO
Adding EXAM DIABETIC EYE EXAM, IEN=3
Adding REMINDER COMPUTED FINDINGS IHS-SNOMED, IEN=681
Adding REMINDER TAXONOMY IHS-OTHER EYE EXAM 2015, IEN=115
Adding REMINDER TAXONOMY IHS-FUNDOSCOPIC EYE CODES 2015, IEN=80
Adding REMINDER TAXONOMY IHS-DIABETES DX 2015, IEN=71
Adding REMINDER TERM IHS-DIABETIC EYE CODES 2015, IEN=44
Adding REMINDER TERM IHS-DIABETES DX 2015, IEN=35
Adding REMINDER DEFINITION IHS-DIAB EYE EXAM 2015, IEN=327
Adding REMINDER DIALOG PXRM COMMENT, IEN=1
Adding REMINDER DIALOG PXRM OUTSIDE LOCATION, IEN=41
Adding REMINDER DIALOG PXRM VISIT DATE, IEN=40
Adding REMINDER DIALOG PXRM RESULT (EXAM), IEN=48
Adding REMINDER DIALOG EX DIABETIC EYE EXAM DONE ELSEWHERE, IEN=239
Adding REMINDER DIALOG EX DIABETIC EYE EXAM, IEN=238
Adding REMINDER DIALOG HD DIABETIC EYE EXAM, IEN=342
Adding REMINDER DIALOG IHS-DIAB EYE EXAM 2015, IEN=710
Adding TIU DOCUMENT DEFINITION BPXRM DIABETIC EYE, IEN=1373
Packing is complete.

TIU/Health Summary Objects will be packed up if they are used in a reminder dialog that is being packed. The Health Summary Type will also be packed up if it does not contain local components and it does not contain the PROGRESS NOTES SELECTED component. A normal TIU Object will not be packed. If a TIU Object or Health Summary Type is not packed up, these items will appear in the list of components in the reminder exchange entries, but they will not be installable. Because of the packing order these items will be installed on the system after the dialog is installed on the system.

### 4.6.4 Health Summary Objects

For TIU Objects, Health Summary Objects, Health Summary Types, and/or entries from the Order Dialog file (#101.41) that are not packed up, descriptive text has been added to the reminder exchange entry summary field, describing what is in the items that were not packed up. This should help the receiving sites re-create these items as needed.

### 4.6.5 Dialog Error Checking

Automated dialog error checking has been added. All dialogs that are on the list to be packed will be checked. Two levels of severity will be reported: WARNING and FATAL ERROR. Each error will give a detailed description of the problems that are found. A FATAL ERROR prevents the dialog from being packed; therefore the packing will abort. A WARNING will allow the packing to proceed.

FATAL errors mean the dialog will not work and are caused by things such as a pointer to an item that does not exist.

WARNING means the dialog will function, but possibly not as expected. For example, if the dialog contains a disabled item, a warning will be generated.

The dialog checker will also check to make sure that dialog components contain items and will generate a fatal packing error if none exist.

For dialogs that are auto-generated from a reminder definition, a check was added that will disable a dialog element/group if the finding item is inactive as a result of Data Standardization.
The formatting of the Exchange file entry installation display during a KIDS install was improved. It now shows the number, and if the text is too long to fit on one line, it will be broken into multiple lines instead of just wrapping.

Because hospital locations are not standardized, they are not transportable. A list of hospital locations that will not be transported is included in the Exchange file entry description.

4.7 Reminder List Rules

There are four possible views in list rule management: finding rule, patient list rule, reminder rule, and rule set. When switching between the views, the screen position was being carried over. For example, if you were in the rule set view and line 10 was at the top of the display and you switched into the reminder rule view, it would start at line 10. If there were less than 10 reminder rules, then the display would be blank.

The code was changed to save the current position for each view, so that when a particular view is selected, the display will start at the last screen position of that view.

4.8 Reminder Reports

A generalized finding usage report was created. The user inputs a list of findings to search for, and definitions, terms, and dialogs are searched to report where the findings are used. For findings that are from a standardized file, status and mapping information are included. A new option PXRM FINDING USAGE REPORT was created. It was added as an item to the PXRM REMINDER REPORTS menu.

Select the type of item to search:

Figure 4-1: Items for Usage Report
4.8.1 Output from Usage Report

Search for all or selected MEASUREMENT TYPES?

Select one of the following:

1       ALL
2       SELECTED

Enter response: SELECTED//
Type: BP

Clinical Reminders finding usage report.

The following MEASUREMENT TYPE(s) are used as follows:

=============================================
MEASUREMENT TYPE - BP (IEN=4)

Is used in the following Reminder Definition(s):

IHS-BLOOD PRESSURE (IEN=60)
  Finding number 3
IHS-BLOOD PRESSURE 2013 (IEN=162)
  Finding number 5
IHS-DIAB BP CONTROL 2013 (IEN=169)
  Finding number 2
TEST-DIAB BP CONTROL 2011 (IEN=224)
  Finding number 8

-----------------------------------
Is used in the following Reminder Dialog(s):

Dialog element VM BLOOD PRESSURE (IEN=366), used in the
  Finding Item field
Dialog element MT BP (IEN=706), used in the
  Finding Item field
Dialog element MT BLOOD PRESSURE (IEN=955), used in the
  Finding Item field

-----------------------------------
Is used in the following Reminder Term(s):

IHS-HIGH BP 2007 (IEN=12)
  Finding number 1
IHS-DM BLOOD PRESSURE (IEN=17)
  Finding number 1

A new prompt called "Clinic Stops output" was added to reminder due reports. This
prompt allows the user to select what type of output to display when running a
reminder due report against selected clinic stops. For a detailed report, the user will
have the option to display output either by Clinic Stops only (current output) or by
Individual Clinics belonging to the clinic stops. For a summary report with the report
totals set to either "Individual Locations" or by Individual locations plus Totals by
Facility," the user will have the same options as the detailed report and a third option
of reporting the output by Clinic Stops and Individual Clinic(s).

Another new option "Print percentages with the report output" has been added. If the
user replies —Y,— the following percentages will be displayed:

- %Applicable = Number Applicable/Total patient * 100
- %Due = Number of Due/Number Applicable * 100
- %Done = 100-%Due

This field has also been added to the Reminder Report template functionality.

A new field named Creator was added to report templates. This field is automatically
populated when someone creates a reminder report template. It will be used to controledit accesses to the template. In order to edit a template a user must either be the
creator or hold the PXRM MANAGER security key. If the user is not the creator or
does not hold the PXRM MANAGER security key, they will not see the prompt to
edit the template.

When running a reminder report against multiple patient lists, the results of the report
were printed out without the patient list name. Reminder reports were changed to
display the patient list name with the patient list results.

4.8.2 Reminder Due Report

Select Reminder Reports Option: D   Reminders Due Report

Select an existing REPORT TEMPLATE or return to continue:

Select one of the following:

I      Individual Patient
R      Reminder Patient List
L      Location
O      OE/RR Team
P      PCMM Provider
T      PCMM Team
D      Designated Provider

PATIENT SAMPLE: L// Location

Select FACILITY: 8905//   DEMO HOSPITAL   INDIANA   INDIANA
35    I
      N   8905
Select another FACILITY:
Select one of the following:

HA        All Outpatient Locations
HAI       All Inpatient Locations
HS        Selected Hospital Locations
CA        All Clinic Stops (with encounters)
CS        Selected Clinic Stops
GS        Selected Clinic Groups

Determine encounter counts for: HS// HA  All Outpatient Locations

Select one of the following:

P        Previous Encounters
F        Future Appointments

PREVIOUS ENCOUNTERS OR FUTURE APPOINTMENTS: P// revious Encounters

Enter ENCOUNTER BEGINNING DATE:  T-365  (APR 15, 2014)
Enter ENCOUNTER ENDING DATE: T (APR 15, 2015)
Enter EFFECTIVE DUE DATE: Apr 15, 2015// (APR 15, 2015)

Select SERVICE CATEGORIES: A,I// A

Select one of the following:

D        Detailed
S        Summary

TYPE OF REPORT: S// ummary

Select one of the following:

I        Individual Locations only
R        Individual Locations plus Totals by Facility
T        Totals by Facility only

REPORT TOTALS: I// R  Individual Locations plus Totals by Facility

Print locations with no patients? YES// NO

Print percentages with the report output? NO// YES

Select individual REMINDER: IHS-TOBACCO
1  IHS-TOBACCO SCREEN 2009    NATIONAL
2  IHS-TOBACCO SCREEN 2013    NATIONAL

CHOOSE 1-2: 2  IHS-TOBACCO SCREEN 2013    NATIONAL
Select another REMINDER:

Create a new report template: N// O

Print delimited output only: N// O

Include deceased patients on the list? N// NO
Include test patients on the list? N// O
Save due patients to a patient list: N// O
DEVICE: HOME/

Building hospital locations list \\nElapsed time for building hospital locations list: 0 secs

Building patient list /
Elapsed time for building patient list: 0 secs

Removing invalid encounter(s) |
Elapsed time for removing invalid encounter(s): 0 secs

Evaluating Reminders -
Evaluating reminders |
Elapsed time for reminder evaluation: 2 secs

Clinical Reminders Due Report - Summary Report
Facility: DEMO HOSPITAL  8905
# Patients with Reminders
<table>
<thead>
<tr>
<th>Applicable</th>
<th>Due</th>
<th>%Appl</th>
<th>%Due</th>
<th>%Done</th>
</tr>
</thead>
</table>
1 Tobacco Screen | 3 | 3 | 100 | 100 | 0

Report run on 3 patients.

Clinical Reminders Due Report - Summary Report
Facility: DEMO HOSPITAL  8905
# Patients with Reminders
<table>
<thead>
<tr>
<th>Applicable</th>
<th>Due</th>
<th>%Appl</th>
<th>%Due</th>
<th>%Done</th>
</tr>
</thead>
</table>
1 Tobacco Screen | 4 | 4 | 100 | 100 | 0

Report run on 4 patients.

Clinical Reminders Due Report - Summary Report
Facility: DEMO HOSPITAL  8905
# Patients with Reminders
<table>
<thead>
<tr>
<th>Applicable</th>
<th>Due</th>
<th>%Appl</th>
<th>%Due</th>
<th>%Done</th>
</tr>
</thead>
</table>
1 Tobacco Screen | 33 | 31 | 100 | 94 | 6

Report run on 33 patients.
Clinical Reminders Due Report - Summary Report

Facility: DEMO HOSPITAL  8905
Reminders due 4/15/2015 - EMERGENCY ROOM for 4/15/2014 to 4/15/2015

<table>
<thead>
<tr>
<th># Patients with Reminders</th>
<th>Applicable</th>
<th>Due</th>
<th>%Appl</th>
<th>%Due</th>
<th>%Done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Screen</td>
<td>29</td>
<td>27</td>
<td>100</td>
<td>94</td>
<td>6</td>
</tr>
</tbody>
</table>

Report run on 29 patients.

4.9 Integrity Checks

Two new options have been added to the reminder menu. These integrity checks can alert the CAC to any problems with a particular (or all) reminders. WARNINGS and ERRORS are reported.

4.9.1 New Options

Select Reminder Managers Menu Option: RM Reminder Definition Management

- RL List Reminder Definitions
- RI Inquire about Reminder Definition
- RE Add/Edit Reminder Definition
- RC Copy Reminder Definition
- RA Activate/Inactivate Reminders
- RH Reminder Edit History
- ICS Integrity Check Selected
- ICA Integrity Check All

Select Reminder Definition Management Option: ICA Integrity Check All.

4.9.2 ICA Integrity Check All

Check the integrity of all reminder definitions.
DEVICE: HOME// CONSOLE Right Margin: 80//

Checking BLANK FOR ASTHMA H&P (IEN=152)
Warning, there is no Resolution logic.
No fatal errors were found

Checking IHS-ACTIVITY SCREEN 2013 (IEN=226)
No fatal errors were found.

Checking IHS-ALCOHOL SCREEN (IEN=68)
No fatal errors were found.

Checking IHS-ALCOHOL SCREEN 2007 (IEN=38)
No fatal errors were found.
| Checking IHS-ALCOHOL SCREEN 2008 (IEN=89) | No fatal errors were found. |
| Checking IHS-ALCOHOL SCREEN 2009 (IEN=20) | No fatal errors were found. |
| Checking IHS-ALCOHOL SCREEN 2013 (IEN=157) | No fatal errors were found. |
| Checking IHS-DIAB HGBA1C (IEN=4) WARNING: definition has resolution logic but no baseline frequencies. There are findings that set a frequency but if they are all false there will not be a frequency. | No fatal errors were found. |
5.0 Using the New Reminder Taxonomy Menu

5.1 Reminder Taxonomy Management Main Screen

When you select Taxonomy Management from the Clinical Reminders Manager Menu, you will go into a List Manager Taxonomy Management screen. It lists all of the taxonomies on your system. You can use the standard List Manager actions to search or scroll through the list.

![Taxonomy Management Screen]

Figure 5-1: Taxonomy Edit Screen

5.2 Reminder Taxonomy Management Actions

<table>
<thead>
<tr>
<th>Synonym</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD</td>
<td>Add</td>
<td>Use this action to create a new taxonomy.</td>
</tr>
<tr>
<td>EDIT</td>
<td>Edit</td>
<td>Use this action to edit an existing taxonomy.</td>
</tr>
<tr>
<td>COPY</td>
<td>Copy</td>
<td>This action allows the user to copy an existing taxonomy into a new one. The new taxonomy must have a unique name.</td>
</tr>
<tr>
<td>INQ</td>
<td>Inquire</td>
<td>Use this action to obtain a detailed report about a taxonomy. It lists all the codes that have been selected, the code’s status, and shows if the code has been marked as Use In Dialog (UID).</td>
</tr>
</tbody>
</table>
### Synonym | Action | Description
--- | --- | ---
CL | Change Log | Use this action to display a taxonomy's change log (edit history).
EH | Edit History | Use this action to display a taxonomy's edit history.
CS | Code Search | This action can be used to find all taxonomies that include a particular code.
IMP | Import | Use this action to import codes from a CSV file.
UIDR | UID Report | This action runs the UID report which displays all inactive codes marked as UID.

For the Edit, Copy, Inquire, and Edit History actions, you can select the action and then the entry number, or if you select an entry, you will be prompted to choose one of these actions. When the Import action is selected, it prompts you for a taxonomy to import into. Code Search and UID Report do not prompt for a taxonomy because these reports are run on all taxonomies.

**This is a KNOWN ANOMALY.**

For any action that works with a list, you can select the list and then the action, or select the action and then the list. In the first case, the system uses the List Manager’s list selection, which displays the list as a string of items. If the list has too many items, it generates an error.

The workaround is to select the action first.

For example, on the code selection screen, if you do an ICD-10 Lexicon search for diabetes, you will see a list of around 250 codes. If you enter 1-250 at the Select Action prompt, you’ll get a range error. However, if you select Add, then you can enter 1-250 and not get an error.
5.2.1 Range Error

Lexicon Selection       Nov 14, 2013@11:16:15       Page: 57 of 57
Term/Code: diabetes
253 ICD-10-CM codes were found.
+No. Code      Active     Inactive  Description
  250 P70.2     10/1/2014            Neonatal diabetes mellitus
  251 Z13.1     10/1/2014            Encounter for Screening for Diabetes
  252 Z83.3     10/1/2014            Family History of Diabetes Mellitus
  253 Z86.32    10/1/2014            Personal History of Gestational Diabetes

+ Next Screen   - Prev Screen   ?? More Actions
ADD  Add to taxonomy                    UID  Use in dialog
RFT  Remove from taxonomy               SAVE Save
RFD  Remove from dialog
Select Action: Quit// 1-250

>>> Range too large: 1-250.

5.2.2 Reminder Taxonomy Action Examples

5.2.2.1 Add

Use this action to add a new taxonomy, following these steps:

At the Select Action screen, type ADD.

Figure 5-2: Taxonomy Creation Screen

1. Enter the Name and Class of the new taxonomy.

Figure 5-3: Taxonomy Name and Class Screen
2. Once these have been entered you will be taken to the ScreenMan edit form.

![Figure 5-4: ScreenMan Edit Form – Code to Search For](image)

3. Press Enter at the Term/Code line and a screen for selecting or editing codes opens.
Figure 5-5: Types of Codes to Search in Lexicon

a. The top line displays the Term/Code that will be used in the search.
b. Use the directional arrows to select a coding system for the search.

4. Press Enter at any of the code search prompts and a Lexicon search screen opens and all the matches are listed.

   The codes are displayed in a List Manager screen. At the top, it shows you the Term/Code and the number of codes found in the selected coding system.
At this point, the following actions are available:

<table>
<thead>
<tr>
<th>Synonym</th>
<th>Action</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADD</td>
<td>Add to taxonomy</td>
<td>Adds the selected codes to the taxonomy.</td>
</tr>
<tr>
<td>RFT</td>
<td>Remove from taxonomy</td>
<td>Removes the selected codes from the taxonomy.</td>
</tr>
<tr>
<td>RFD</td>
<td>Remove from dialog</td>
<td>Removes UID from the selected codes.</td>
</tr>
<tr>
<td>UID</td>
<td>Use in dialog</td>
<td>Marks the selected codes as Use in Dialog.</td>
</tr>
<tr>
<td>CV</td>
<td>Change View</td>
<td></td>
</tr>
<tr>
<td>EXIT</td>
<td>Exit with save</td>
<td></td>
</tr>
<tr>
<td>SAVE</td>
<td>Save</td>
<td>Saves the results of the other actions. You may do multiple adds, removes, etc., but nothing is actually saved until the Save action is performed.</td>
</tr>
</tbody>
</table>

5. Choose the correct code (by number) or go to next screen until you see the correct code at the Select Action: prompt. Multiple numbers may be added at same time.
Comma separated list of entries  1,3,5
Range of entries  4-8
Combination  3,9-12

**Note:** Be aware of the previously mentioned known anomaly. If a very long range of entries are entered, the user may get a range error.

When you are finished, use the hidden action Quit to return to the coding system selection form. If desired, you can use the same Term/Code for searching another coding system; just move to the next coding system and press Enter. If you want to enter another Term/Code, use either the shortcut (NL)C (close) or (NL)Q (quit) to exit the coding system selection form and return to the main taxonomy edit form.

Two codes were selected and the ADD action was chosen.

- Choices are highlighted. Your screen setup determines the highlight color.
- Be sure to click SAVE or EXIT to save changes.

![Figure 5-7: Codes Selected for Taxonomy](image)

- Once a SAVE is done, the screen for more codes is presented. If no more codes are needed, use the NUM LOCK+E key configuration to exit.
- The screen now shows there are two ICD codes added.
Legend: The text on the right-hand side of the screen. 
(CSYS:QTY[:NUID]) = Coding System and Quantity|Nused in dialog|

The coding system for diabetes is 10D and there are five codes.
This screen shows two HCPCS codes entered for Screening Mammography. The CPC:2 means there are two HCPCS codes, and neither of them is included in a dialog. The CPT entry of CPT:1:1 means that Screening Mammography has one CPT code, and it CAN be used in a dialog.

This taxonomy now has two codes that can only be used in reminder definition or reminder term.

If you want to use the codes in a reminder dialog, you must use the UID option.
• In this example, Entry 2 is now allowed for use in a reminder dialog (signified by highlighting).

IHS does NOT use any diagnoses codes in reminder dialogs, so sites should NOT either. With EHR patch 13, it was determined that all POVs need to be attached to a problem and therefore should not be entered independently in reminder dialogs. This menu option should only be used for local reminders that use CPT taxonomies.

• The taxonomy now has two codes for use in a reminder definition and one code for use in a dialog.

• In the example shown, only ICD-9 diagnosis codes were used/added.

• The same process holds true for:
  – ICD-10 diagnosis
  – SNOMED CT
  – CPT-4
  – HCPCS
  – ICD-10 procedure
  – ICD-9 procedure

5.2.2.2 Remove Items

1. Use RFT option to remove codes from taxonomy.
   This will also remove codes from UID.

2. Use RFD to remove codes from UID only.

![Figure 5-12: RFD Remove From Dialog](image-url)
5.2.2.3 Add Taxonomy to a Dialog

- Add Taxonomy instead of individual codes.
  - Finding Item
  - Additional Finding
- Abbreviation is TX.

**Note:** Remember that in IHS, you can only add a taxonomy of CPT type codes to a dialog. Taxonomies will continue to be used in reminders themselves but the codes will be entered in problem list only.

![Variable pointer list for dialogs](image)

5.2.2.4 Add a Group of Codes to a Taxonomy

Adding a group of codes to a taxonomy is different here from pre-patch 26. This is not pertinent to SNOMED CT, as adjacent codes are usually not related.

1. After entering a term or partial code to get a list of returned matches, click the **ADD** option.
2. Select codes **1-3-28**.
3. Click **Save** or **Exit**.
4. Once the selected codes pertaining to Depression are added to the taxonomy, click **Save** or **Exit**. Those codes are bolded in the list.
5.2.2.5 Edit

Use this action to edit the fields in a taxonomy definition.

1. Scroll through the taxonomies by pressing Enter.

2. Select the Edit action.

3. Select the number of the taxonomy to edit.

4. When you select the Edit action, a ScreenMan form opens.
5. Edit fields as needed. To edit some fields, such as Description, you must press Enter to open a word-processing screen.

6. To exit the word-processing screen, press <PF1>E (or the key that you have mapped).

7. Move down the edit screen by using the down arrow.
### 5.2.2.6 Taxonomy Field Descriptions

These are the fields that you can add information to on the Taxonomy Edit screen.

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>This is the name of the taxonomy. It must be unique. Nationally distributed taxonomies start with &quot;VA-&quot;.</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>Use this word-processing field to give a complete description of the taxonomy. Topics to consider including are what it represents and its intended usage.</td>
</tr>
<tr>
<td>PATIENT DATA SOURCE</td>
<td>Specifies where to search in VistA for patient data. It is a string of comma-separated key words. The list of key words is given below.</td>
</tr>
<tr>
<td>USE INACTIVE PROBLEMS</td>
<td>Applies only to searches in Problem List. Normally inactive problems are not used. However when this field is set to YES, then both active and inactive problems are used. This field works just like the field with the same name that can be specified for a reminder definition finding or a reminder term finding. If this field is defined in the taxonomy, it will take precedence over the value of the corresponding field at the term or definition level.</td>
</tr>
<tr>
<td>PRIORITY LIST</td>
<td>This field applies only to Problem List searches. It can be used to limit the problems that are included to those with the listed priorities. The possible values are: A - acute, C - chronic, U - undefined. Any combination of these letters can be used. For example, 'A' would limit the search to acute problems. 'CU' would include chronic problems and those whose priority is undefined. If this field is left blank then all priorities will be included.</td>
</tr>
<tr>
<td>INACTIVE FLAG</td>
<td>Enter &quot;1&quot; to inactivate the taxonomy.</td>
</tr>
<tr>
<td>TERM/CODE (multiple)</td>
<td>Term/Code and a Coding System are passed to the Lexicon search utility, which returns a list of codes based on the user's search criteria. Terms are descriptions for a concept and the code is a unique identifier assigned to that description. A concept can have one or more descriptions to express the concept. An example of this in SNOMED CT is the concept code 271807003 that has a fully specified name of &quot;Eruption of Skin&quot;, a preferred name of &quot;Eruption&quot; and several synonyms &quot;Rash&quot;, &quot;Skin Eruption&quot;, &quot;Skin Rash&quot;. For more information, see the Lexicon Utility User Manual.</td>
</tr>
</tbody>
</table>
### NAME | DESCRIPTION
--- | ---
CLASS | This is the class of the entry. Entries whose class is National cannot be edited or created by sites.  
N - NATIONAL  
V - VISN  
L - LOCAL
SPONSOR | This is the name of a group or organization that sponsors the taxonomy.
REVIEW DATE | The review date is used to determine when the entry should be reviewed to verify that it is current with the latest standards and guidelines.
CHANGE LOG | If changes were made, the date and the name of the user making the changes will be inserted automatically. You can optionally type in a description of the changes made during the editing session.

### 5.2.2.7 Patient Data Source Keywords

| KEYWORD | MEANING |
--- | --- |
ALL | All sources (default) |
EN | All PCE encounter data (CPT-4 & ICD diagnosis) |
ENPP | PCE encounter data, principal procedure (CPT-4) only |
ENPD | PCE encounter data, principal diagnosis (ICD) only |
IN | All PTF inpatient data (ICD diagnosis and procedures) |
INDXLS | PTF inpatient DXLS diagnosis (ICD) only |
INM | PTF inpatient diagnosis (ICD) movement only |
INPD | PTF inpatient principal diagnosis (ICD) only |
INPR | PTF inpatient procedure (ICD) only |
PL | Problem List (ICD diagnosis and SNOMED-CT) |
RA | Radiology (CPT-4) only |

You may use any combination of these keywords. An example is EN,RA. This would cause the search to be made in V CPT and Radiology for CPT-4 codes. If PATIENT DATA SOURCE is left blank, the search is made in all the possible sources. You can also use a “-” to remove a source from the list; for example, IN,-INM.

**Note:** It is important to remember that the link between CPT-4 codes and radiology procedures is maintained by sites. If this linkage is not kept current at your site, then the recommendation is **to not use RA** in Patient Data Source. It will be much more reliable to use radiology procedures directly as findings.
When you navigate to some of the fields on the form, you may see help in the command area. If more detailed help is needed, type a question mark (\?) or two questions marks (\??).

Term/Code is a multiple of terms, codes, or code fragments that are used for a Lexicon search. In the above example, the code fragment 250 has been entered. When you press Enter, you will be taken to a form where you select the coding system to search.
5.2.2.8 Adding or Editing a Taxonomy from Dialog View (Dialog Elements)

You may also edit a taxonomy from Dialog Elements/Groups edit.

- TE action
- No Lexicon search function
- Must know specific code(s) to be added
- Only UID codes can be added or deleted
- This should only be for a CPT taxonomy
A new taxonomy can also be added.

Taxonomy will NOT be added to Finding Item or Additional Finding automatically.

5.2.2.9 Editing a Taxonomy Element

When you edit a taxonomy element in the dialog management, you will get a prompt to determine how you want the taxonomy items to display.
5.2.2.10 Copy

Use this action to copy an existing taxonomy definition into a new entry. Once the taxonomy has been copied, you have the option of editing it.

1. Scroll through the list of Taxonomies on your main Taxonomy screen, until you see the taxonomy you want to copy.
2. Type COPY at the “Select Action:” prompt.
3. Enter the number of the taxonomy to be copied.
4. Enter a unique name for the copied taxonomy.
5. If you choose to edit the taxonomy you’ve copied, you will enter the standard editing form. Follow the previous instructions under the Edit action.
Figure 5-25: Standard Editing Form
5.2.2.11 Inquire

Use this action to get the details of a single taxonomy.

1. Select the taxonomy.

2. Select **Condensed** or **Full**. The condensed displays each code on a single line with a column for code, inactive, UID, and description.

   You can choose any taxonomy available, not just items that are viewable.
Note: For taxonomy inquiry print to display properly in Reflections, the setup must have Save from Scrolling Regions checked. The sequence is:

Setup => Display => Screen => Display Memory Advanced

3. Select Browse or Print. You have the option of browsing the output or choosing an output device:
4. Use (NL) B to navigate to the bottom to see more details.

Figure 5-29: Inquiry Screen 2

Figure 5-30: Taxonomy Inquiry – Full
5.2.2.12 Change Log

Use this action to see the historical details of a taxonomy; i.e., who created, edited, or copied it, and when. You will have the option of browsing the output or choosing an output device:

Browse or Print? B//

5.2.2.13 Code Search

This lets you find all taxonomies that contain a particular code. When you select this
action, you are prompted to input a code from any of the supported coding systems. You only need to enter the code; the coding system will be automatically determined.

![Figure 5-33: Selecting Code Search Screen](image1)

![Figure 5-34: Code Search Result](image2)

5.2.2.14 Import

The Import action provides an easy way to import lists of codes into a taxonomy.

A CSV file (Comma Separated Values) is created from a spreadsheet. The first column is equivalent to the Term/Code, the second column is the three-character
coding system abbreviation for one of the supported coding systems, and the rest of the columns are the codes to be imported for the Term/Code, coding system pair. The spreadsheet can have multiple rows, a row for each Term/Code, coding system, set of codes to be imported. The final step is to create a CSV file (comma-delimited text file), using the Save As action.

**Note:** The National Library of Medicine (NLM), in collaboration with the Office of the National Coordinator for Health Information Technology and the Centers for Medicare & Medicaid Services has created a Value Set Authority Center (https://vsac.nlm.nih.gov/). These value sets contain lists of terms and their codes and they can be useful for creating taxonomies.

The Import action facilitates their use by allowing import of the codes into a taxonomy. To prepare the data for import, the original spreadsheet should be copied into a new spreadsheet that can be edited. The CSV file should be moved to a directory that can be accessed from the VistA account that contains the taxonomy.

### 5.2.2.15 Example Spreadsheet

![Figure 5-35: Example of Spreadsheet for Importing Codes from a CSV File](image)

When the Import action is selected, you will be prompted to select a taxonomy to import into, and after it has been selected, you have the following choices:

![Figure 5-36: Selecting Import Method Example](image)
5.2.2.16 Import: CSV Host File

If the CSV file has been saved as a host file, choose the HF option. You will then be prompted for a path. This is the directory/folder that contains the CSV file and it must be accessible from your VistA session. A list of all files with a ‘.CSV’ extension in that directory will be displayed; enter the file name at the prompt, (you do not need to include the .csv extension).

Note: Special privileges are required to access host file directories, so you may not be able to use this option.

5.2.2.17 Example: Importing Codes from a CSV Host File

Figure 5-37: Importing Codes from a CSV Host File Example

At this point you will have the option of browsing the list of codes.
Respond yes to this prompt:

Do you want to save the imported codes? Y/

If there are problems with any of the codes, error messages will be displayed.

When the codes are imported into the taxonomy, each Term/Code will have “(imported)” appended to it so that you will know the codes were imported.

5.2.2.18 Import: CSV Paste

Another way to import a CSV file is the PA option. When you use this option, you open the CSV file on your workstation and copy it.

1. Create an Excel Spreadsheet. The first column of the new spreadsheet is equivalent to the Term/Code, the second column is the three-character coding system abbreviation for one of the supported coding systems, and the rest of the columns are the codes to be imported for the Term/Code, coding system pair. The spreadsheet can have multiple rows, a row for each Term/Code, coding system, set of codes to be imported. The final step is to create a CSV file (comma-delimited text file), using the Save As action.
2. Save the imported files as a CSV.

3. Open the CSV file, as a text file, using a text editor such as Notepad or Microsoft Word. (Select All Files in the Files of type box.)

4. Open the desired csv file, and copy the contents so they are ready for pasting.
5. In Taxonomy Management, select the action **IMP** and press enter.

6. At the prompt, enter the number of the Taxonomy that the import file will be imported to.

7. Select **PA** for the import method.
8. At the 'Paste the CSV file now' prompt, click Paste from the File menu (or click the Paste icon) and press Enter to finish.

9. Respond ‘Y’ to the following prompt to view the codes and then to import the codes:
10. You can also do an inquiry on the taxonomy you imported the codes into, to verify that these have been entered.

Figure 5-45: Selecting Taxonomy for Inquiry

Figure 5-46: Taxonomy Inquiry of Codes that were Pasted

5.2.2.19 Import: TAX

If you choose the TAX option, then you will be presented with a list of all the taxonomies on the system and you can create a list of taxonomies to import codes from.

1. Select **Import**, and then select **TAX**.
2. Select the Taxonomy you want to copy.

The SEL action adds a taxonomy to the list and the REM action removes it from the list.

3. Once the list is built use the DONE action. You will then see the following prompt for each selected taxonomy:
ALL will import all the codes, and SEL will walk you through each Term/Coding System combination in the taxonomy and allow you to choose whether or not to import it.

At this point you will have the option of browsing the list of codes.

4. Respond Yes to the prompt “Do you want to save the imported codes?”.

If there are problems with any of the codes, error messages will be displayed.

When the codes are imported into the taxonomy, each Term/Code will have Imported appended to it so that you will know the codes were imported.

5.2.2.20 WEB: Importing a CSV File From a Web Site

Some sites may find it useful to store their CSV files on a web location. If so, you can use the Import/Web action to import the file.

1. Select Import, and then WEB.

2. Enter the URL.
Figure 5-50: Importing a Taxonomy From a Web Site

**Note:** If you have the URL copied to the clipboard you can paste it at the Input prompt.

The codes are imported. Messages about Invalid coding system pair indicate.
If you choose to browse the list of codes, you’ll see the codes that are imported for different coding systems:
Figure 5-52: Browsing the List of Codes Imported from a Website
6.0 **Review National Reminder Definitions**

The following provides information about all the National Reminder Definitions.

6.1 **IHS-ASBI BNI 2015 and IHS-ASBI SCREENING 2015**

These two reminders are only here are placeholders for the dialogs attached to them.

6.2 **IHS-ASTHMA ACTION PLAN 2015**

**APPLICABLE TO:** Patients with asthma who do not have a documented Action (Management) Plan in the past year.

**REMEMBER DUE:** If patient has not had an Asthma Action Plan (Patient Ed ASM-SMP) documented in the past year, the Best Practice Prompt is only active when patient has an Asthma Severity Classification of:

- Persistent asthma
- iCare Active Asthma tag
- 3 instances of asthma as primary diagnosis in previous 6 months
- Most recent asthma control of "very poorly controlled" or "not well controlled"
- Asthma exacerbation in the past year
- One of more ER
- Urgent Care visits in the past year with primary diagnosis of asthma

**FREQUENCY:** Annually

**RESOLUTION:** Documentation of an Asthma Action plan (Patient Ed ASM-SMP) will inactivate the ASTHMA ACTION PLAN Best Practice Prompt and resolve the reminder.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- *iCare Population Management GUI (BQI) iCare User Manual*

**BIBLIOGRAPHIC CITATION:** NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015
6.3 IHS-ASTHMA CONTROL 2015

**APPLICABLE TO:** Patients with asthma who do not have a documented Asthma Control in the past year.

**REMINDER DUE:** If the patient has not had an asthma control documented (can be documented on Problem Edit when selecting as POV) in the past year.

The Best Practice Prompt is only active when patient has one of the following Asthma Severity Classifications:

- Persistent asthma
- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous 6 months

**FREQUENCY:** Annually.

**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- *iCare Population Management GUI (BQI) iCare User Manual*

**BIBLIOGRAPHIC CITATION:** NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

6.4 IHS-ASTHMA PRIM PROV 2015

**APPLICABLE TO:** Patients with asthma who do not have a documented Primary Care Provider.

**REMINDER DUE:** If a patient has asthma and does not have a documented Primary Care Provider.

The Best Practice Prompt is only active when patient has an Asthma Severity Classification of:

- Persistent asthma
- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous 6 months
FREQUENCY: One day for all ages.

RESOLUTION: This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:
http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- iCare Population Management GUI (BQI) iCare User Manual

BIBLIOGRAPHIC CITATION: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

6.5 IHS-ASTHMA RISK EXACERBATION 2015

This reminder uses a computed finding to get data from ASTHMA: INCREASED RISK FOR EXACERBATION best practice prompt. The reminder is due while the patient is at an increased risk for exacerbation, and will not resolve while the best practice prompt is active for the patient.

APPLICABLE TO: Patients with asthma and who have had an active Asthma Risk for Exacerbation Best Practice Prompt.

REMINDER DUE: Patient has asthma and had an active Asthma Risk for Exacerbation Best Practice Prompt. Patients with increased risk for asthma exacerbation, defined as:

- Two or more ER, Urgent Care or inpatient visits in the last year (not on the same day) with a documented primary diagnosis of asthma
- One prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ONLY asthma severity 1 (intermittent)
- Two prescriptions for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year for patients with ANY asthma severity Classification of mild, moderate, or severe persistent
- At least one ER, Urgent Care or inpatient visit in the last year with a documented primary diagnosis of asthma, AND one prescription for oral corticosteroids on the same day as a visit with primary Asthma diagnosis in the last year on a date at least two weeks (14 days) before or after the ER/UC/inpatient visit.

FREQUENCY: One day for all ages.
**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- **IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A** for Health Maintenance Reminders and Appendix B for Best Practice Prompts.
- **iCare Population Management GUI (BQI) iCare User Manual**

**BIBLIOGRAPHIC CITATION:** NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

### 6.6 IHS-ASTHMA SEVERITY 2015

**APPLICABLE TO:** Patients with asthma do not have asthma severity documented on the problem list.

**REMINDER DUE:** If a patient does not have documented Asthma Severity Classification (on problem list). The Best Practice Prompt is only active when patient has one of the following:

- iCare Active Asthma tag
- Three instances of asthma as primary diagnosis in previous 6 months

**FREQUENCY:** Annually.

**RESOLUTION:** This reminder resolves when the PCC Best Practice Prompt is no longer active.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- **IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A** for Health Maintenance Reminders and Appendix B for Best Practice Prompts.
- **iCare Population Management GUI (BQI) iCare User Manual**

**BIBLIOGRAPHIC CITATION:** NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015
6.7 IHS-ASTHMA STEROIDS 2015

**APPLICABLE TO:** A patient who uses inhaled corticosteroids, but has not had a prescription in the past 6 months.

**REMINDER DUE:** If patient does not have a prescription in the past 6 months for inhaled corticosteroids. Reminder will be due when the Best Practice Prompt is active.

**FREQUENCY:** One day for all ages.

**RESOLUTION:** This reminder uses a computed finding to receive data from PCC Best Practices.

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

- *iCare Population Management GUI (BQI) iCare User Manual*

**BIBLIOGRAPHIC CITATION:** NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease 7.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

6.8 HIS-BLOOD PRESSURE 2015

**APPLICABLE TO:** All patients over the age of two.

**REMINDER DUE:** If patient does not have hypertension or diabetes.

**FREQUENCY:** One year for those 21 and up, Two years for those 2 through 20. If last blood pressure was >130/89 the reminder is due daily. If last diastolic BP was between 85 and 90, BP is due yearly if under 21.

**RESOLUTION:** Blood pressure readings in the V measurement file

**BIBLIOGRAPHIC CITATION:**

- Bibliographic Citation: Healthy People 2020 Heart Disease and Stroke
- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015
6.9  IHS-COLON CANCER 2015

**APPLICABLE TO:** If age 50-75, with:

- No history of neoplasm of the colon
- No evidence of colonoscopy in past 9yrs 9mos
- No evidence of sigmoidoscopy or barium enema in past 4yrs 9mos

This differs from previously released reminder due to a software defect in the handling of rank frequency used in resolution logic.

**REMINDER DUE:** If no fecal test done in past year, REMINDER ON if due within 3 months.

**FREQUENCY:** Annually for ages 50Y to 75Y.

**RESOLUTION:**

- Fecal test resulted
- Colonoscopy done (status N/A for 9yrs, 3mos)
- Sigmoidoscopy (status N/A for 4yrs, 9mos)

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2008, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

6.10  IHS-DEPO PROVERA 2015

**APPLICABLE TO:** Females. Patient has order for Depo Provera that is not discontinued.

***This order may be expired***

If patient no longer using Depo Provera, then discontinue the active or expired order to remove from cohort.

**REMINDER DUE SOON:** Patient has order for Depo Provera that is not discontinued.

***This order may be expired***

If patient no longer using Depo Provera, then discontinue the active or expired order to remove from cohort.

**REMINDER DUE SOON (ON TIME for injection)** if patient has order that is not discontinued for Depo Provera and it has been 10 weeks, but not greater than 13 weeks since the last injection (CPT code J1050).

*** The standard administration schedule is every 12 weeks. If patient is due soon,
ensure that an appointment is schedule for their scheduled injection and/or follow local policy for timing of injections. ***

**REMINDER DUE:** (OVERDUE for injection) if it has been more than 13 weeks since the last injection (CPT code J1050).

**FREQUENCY:** Every 91 days.

**RESOLUTION:** A documented Depo-Provera injection CPT code.

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2008.

- Healthy People 2020, Family Planning
- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

### 6.11 IHS-DIAB ACE/ARB 2015

Diabetic patients who have hypertension or nephropathy should be evaluated for the appropriateness an ACEI or ARB therapy unless they are allergic to both.

**APPLICABLE TO:**

- Patient has an active problem or diagnosis of diabetes, AND
- Either a diagnosis of nephropathy or hypertension or a UA/CR >30, AND
- Does not have an active, filled prescription for an ACEI or ARB, AND
- Does NOT have an active, filled prescription for an ACEI or ARB

**Note:** Patient is removed from cohort if documented allergy/ADR to both ACEI and ARB.

**REMINDER DUE:** If patient has an active problem or diagnosis of Diabetes AND either a diagnosis of nephropathy or hypertension or a UA/CR >30 and does not have an active, filled prescription for an ACEI or ARB.

**FREQUENCY:** Annually.

**RESOLUTION:** Reminder resolved by current prescription for ACEI or ARB, including outside medications.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015
6.12  IHS-DIAB ANTPLT KNOWN CVD 2015

**APPLICABLE TO:** Diabetic patients with known cardiovascular disease. These patients should be evaluated for the appropriateness for antiplatelet therapy. Reminder checks medication listing to see if patient is on aspirin or clopidogrel.

**REMINDER DUE:**
- If patient has an active problem or visit diagnosis of Diabetes in the past 3 years
- Has an active problem or visit diagnosis of CVD
- Is not on warfarin therapy
- Has no documented allergy to BOTH Aspirin and clopidogrel
- Has no current and filled RX for aspirin or clopidogrel

**FREQUENCY:** Annually.

**RESOLUTION:** Reminder resolved by current prescription for ACEI or ARB, including outside medications.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.
- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

6.13  IHS-DIAB ASPIRIN FEMALE 2015

Female diabetic patients over 60 years of age who have an additional risk for cardiovascular disease should be considered for Aspirin therapy. Clinical judgment should be exercised in determining appropriateness of therapy based on age and other risk factors such as bleeding risk.

**APPLICABLE TO:** Female patient over 60 years of age who has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years.

**REMINDER DUE:** If the patient is female, over 60 years of age, and has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years, AND:
- Is not on warfarin therapy
- Has no documented allergy to aspirin
- Has no current and filled RX for aspirin (clopidogrel will also resolve reminder)

**FREQUENCY:** Annually for ages 60Y to 99Y.

**RESOLUTION:** Current RX for aspirin. Clopidogrel will also resolve reminder.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS
Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

### 6.14 IHS-DIAB ASPIRIN MALE 2015

Male diabetic patients over 50 years of age who have an additional risk for cardiovascular disease should be considered for Aspirin therapy. Clinical judgment should be exercised in determining appropriateness of therapy based on age and other risk factors such as bleeding risk.

**APPLICABLE TO:** Male patient, over 50 years of age, who has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years.

**REMINDER DUE:** If the patient is male, over 50 years of age, and has an active problem diagnosis of diabetes or visit diagnosis of diabetes in the past 3 years, AND:

- Not on warfarin therapy
- No documented allergy to aspirin
- No current and filled RX for aspirin (clopidogrel will also resolve reminder)

**FREQUENCY:** Annually for ages 50Y to 99Y.

**RESOLUTION:** Current RX for aspirin. Clopidogrel will also resolve reminder.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

### 6.15 IHS-DIAB BP CONTROL 2015

**APPLICABLE TO:** Patient who has:

- An active problem-diagnosis of Diabetes, OR
- A visit diagnosis of Diabetes in the past 3 years, AND
- No BP recorded in 3 months

**REMINDER DUE:** If SBP 140 or greater, OR DBP 90 or greater.

**FREQUENCY:** Every 3 months for all ages.

**RESOLUTION:** Blood pressure taken during the recommended interval.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association
Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

### 6.16 IHS-DIAB EYE EXAM 2015

**APPLICABLE TO:** Patients with:

- An active problem of diabetes, OR
- A visit diagnosis of diabetes in the past 3 years, AND
- No dilated eye exam in the past year

**REMINDER DUE:** If patient has:

- An active problem of diabetes, OR
- A visit diagnosis of diabetes in the past 3 years, AND
- No dilated eye exam in the past year

**FREQUENCY:** Annually for all ages.

**RESOLUTION:** Eye exam from the exam file or a CPT code for a fundoscopic eye exam documented.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

### 6.17 IHS-DIAB FOOT EXAM 2015

**APPLICABLE TO:** Patients with an active problem of diabetes or visit diagnosis of diabetes in the past 3 years.

**REMINDER DUE:** If patient has:

- An active problem of diabetes, OR
- A visit diagnosis of diabetes in the past 3 years, AND
- No diabetic foot exam in the past year

**FREQUENCY:** Annually for all ages.

**RESOLUTION:** Diabetic Foot Exam Code documented.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association
Recommendations 2015, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

6.18 IHS-DIAB HGBA1C 2015

**APPLICABLE TO:** Patients with a diagnosis of Diabetes in the past 3 years, AND no HGBA1C in the last 6 months.

**REMININDER DUE:** If patient has a diagnosis of Diabetes in the past 3 years, AND no HGBA1C in the last 6 months.

**FREQUENCY:** 6 months for all ages.

**RESOLUTION:** HGBA1C lab result.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

6.19 IHS-DIAB HGBA1C CONTROL 2015

**APPLICABLE TO:** Patients with diabetes who have not had their A1C measured at least 2 times per year. Also, patients who are not meeting treatment goals or whose therapy has changed should have A1C quarterly.

**REMININDER DUE:**

- In 6 months if no A1C in past 6 months.
- In 3 months if the last A1C exceeds the site-defined threshold in the IHS-HGBA1C REEVALUATE term. Each site must edit this term and enter the threshold for this reminder. See instructions below.

**FREQUENCY:** Patients with diabetes should have their A1C measured at least 2 times per year. Patients who are not meeting treatment goals or whose therapy has changed should have A1C quarterly.

**RESOLUTION:** HGBA1C lab result.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2015

**IHS-HGBAIC REEVALUATE:**

<table>
<thead>
<tr>
<th>NAME</th>
<th>IHS-HGBAIC REEVALUATE Replace</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASS</td>
<td>VISN//</td>
</tr>
<tr>
<td>REVIEW DATE</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>No existing text</td>
</tr>
<tr>
<td>Edit?</td>
<td>NO//</td>
</tr>
</tbody>
</table>

Select FINDING ITEM: HEMOGLOBIN AIC// Enter your sites HGBA1C test name. If there are more than 1 HGBA1C lab tests setup at your site, you will need to set each one up.

<table>
<thead>
<tr>
<th>FINDING ITEM</th>
<th>HEMOGLOBIN AIC//</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE PERIOD</td>
<td></td>
</tr>
<tr>
<td>USE INACTIVE PROBLEMS:</td>
<td></td>
</tr>
<tr>
<td>WITHIN CATEGORY RANK:</td>
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<tr>
<td>EFFECTIVE DATE</td>
<td></td>
</tr>
<tr>
<td>MH SCALE</td>
<td></td>
</tr>
</tbody>
</table>

| CONDITION       | I V>6.9//                      |
|-----------------| In this example: If the HGBA1C is greater than 6.9, it will be due in 3 months. This condition may be modified. |

Enter the condition for each lab added

| CONDITION CASE SENSITIVE: |                                |
|---------------------------|                                |
| RX TYPE                   |                                |

6.20 **IHS-DIAB NEPHRO SCR/MON 2015**

**APPLICABLE TO:** Patients who have:

- An active problem diagnosis of diabetes, OR
- A Visit diagnosis of Diabetes in the past 3 years, AND
- NOT on long term dialysis, AND
- No quant urine albumin(UACR), AND
- eGFR (eGFR requires a creatinine) in past year

**REMINDER DUE:** If a patient has:

- An active problem diagnosis of diabetes, OR
- A Visit diagnosis of Diabetes in the past 3 years, AND
- NOT on long term dialysis, AND
- No quant urine albumin(UACR), AND
- eGFR (eGFR requires a creatinine) in past year

**FREQUENCY:** Annually for all ages.

**RESOLUTION:** Quantitative Urine Albumin (UACR) and eGFR lab result.
6.21 IHS-DIABETES SCREENING 2015

**APPLICABLE TO:** Patients age 18 and older who do not have an active problem or visit diagnosis of diabetes in past 3 years.

**REMINDER DUE:** Patient is aged 18 and older, without diagnosis of diabetes on the problem list, and no glucose screening test documented in the past 3 years.

**FREQUENCY:** 3 years for ages 18Y to 100Y.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Healthy People 2020, Diabetes.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

[http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0](http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0)

IHS PCC Suite (BJPC) PCC Health Summary User Manual Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.

6.22 IHS DOMESTIC VIOLENCE 2015

**APPLICABLE TO:** Women patients over 15

**REMINDER DUE:** if female aged 15 and older AND NO Exam code: Intimate Partner/Domestic Violence.

**FREQUENCY:** Yearly.

**RESOLUTION:** Uses computed finding to get data from health maintenance reminder.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Injury and Violence Prevention 39.

- Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2015

6.23 **IHS-HEP C SCREENING 2015**

**APPLICABLE TO:** Patients born between 1945 and 1965 should be screened at least once for Hepatitis C.

**REMINDER DUE:** Patients born between 1945 and 1965 who do not have a documented hepatitis screening test documented. REMINDER NOT APPLICABLE for patients with a diagnosis of Chronic Hepatitis C are removed from cohort.

**FREQUENCY:** 99 years (one for included ages).

**RESOLUTION:** Reminder term of Hepatitis C laboratory tests.

**BIBLIOGRAPHIC CITATION:** USPSTF 2013.

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2015

6.24 **IHS-HIV SCREEN 2015**

**APPLICABLE TO:** Patients 13 to 64 years old with no problem or diagnosis of HIV, and no HIV screening ever done.

**REMINDER DUE:** If patient is 13 to 64 years with no problem or diagnosis of HIV, and no HIV screening has ever been done.

**FREQUENCY:** 99 years – Once for ages 13 years to 64 years.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder lookup.

**BIBLIOGRAPHIC CITATION:** Healthy People 2020, Sexually Transmitted Infections:

• Developer: IHS Office of Information Technology
• Funding Source: Indian Health Service
• Release: 2015

6.25 **IHS-LIPID PROFILE FEMALE 2015**

**APPLICABLE TO:** Female age 45 years to 64 years.

**REMINDER DUE:** If female age 45 years to 64 years and no lipid profile in the past 5 years, if diabetic of any age and no lipid profile in 1 year.

**FREQUENCY:** 5 years for ages 45 years to 64 years.

**RESOLUTION:** Lipid profile lab result including and LDL.
6.26 IHS-LIPID PROFILE MALE 2015

**APPLICABLE TO:** Male age 35 years to 64 years.

**REMINDER DUE:** If male age 35 years to 64 years and no lipid profile in the past 5 years, if diabetic of any age and no lipid profile in 1 year.

**FREQUENCY:** 5 years for ages 35 years to 64 years.

**RESOLUTION:** Lipid profile lab result including and LDL.

**BIBLIOGRAPHIC CITATION:** American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

6.27 IHS-MAMMOGRAM 40-49 2015

**APPLICABLE TO:** Mammography is recommended in women from ages 50 through 74. Mammography should be discussed with patients from 40 through 49 and 75 through 100, with screening performed based on clinical judgment.

Routine Screening Mammogram recommendations:

- **US Preventive Services Taskforce:**
  - Recommends screening mammograms every 2 years from age 50 through 74
  - Recommends against routine screening in women aged 40 through 49

- **American College of Obstetrics and Gynecology:**
  - Recommends screening mammograms every 1 to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
  - Provider should discuss with patients whether mammography should be continued for ages 75 through 100

- **American Cancer Society:**
  - Recommends screening mammograms yearly starting at age 40, as long as a woman is in good health
Clinicians should discuss the benefits and risks of mammography with patients aged 40 through 49, and for 75 through 100, and screen based on clinical judgment.

**REMINDER DUE:** Women aged 40 through 49 years who have not had Women’s Health Mammogram education or mammogram documented in the past year.

**FREQUENCY:** Annually for ages 40 years to 49 years.

**EXCLUDED:** Patients who have had a bilateral mastectomy documented.

**RESOLUTION:** Patients ages 40 through 49 years with documentation of Women’s Health-Mammogram patient education or Mammogram.

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2009, American College of Obstetricians and Gynecologists 2011, American Cancer Society 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0


**6.28 IHS-MAMMOGRAM 50-74 2015**

**APPLICABLE TO:** Mammography is recommended in women from ages 50 through 74. Mammography should be discussed with patients from 40 through 49 and 75 through 100, with screening performed based on clinical judgment.

Routine Screening Mammogram recommendations:

- US Preventive Services Taskforce:
  - Recommends screening mammograms every 2 years from age 50 through 74
  - Recommends against routine screening in women aged 40 through 49

- American College of Obstetrics and Gynecology:
  - Recommends screening mammograms every 1 to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
  - Provider should discuss with patients whether mammography should be continued for ages 75 through 100

- American Cancer Society:
  - Recommends screening mammograms yearly starting at age 40, as long as a women is in good health

Clinicians should discuss the benefits and risks of mammography with patients aged...
40 through 49, and for 75 through 100, and screen based on clinical judgment.

**REMINDER DUE:** Women aged 50 through 74 years who have not had mammogram documented in the past year.

**FREQUENCY:** Annually for ages 50 years to 74 years.

**EXCLUDED:** Patients who have had a bilateral mastectomy documented.

**RESOLUTION:** Patients ages 50 through 74 years with documentation of Mammogram.

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2009, American College of Obstetricians and Gynecologists 2011, American Cancer Society 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0


### 6.29 IHS-MAMMOGRAM 75-100 2015

**APPLICABLE TO:** Mammography is recommended in women from ages 50 through 74. Mammography should be discussed with patients from 40 through 49 and 75 through 100, with screening performed based on clinical judgment.

Routine Screening Mammogram recommendations:

- **US Preventive Services Taskforce:**
  - Recommends screening mammograms every 2 years from age 50 through 74
  - Recommends against routine screening in women aged 40 through 49

- **American College of Obstetrics and Gynecology:**
  - Recommends screening mammograms every 1 to 2 years for women aged 40 through 49, and yearly for women aged 50 through 74
  - Provider should discuss with patients whether mammography should be continued for ages 75 through 100

- **American Cancer Society:**
  - Recommends screening mammograms yearly starting at age 40, as long as a women is in good health

Clinicians should discuss the benefits and risks of mammography with patients aged 40 through 49, and for 75 through 100, and screen based on clinical judgment.
**REMANDER DUE:** Women aged 75 through 100 years who have not had Women’s Health Mammogram education or mammogram documented in the past year.

**FREQUENCY:** Annually for ages 75 years to 100 years.

**EXCLUDED:** Patients who have had a bilateral mastectomy documented.

**RESOLUTION:** Patients ages 75 through 100 years with documentation of Women’s Health-Mammogram patient education or Mammogram.

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2009, American College of Obstetricians and Gynecologists 2011, American Cancer Society 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0


6.30 IHS-MED THERAPY MNGT 2015

This reminder is a placeholder for a reminder dialog.

6.31 IHS-MH HYPERTENSION CONTROL 2015

**APPLICABLE TO:** Patient has hypertension and not end stage renal disease.

**REMANDER DUE:** Blood pressure is not controlled (SBP greater than (>139 OR DBP greater than (>89).

OR

Blood pressure is controlled (SBP less than (<)140 AND DBP less than (<) 90), but no BP documented in the past year.

**FREQUENCY:** 1 Year.

**RESOLUTION:** Blood pressure is controlled (SBP less than (<) 140 AND DBP less than (<) 90).

**BIBLIOGRAPHIC CITATION:** Million Hearts, IHS Hypertension Protocol 2015.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015
6.32  **IHS-MH HYPERTENSION RECALL 2015**

**APPLICABLE TO:** Developed to be used as a REMINDER REPORT and intended to identify patients who may need to be recalled to the clinic for a nurse or provider visit.

**REMINDER DUE:** If patient has hypertension.

**AND**

Most recent blood pressure was elevated and greater than (>1) 1 month ago Elevated = SBP greater than (>1) 139 AND DBP > 89

**OR**

Most recent blood pressure was controlled and greater than (>1) 1 year ago Controlled = SBP less than (<) 140 AND DPB less than (<) 90

**FREQUENCY:** 1 Year.

**RESOLUTION:** Measurements of Blood pressure.

**BIBLIOGRAPHIC CITATION:** Million Hearts.

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

Sites must make consults for SOCIAL SERVICES, NUTRITION and FITNESS PROGRAM to be used to install this reminder.

Also need objects LAST 3 BP and HYPERTENSION CONTROL, which is a health summary object. See the document – *EHR Optimization Guide for Million Hearts* or Appendix A on creating this object.

6.33  **IHS-OSTEOPOROSIS SCREEN 2015**

**APPLICABLE TO:** Female patients, 65 and older, with no osteoporosis screening documents.

**REMINDER DUE:** For female patients, 65 and older, with no osteoporosis screening documents. IF osteoporosis or osteopenia, bone mineral density testing should be done every 2 years.

**FREQUENCY:** Once for female patients ages 65 years to 110 years.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PCC Health Maintenance Reminder look up.

**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce 2011:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015
Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0


6.34 IHS-PAP SMEAR 21-29Y 2015

**APPLICABLE TO:** Normal risk women every 3 years between the ages of 21 and 29.

**REMINDER DUE:** For female patients with intact cervix ages 21 to 29 years if no PAP test in past 3 years.

**FREQUENCY:** 3 years for ages 21 years to 29 years.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PAP SMEAR Health Maintenance Reminder for Pap Smear.

Refer to the application documents for logic and RPMS taxonomies, which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0


**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce, American Cancer Society Cervical Cancer Screening recommendations 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

6.35 IHS-PAP SMEAR 30-64Y 2015

**APPLICABLE TO:** Female patients with intact cervix ages 30 years to 64 years if no PAP test in past 3 years, OR if no PAP test AND HPV test documented in past 5 years.

**REMINDER DUE:** For female patients with intact cervix ages 21 to 29 years if no PAP test in past 3 years.

**FREQUENCY:** Frequency is set to 5 years so regardless of test(s) done, the system will forecast a PAP due in 5 years. IF only a PAP test was done without HPV testing, the PAP test expires in 3 years and will be due.

**RESOLUTION:** This reminder resolves using the RPMS data found by the PAP SMEAR Health Maintenance Reminder for Pap Smear.
Refer to the application documents for logic and RPMS taxonomies which can be found at this link:

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0


**BIBLIOGRAPHIC CITATION:** US Preventive Services Taskforce, American Cancer Society Cervical Cancer Screening recommendations 2012, Healthy People 2020, Cancer:

- Developer: IHS Office of Information Technology
- Funding Source: Indian Health Service
- Release: 2015

### 6.36 IHS-PHN DC FU 2015

This reminder is a placeholder to connect to the reminder dialog for data entry of PHN information. This reminder dialog is intended to be used as a TIU template.

### 6.37 IHS-SCREENING BUNDLE 2015

This reminder is a placeholder to connect to the screening bundle dialog to be used as a TIU template. This dialog allows the entry of multiple screening items at the same time.
7.0 National Reminder Dialogs

7.1 IHS-ASBI BNI 2015

Reminder dialog intended to be used as a TIU note. Allows the documentation of many areas of alcohol use and abuse. Sites need to have created quick orders: GMRCZ MENTAL HEALTH and GMRCZ BH CONSULT

Figure 7-1: ASBI BNI Dialog
7.2 IHS-ASBI SCREEN 2015

This dialog is intended to be used as a TIU dialog. It allows the entry of different alcohol screening tests.
Figure 7-3: ASBI Window
7.3 IHS-ASTHMA CONTROL 2015

Figure 7-4: Asthma Control Dialog

7.4 IHS-ASTHMA ACTION PLAN 2015

Asthma management documentation uses the Asthma Self Management Plan patient education topic.
Figure 7-5: Reminders Resolution Asthma Action Plan

7.5 **IHS-ASTHMA PRIM PROV 2015, IHS-ASTHMA RISK EXACERBATION 2015, IHS-ASTHMA SEVERITY 2015**

These dialogs do not have any data entry. The user is instructed on what actions need to be taken in PCC or in other components in the EHR to resolve the reminder.
**Figure 7-6: Reminder Resolution Asthma Primary Provider**

REMARK DUE: if patient has asthma and does not have a designated primary care provider.

Patients with asthma should have a designated primary care provider. PCP may be added through iCare, RPMS Scheduling, PCC, or Designated Specialty Prov. Mgt. System, or EHR primary care component.

* Indicates a Required Field

Level of Understanding: Good
Readiness to Learn: EAGER TO LEARN

Patient Education: ASM-SELF MANAGEMENT PLAN

---

**Figure 7-7: Reminder Resolution Asthma Exacerbation**

RECOMMEND: If this reminder is due, then this patient has increased risk for asthma exacerbations. Review the events that triggered this reminder in the Best Practice Prompts and adjust the plan of care as needed.

For asthma reminders:
- PCP may be added in iCare or in RPMS or in the EHR Designated Provider component.
- Asthma Action Plan is created in RPMS in the Patient Wellness Menu (AAP).
- Asthma Classification is assigned on the Problem List Add/Edit dialog.
- Asthma Control is assigned preferably when adding DOV data to the Problem List
7.6 IHS-ASTHMA STEROID 2015

This dialog provides allows documentation of a steroid medication order. Sites need to make an order menu for Asthma Steroid Meds. Sites need quick order:

PSOZM ASTHMA STEROIDS
7.7 **IHS-BLOOD PRESSURE 2015**

Allows entry of BP.

![Blood Pressure Dialog]

Figure 7-9: Blood Pressure Dialog

7.8 **IHS-COLON CANCER 2015**

This dialog allows documentation of colon cancer screening and education. The dialog has been expanded to include documentation of implementation of standing order. Sites need to have created quick orders:

GMRCZ COLONOSCOPY and LRZ OCCULT BLOOD
7.9 IHS-DEPO PROVERA 2015

Allows documentation of all aspects of depo-provera visit. Sites need to have quick orders:

LRZ URINE HCG and PSOZ DEPO PROVERA 150MG IM
Figure 7-11: Depo Provera Dialog Part 1

Figure 7-12: Depo Provera Dialog Part 2
7.10 IHS-DIAB ACE/ARB 2015

This dialog allows documentation of an ACE/ARB medication order. Sites need to make an order menu for ACE/ARBs called PSOZM ACE/ARBS

![Figure 7-13: Diabetes ACE/ARB Dialog](image)

7.11 IHS-DIAB ANTPLT KNOWN CVD 2015

This dialog allows documentation of Aspirin or Clopidogrel orders. Sites need quick orders:

PSOZ ASPIRIN (EC) 81MG DAILY and PSOZ CLOPIDOGREL 75MG DAILY
7.12 IHS-DIAB ASPIRIN MALE 2015

This dialog allows documentation of an aspirin order for a male. Sites need quick order:

PSOZ ASPIRIN (EC) 81MG DAILY
7.13 IHS-DIAB ASPIRIN FEMALE 2015

This dialog allows documentation of an aspirin order for a female. Sites need quick order:

PSOZ ASPIRIN (EC) 81MG DAILY
Clinical Reminders Version 2.0 Patch 1005

Addendum to Installation Notes
National Reminder Dialogs
December 2015

Figure 7-16: Diabetic Aspirin Female Dialog
7.14 **IHS-DIAB BP CONTROL 2015**

This dialog allows documentation of blood pressure.

![Diabetes BP Control Dialog](image)

*Figure 7-17: Diabetes BP Control Dialog*
7.15 IHS-DIAB EYE EXAM 2015

This dialog allows documentation of fundoscopic eye exams.

Figure 7-18: Diabetic Eye Exam Dialog
7.16 **IHS-DIAB FOOT EXAM 2015**

This dialog allows documentation of foot exam and patient education.

![Diabetic Foot Exam Dialog](image)

**Figure 7-19: Diabetic Foot Exam Dialog**

7.17 **IHS-DIAB HGBA1C 2015**

This dialog includes documentation of implementation of quick order for HgbA1c. Sites need a quick order for:

**LRZM DIABETIC TESTS**
7.18 IHS-DIAB HGBA1C CONTROL 2015

This dialog includes documentation of implementation of an HgbA1c order. Sites need a quick order:

LRZM DIABETIC TESTS
7.19 **IHS-DM (DIABETES) SCREENING 2015**

This dialog includes documentation of implementation of glucose order. Sites need quick order:

**LRZ GLUCOSE**
This dialog allows documentation of nephropathy lab test orders. Sites must make an order menu containing the nephropathy labs that are being used at the facility. The reminder is resolved by Urine albumin and eGFR. eGFR is calculated from creatinine.

Sites need quick order:

LRZM NEPHROPATHY
Figure 7-23: Diabetic Nephropathy Dialog

### 7.21 HIS-DOMESTIC VIOLENCE 2015

Allows documentation of the exam and education about domestic violence.
7.22 IHS-HEP C SCREEN 2015

Sites need quick order:

LRZ HEP C SCREEN:
7.23 **IHS-HIV SCREEN 2015**

This dialog includes an order for HIV screening test to resolve the reminder and patient education documentation. Sites need quick order:

**LRZ HIV SCREENING**

![HIV Screen Dialog](image)

Figure 7-26: HIV Screen Dialog
7.24 IHS-LIPID FEMALE 2015
This dialog has been expanded to include documentation of implementation of a lipid assessment order. Sites need quick order:
LRZ LIPID PROFILE

Figure 7-27: Lipid Female Dialog

7.25 IHS-LIPID MALE 2015
This dialog has been expanded to include documentation of implementation of a lipid assessment order. Sites need quick order:
LRZ LIPID PROFILE
7.26 IHS-MAMMOGRAM 40 – 49 2015

This dialog allows resolution by education or mammogram for ages 40-49. Dialog was updated to also include documentation of BIRAD category for historical mammograms. Sites need Quick order:

RAZ BILATERAL MAMMOGRAM
Figure 7-29: Mammogram 40-49 Order Dialog
Figure 7-30: Mammogram Not Ordered Dialog
7.27 IHS-MAMMOGRAM 50 – 74 2015

This dialog allows resolution by education or mammogram for ages 50-74. Dialog was updated to also include documentation of BIRAD category for historical mammograms. Only one dialog will be shown. See 40 – 49 for others.
Figure 7-32: Mammogram 50-74 Order Dialog

7.28 IHS-MAMMOGRAM 75 – 100 2015

This dialog allows resolution by education or mammogram for ages 75-100. Dialog was updated to also include documentation of BIRAD category for historical mammograms. Only one dialog will be shown. See 40 – 49 for others.

Figure 7-33: Mammogram 50-74 Order Dialog
7.29 **IHS-MED THERAPY MNGT 2015**

This dialog is designed to be used as a TIU dialog storing data about medication management into a TIU note. It contains information for the patient as well as billing codes.

![Med Therapy Management](image)

Figure 7-34: Med Therapy Management

7.30 **HIS-MH HYPERTENSION CONTROL 2015**

This dialog is for patient with hypertension whose BP is not in the preferred range. This monitor allows a review of past values and allows the user to input education, tobacco information, order consults and labs all in one place. Quick orders needed:

LRZ BMP TODAY, LRZ LIPIDS TODAY, GMRCZ TOBACCO CESSATION, GMRCZ FITNESS PROGRAM, GMRCZ PHN, GMRCZ HOME HEALTH, GMRCZ NUTRITION, GMRCZ SOCIAL SERVICES
7.31 IHS-OSTEOPOROSIS SCREENING 2015

This dialog includes documentation of implementation of standing order. If your site receives reports of osteoporosis screening studies other than Dexascan, copy the dialog element and populate with the appropriate CPT (consult coding staff) and add to the historical data section of the dialog. Quick order needed:

ORZ DEXASCAN
Figure 7-36: Osteoporosis Screen Dialog

7.32 IHS-PAP TEST 21 – 29 2015

Reminder dialog allows documentation of order for Pap for ages 21 through 29 with or without STD testing, documentation that a Pap was not ordered, and historical entry of Pap and Hysterectomy. Quick orders needed:

LRZ PAP

**Note:** Documenting a subtotal hysterectomy with cervix retained does not remove the patient from the reminder cohort.
7.33 IHS-PAP TEST 30 – 64 2015

Reminder dialog allows documentation of order for Pap for ages 30 through 64 with or without STD testing, documentation that a Pap was not ordered, and historical entry of Pap and Hysterectomy.

**Note:** Documenting a subtotal hysterectomy with cervix retained does not remove the patient from the reminder cohort.
7.34 IHS-PHN DC FU 2015

This dialog allows documentation of PHN Hospital discharge visit information. This extensive template allows for documentation of Occupational Health Factors, tobacco, alcohol, depression, IPV screening, functional status, and visit SOAP information.
Figure 7-39: PHN Hospital DC Visit Documentation
Figure 7-40: Screening Section of the Dialog
7.35  HIS-SCREENING BUNDLE 2015

This dialog was combines the ability to resolve six screening reminders at the same time:

- Tobacco Use
- Activity Level
- Alcohol, Depression
- Colon Cancer
- IPV /Domestic Violence Screening

Refer to the individual screening dialogs in this section of the guide for details.
Figure 7-42: Screening Bundle
8.0 Remove Old Reminders from Exchange

Follow these instructions to remove the old reminders from displaying in the Reminder Exchange. This is an optional step. It does not inactivate the reminders from your system. There are 35 new reminders and it is recommended that you clear the old National Reminders (IHS prefix, no year appended OR 2007, 2008, 2009, 2010, 2011, 2012 appending, and only 2013 reminders that are being replaced by the incoming patch) out of exchange prior to installing the patch.

Figure 8-1: Removing Old Reminders from Exchange
9.0 Dialog Preparation

The following describes Dialog Preparation.

If your site has NOT made any changes to the existing national dialogs, skip to the next section.

If your site has made local changes to existing national dialogs, especially by adding ADDITIONAL FINDINGS to dialogs, there might be some problems. Print the following FileMan search to look for these findings. Remove them from the elements before installing the reminder. You can add them back after installation.

9.1 FileMan Search

Select OPTION: 3 SEARCH FILE ENTRIES
OUTPUT FROM WHAT FILE: PACKAGE// REMINDER DIALOG (330 entries)
-A- SEARCH FOR REMINDER DIALOG FIELD: ADDITIONAL FINDINGS (multiple)
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: ?
Answer with ADDITIONAL FINDINGS SUB-FIELD NUMBER, or LABEL: .01 ADDITIONAL FINDINGS
-A- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD: .01 ADDITIONAL FINDINGS
-A- CONDITION: 'NULL <- "not null"
-B- SEARCH FOR REMINDER DIALOG ADDITIONAL FINDINGS SUB-FIELD:
-B- SEARCH FOR REMINDER DIALOG FIELD: IF: A// REMINDER DIALOG ADDITIONAL FINDINGS NOT NULL
DO YOU WANT THIS SEARCH SPECIFICATION TO BE CONSIDERED TRUE FOR CONDITION -
A-
1) WHEN AT LEAST ONE OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFIES IT
2) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT
3) WHEN ALL OF THE 'ADDITIONAL FINDINGS' MULTIPLES SATISFY IT,
OR WHEN THERE ARE NO 'ADDITIONAL FINDINGS' MULTIPLES
CHOOSE 1-3: 1// 1
STORE RESULTS OF SEARCH IN TEMPLATE:
SORT BY: NAME//
START WITH NAME: FIRST//
FIRST PRINT FIELD: NAME
THEN PRINT FIELD: ADDITIONAL FINDINGS (multiple)
THEN PRINT ADDITIONAL FINDINGS SUB-FIELD: .01 ADDITIONAL FINDINGS
THEN PRINT ADDITIONAL FINDINGS SUB-FIELD:
THEN PRINT FIELD: Heading (S/C): REMINDER DIALOG SEARCH Replace
DEVICE: CONSOLE Right Margin: 80//
REMINDER DIALOG SEARCH MAY 19,2009 14:00 PAGE 1
NAME
ADDITIONAL FINDINGS
--------------------------------------------------------------------
EX DEPRESSION
V79.0
IM INFLUENZA DONE
V04.8
IM INFLUENZA NASAL
V04.8
IM INFLUENZA SPLIT
V04.8
## 9.2 Removal of Additional Findings

BEH>REM>DLG>DLG ... CV (change view) to Element or Group (depending on whether the component with the additional finding is an element of a group)

<table>
<thead>
<tr>
<th>Item</th>
<th>Dialog Name</th>
<th>Dialog type</th>
</tr>
</thead>
<tbody>
<tr>
<td>609</td>
<td>IM INFLUENZA DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>610</td>
<td>IM INSTRUCTIONS</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>611</td>
<td>IM IPV DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>612</td>
<td>IM IPV NOT DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>613</td>
<td>IM MMR DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>614</td>
<td>IM MMR NOT DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>615</td>
<td>IM PED CONTRAINDICATION SCREEN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>616</td>
<td>IM PEDIARIX DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>617</td>
<td>IM PEDIARIX NOT DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>618</td>
<td>IM PNEUMO CRITERIA2</td>
<td>Dialog Element</td>
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<td>IM PNEUMO CRITERIA3</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>620</td>
<td>IM PNEUMO-PS CONTRAINDICATION</td>
<td>Dialog Element</td>
</tr>
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<td>621</td>
<td>IM PNEUMO-PS CRITERIA1</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>622</td>
<td>IM PNEUMOVACCINE NOT DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>623</td>
<td>IM VARICELLA DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>624</td>
<td>IM VARICELLA NOT DONE</td>
<td>Dialog Element</td>
</tr>
</tbody>
</table>

+ Item Dialog Name                                      Dialog type
<table>
<thead>
<tr>
<th>Status</th>
<th>IM INFLUENZA DONE</th>
<th>Dialog Element</th>
</tr>
</thead>
</table>
+ Item Dialog Name                                      Dialog type
<table>
<thead>
<tr>
<th>Status</th>
<th>IM INFLUENZA DONE</th>
<th>Dialog Element</th>
</tr>
</thead>
</table>

Select Item: Next Screen // 609

<<< select the dialog element to edit>>>

**Dialog Name:** IM INFLUENZA DONE

**CURRENT DIALOG ELEMENT/GROUP NAME:** IM INFLUENZA DONE

**Used by:** GRP FLU SHOT (Dialog Group)

**NAME:** IM INFLUENZA DONE

**DISABLE:**

**CLASS:** LOCAL

**SPONSOR:**

**REVIEW DATE:**

**RESOLUTION TYPE:** DONE AT ENCOUNTER

**ORDERABLE ITEM:**

**FINDING ITEM:** INFLUENZA [TIV], SEASONAL, INJ

**DIALOG/PROGRESS NOTE TEXT:**

Influenza immunization was administered today.

**Edit? NO**

**ALTERNATE PROGRESS NOTE TEXT:**

No existing text

**Edit? NO**

**EXCLUDE FROM PROGRESS NOTE:**

**SUPPRESS CHECKBOX:**

Select ADDITIONAL FINDINGS: V04.8

SURE YOU WANT TO DELETE? Y
Select ADDITIONAL FINDINGS: ? <<< check for any more additional findings. Here there are none.
You may enter a new ADDITIONAL FINDINGS, if you wish
Enter additional finding items for this dialog element.
Enter one of the following:
ED.EntryName to select a EDUCATION TOPICS
IM.EntryName to select a IMMUNIZATIONS
ST.EntryName to select a SKIN TEST
EX.EntryName to select a EXAM
HF.EntryName to select a HEALTH FACTORS
CPT.EntryName to select a PROCEDURE
ICD9.EntryName to select a ICD9 DIAGNOSIS
VM.EntryName to select a VITAL TYPE
Q.EntryName to select a ORDER DIALOG
MT.EntryName to select a MEASUREMENT

To see the entries in any particular file type <Prefix.?>

Select ADDITIONAL FINDINGS:^ <enter>
10.0 Install the KIDS Build

Installation of PXRM 1005 should be done by the appropriate IRM personnel using the instructions in the patch notes. It must be done with no users on the system. At the very least, reminders MUST be shut down using the parameter -PXRM GUI REMINDERS ACTIVE.

Make sure that the field REMINDER MANAGEMENT MAILGROUP in the file CLINICAL REMINDER PARAMETERS has an entry. Most sites have the mailgroup PXRM ERRORS already defined.

Installation of patch 1005 will put the reminders into the REMINDER EXCHANGE file. It does NOT install them. The new reminders will not work until they are installed and activated.
11.0 Install the Reminder

Follow these instructions to install the national reminders. The Clinical Application Coordinator or other designated person should then install them using REMINDER EXCHANGE.

**Note:** Once the patch has been installed, the immunization reminders will not function properly until they are installed through exchange.

11.1 Programmer Access

Programmer access is required to install the reminders that contain a new computed finding. If you do not have programmer access (@ level FileMan access) you will see the following message when you are installing reminders that contain a new computed finding:

Only programmers can install routines
Only programmers can install Reminder Computed Findings

If there are no new computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column Exists on the right of the Reminder Computed Findings in the Reminder Exchange.

![Reminder Components in Exchange](image)

If there are new computed findings and the Clinical Applications Coordinator does not have @ access, follow these steps to complete the installation:
1. Ask the site manager or other personnel who have Programmer Access to log on under their credentials.

2. Navigate to the Reminder Exchange and use Install Selected (IS).

3. Install the new Computed Findings following the instructions in the next section.

   **Never overwrite a routine!**

4. After the Computed Findings are installed, the Clinical Applications Coordinator may then install the new reminders. All of the 2014 reminders have a computed finding.

### 11.2 Installing the Reminder

1. Select **Reminder Exchange** from the **Reminder Configuration** menu. You will be presented with a list of packed reminders that reside in the RPMS file system.

![Figure 11-2: List of Reminders in Reminder Exchange](image)

**Tip:** Use the Up and Down arrows to scroll through the list. If you are searching for a specific reminder, use the command SL to search for the reminder name.

2. Further instructions:

   ```
   Select Action: Next Screen// SL
   Search for: //DEPRESSION
   ```

3. Select **IFE – Install Exchange File Entry** to install the reminder.

4. Enter the number of the reminder to install.
5. Use the Up and Down arrows to view the individual components of the reminder. Before starting an installation, you should examine the list of components in the packed reminder and determine which ones already exist on your system. You should decide what to do with each component and have a plan of action before proceeding with the installation.

The following is a sample of an Exchange File Components screen.

<table>
<thead>
<tr>
<th>Component</th>
<th>Category</th>
<th>Exists</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPXRMASM</td>
<td>ROUTINE</td>
<td>X</td>
</tr>
<tr>
<td>BPXRMSNO</td>
<td>ROUTINE</td>
<td>X</td>
</tr>
</tbody>
</table>

Source: HAGER, MARY at DEMO HOSPITAL
Date Packed: 04/14/2015@09:10:11
Package Version: 2.0P26

Description:
This reminder is used in conjunction with the Health Summary Best Practices Prompts. Prompt will be active for patients with asthma who do not have a documented Asthma Control in the past year.

=====================================================================
Bibliographic citation: NHBLI Guidelines for the Diagnosis and Management of Asthma, 2007; Healthy People 2020, Respiratory Disease
Developer: IHS Office of Information Technology
Funding Source: Indian Health Service
Release: 2015
=====================================================================

Keywords:

Components:

ROUTINE
1  BPXRMASM X
2  BPXRMSNO X
6. Users will notice that for each item in the reminder, a check is now made and displayed to indicate if the item in exchange matches the item in the file. Users are not asked about the elements if there is a match. This will make the installation much slower.

- REMINDER TERM entry named IHS-ASTHMA 2015 already exists and the packed component is identical, skipping.
- REMINDER TAXONOMY entry named HIS-ASTHMA DX 2015 already exists and the packed component is identical, skipping.

If there is not a match, the application will ask what you want to do about all the elements in this reminder. If the item exists on your system, the default will be to skip installing it again. If it is new, the default is to install it.

a. Select the component you want to install (#2).

b. Take the default.

REMINDER COMPUTED FINDINGS entry IHS_DEPRESSION 2009 is NEW, What do you want to do?
Select one of the following:

C  Create a new entry by copying to a new name
I  Install or Overwrite the current entry
Q  Quit the install
S  Skip, do not install this entry

Enter response: I//

Figure 11-4: Remaining Instructions

7. INSTALL REMINDER AND DIALOG – There are two choices, IA or IS. Choose IA to install all components.
During installation, a routine will compare the checksum of the item on your system to the one in exchange. If they are identical it will not update the item on your database.

8. Install the reminder dialog and all components with no further changes: Y// YES:

- REMINDER DIALOG entry named PXRM PED READY TO LEARN already exists and the packed component is identical, skipping.
- REMINDER DIALOG entry named ED HPDP-EXERCISE already exists and the packed component is identical, skipping.
- REMINDER DIALOG entry named GP ACTIVITY ED already exists and the packed component is identical, skipping.

9. If it is not identical, the application will ask you want to do about all the elements in this reminder. If it is new, the default is to install it.

10. Take all the defaults as you load the reminder unless you have loaded a previous version of reminders. If you have loaded a previous version of the reminders, always re-install the reminder definition itself but not any of the other elements.

Never overwrite a routine!

The following is an example of Reminder Installation:

| Routine BPXRMPCC already EXISTS, <<NEVER overwrite a routine through the exchange! but packed routine is different, what do you want to do? |
| Select one of the following: |
| C | Create a new entry by copying to a new name |
| I | Install or Overwrite the current entry |
| Q | Quit the install |
| S | Skip, do not install this entry |
| Enter response: S// < SKIP DO NOT REINSTALL THIS ENTRY. Never overwrite the routine! |
| REMINDER COMPUTED FINDINGS entry IHS-DEPRESSION 2009 is NEW, what do you want to do? |
| Select one of the following: |
| C | Create a new entry by copying to a new name |
| I | Install or Overwrite the current entry |
| Q | Quit the install |
| S | Skip, do not install this entry |
| Enter response: I// Take the default. If this is a new component, it will default to "install". |
| TIU TEMPLATE FIELD entry IHS ADDL SIGN already EXISTS, what do you want to do? |
Select one of the following:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Create a new entry by copying to a new name</td>
</tr>
<tr>
<td>I</td>
<td>Install or Overwrite the current entry</td>
</tr>
<tr>
<td>Q</td>
<td>Quit the install</td>
</tr>
<tr>
<td>S</td>
<td>Skip, do not install this entry</td>
</tr>
</tbody>
</table>

Enter response: S// *Take the default. If this is a new component, it will default to "install".*

REMINDER DEFINITION entry IHS-DEPRESSION SCREEN 2011 already EXISTS, what do you want to do?

Select one of the following:

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Create a new entry by copying to a new name</td>
</tr>
<tr>
<td>I</td>
<td>Install or Overwrite the current entry</td>
</tr>
<tr>
<td>Q</td>
<td>Quit the install</td>
</tr>
<tr>
<td>S</td>
<td>Skip, do not install this entry</td>
</tr>
</tbody>
</table>

Enter response: S// If you have loaded a previous version of the reminders before, install/overwrite the reminder definition. If this is the first time you have loaded this reminder, accept the default of I to install.

11. Proceed to the next section to install the dialogs.

11.3 Taxonomy Error

A taxonomy is a selection of ICD9 procedure, ICD9 diagnosis, and/or CPT procedure codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail.

This section describes an error that may occur during install and how to fix the error by manually creating the taxonomy and re-installing the reminder.
11.3.1 Create the Taxonomy Manually

1. Write down the exact name of the taxonomy that displayed in the error.

2. Finish the installation of the reminder.

3. Create the taxonomy: Reminder Configuration Menu > Reminder Taxonomy Management > Edit Taxonomy Item.

   **Note:** Enter the EXACT name of the taxonomy from the error.

4. Use the descriptions of the taxonomies found in the Reminder Taxonomies section of this manual to enter all the groupings of ICD0, ICD9, ICD-10 and/or CPT codes that apply to this taxonomy. For a single entry, the low value and the high value are the same entry. For ranges, enter the lowest entry in the range and then the highest. The computer will add all codes in that range.

5. Return to Reminder Exchange and reinstall the reminder.

6. Accept all of the defaults. When finished, all of the items should have an X in the Exists column, including the taxonomy and the reminder definition.

<table>
<thead>
<tr>
<th>Component File</th>
<th>Entry</th>
<th>Category</th>
<th>Exists</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASUREMENT TYPE</td>
<td>BP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REMINDER TAXONOMY</td>
<td>IHS-HYPERTENSION 2007</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IHS-DIABETES DX 2007</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>REMINDER TERM</td>
<td>IHS-HIGH DIASTOLIC</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IHS-HIGH BP 2007</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>REMINDER DEFINITION</td>
<td>IHS-BLOOD PRESSURE 2011</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>REMINDER DIALOG</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 11-6: Sample Exchange File Components Window Showing X in Exists Column
12.0 Install the Dialogs

This section provides information regarding the installation of dialogs.

**Note:** In reminder exchange, after installing the reminder, you will be presented with the Dialog Components screen.

1. Choose **IA: Install ALL**.
2. One of the prompts asks which reminder to attach to the dialog.
3. The dialogs and the reminders have the same name, so they can be easily linked.
4. After installing, make sure that there is an X under the Exists column on the screen.

![Sample Dialog Components Screen](image)

**12.1 Activate the Dialog**

All dialogs are inactive if they are loaded from reminder exchange. This section describes how to activate the dialog so that they are visible within the EHR.
Figure 12-2: Options on Reminder Configuration Menu

Use the DLG option to access the options on the Reminder Dialog Management menu.

12.1.1 Reminder Dialog Management (DLG)

1. Select **Reminder Dialog Management** from the **Reminder Configuration** Menu.

   ![Reminder Dialog Management Menu](image)

   Reminder Dialog Management
   
   DLG    Reminder Dialogs
   PAR    Dialog Parameters ...

2. Use the DLG option to access the options on the Reminder Dialog Management menu.

   ![Sample Reminder View Window](image)

   Figure 12-3: Sample Reminder View Window

3. Choose **CV** and then choose **D** for dialogs.
Figure 12-4: Sample Dialog View Window

4. Select the number of the item you want to edit.

Figure 12-5: Dialog Edit List Window

5. Select the dialog. It will say Disabled instead of Linked.


7. The second prompt will have: DISABLE: DISABLED IN EXCHANGE Replace.

8. Type the at sign (@) to delete this and type YES when it asks SURE YOU WANT TO DELETE?

9. Type a caret (^) to quit editing.
The dialog now says Linked.

12.1.2 Dialog Does Not Link Automatically

Perform these steps if you do not see a dialog name under Linked Dialog Name and Dialog status:

Change your view to Reminders, not dialogs

![Figure 12-6: Reminder View](image)

Select the reminder by number, and then select LR and link it.

![Figure 12-7: Link Reminder](image)
13.0 Review Reminder Terms

This section details information about reviewing reminder terms. It describes how to review and populate reminder terms.

Reminder terms that are education topics, exams, health factors, VA drug classes or taxonomies are installed automatically when the build is installed and do not need to be edited. Reminder terms that are laboratory tests or individual drugs need to be edited by the site. Since each site has different lab tests or drugs, these terms come empty and therefore, reminders will not resolve until they are populated.

The following are reminder terms that must be checked in PXRM 2.0p1005. If you used OVERWRITE when installing the term, you may have overwritten a term that you had previously populated. Refer to Appendix D. Reminder Terms for a detailed list of all reminder terms and their contents.

All of the new reminders have a new reminder term that should not be edited by sites. However, you should review the reminder terms below to make sure that your local items did not get overwritten.

- IHS-ASPIRIN
- IHS-DIAB NEPHROPATHY LABS
- IHS-FECAL OCCULT BLOOD
- IHS-HGBA1C
- IHS-HGBA1C REEVALUATE
- IHS-LIPID LAB TESTS
- IHS-MAMMOGRAM TERMS
- IHS-PAP SMEAR
- IHS-URINE ALBUMIN

Reminder Configuration Menu > Reminder Term Management > Inquire about Reminder Term menu option.

1. Review the term first using the Inquire about Reminder Term menu option.
2. Edit the Reminder: Select Reminder Term Edit from the Reminder Term Management Menu.

Select Reminder Term: IHS-HGBA1C VISN

NAME: IHS-HGBA1C/
CLASS: VISN/
REVIEW DATE:
DESCRIPTION:
The lab tests at a site that are the hemoglobin A1c test

Edit? NO//
Select FINDING ITEM: // ??

Choose from:
You may enter a new FINDINGS, if you wish
Enter one of the following:
  DR.EntryName to select a DRUG
  ED.EntryName to select a EDUCATION TOPIC
  EX.EntryName to select a EXAM
  HF.EntryName to select a HEALTH FACTOR
  IM.EntryName to select a IMMUNIZATION
  LT.EntryName to select a LABORATORY TEST
  MT.EntryName to select a MEASUREMENT TYPE
  OI.EntryName to select a ORDERABLE ITEM
  RP.EntryName to select a RADIOLOGY PROCEDURE
  CF.EntryName to select a REMINDER COMPUTED FINDING
  TX.EntryName to select a REMINDER TAXONOMY
  ST.EntryName to select a SKIN TEST
  DC.EntryName to select a VA DRUG CLASS
  DG.EntryName to select a VA GENERIC
  VM.EntryName to select a VITAL MEASUREMENT

To see the entries in any particular file type <Prefix.?>

If you simply enter a name then the system will search each of
the above files for the name you have entered. If a match is
found the system will ask you if it is the entry that you
desire.

However, if you know the file the entry should be in, then you
can speed processing by using the following syntax to select
an entry:
  <Prefix>.<entry name>
  or
  <Message>.<entry name>
  or
  <File Name>.<entry name>

Also, you do NOT need to enter the entire file name or message
to direct the look up. Using the first few characters will
suffice.

Select FINDING ITEM: HGBA1C// LT.HGBA1C

  Searching for a LABORATORY TEST, (pointed-to by FINDING ITEM)
  HGBA1C
  ...OK? Yes// YES
  FINDING ITEM: HGBA1C//
  EFFECTIVE PERIOD:
  USE INACTIVE PROBLEMS:
  WITHIN CATEGORY RANK:
  EFFECTIVE DATE:
  MH SCALE:
  CONDITION:
  CONDITION CASE SENSITIVE:
  RX TYPE:
  Select FINDING ITEM:
  Input your edit comments.
  Edit? NO//
If there is more than one test that will satisfy the reminder, enter each one!
14.0 Manually Update Dialogs

This section describes manually updating dialogs.

Reminders have been changed to NOT allow the adding of any ICD code as a finding. Purpose of Visit (POVs) must be attached to Problems with the release of EHR patch 13, and as a result, the finding type of ICD has been removed from the reminder dialog file.

If you removed additional findings in previously, then you must add them back in. Consider manually updating the dialogs. If you have modified a dialog, installation of a new dialog element/group with the same name from the exchange will overwrite any of the following:

- Populated Field Resolution
- Finding Item
- Dialog Text

Blank fields do not overwrite anything and will not remove additional findings if you added them previously. This can cause errors on install and/or require manual updating.
15.0 **EHR Reminder Configuration**

This section describes how to configure the Electronic Health Record to display the reminders. Sites can choose to activate the reminders just for specific users during a testing phase. If needed, add the REMINDER COMPONENTS to the health summary so they can be seen and printed on the Reports tab.

This section describes how to remove the old reminders from the EHR and add the new ones. If your site does not use the reminder, then do not add the reminder to EHR because it will always show up as due.

Follow these steps to remove the old reminders from the display:

1. From EHR, click the reminder clock ( ).

2. Select Action > **Edit Cover Sheet Reminder List**. Reminders can be edited for the System, Division, Service, Location, User Class or User.

![Available Reminders](image)

**Figure 15-1: Reminder Configuration**

**Note:** Sites can choose to activate the reminders for specific users during a testing phase.

3. Remove old reminders from the System Level once they are ready to deploy the new reminders across the facility. Double-click the old reminders listed in the bottom-right pane to remove it from the cover sheet list.

4. Select the reminders with the date 2011 from the **Available Reminders & Categories** column.

5. Double-click to add them to the **System Level Reminders** column.
Note: The IHS-IMMUNIZATION FORECAST 2015 reminder must be at the top of the list.

Figure 15-2: Clinical Reminders and Reminder Categories Displayed on Cover Sheet Window
16.0 Inactivate the Old Reminder and Dialog

This section provides information about inactivating the old reminder and dialog.

When the new reminders are active, you must inactivate the old dialogs and all the old reminders:

1. Inactivate the dialog through the Reminder Dialog menu option.

   a. Select Reminder Dialog Management > Reminder Dialogs > Select Reminder # > Select Dialog # > Edit/Delete Dialog > Enter YES at the DISABLED prompt.

2. Use the Activate/Inactivate Reminders Menu Option to inactivate the Reminder:

   a. Select RPMS-EHR Configuration Master Menu Option > Reminder Managers Menu Option > Reminder Definition Management > Activate/Inactivate Reminders.
3. Print a FileMan report listing all of your Active Reminder Definitions:

<table>
<thead>
<tr>
<th>Prompt</th>
<th>User entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUTPUT FROM WHAT FILE: REPRODUCTIVE</td>
<td>REMINDER DEFINITION</td>
</tr>
<tr>
<td>FACTORS/</td>
<td></td>
</tr>
<tr>
<td>-A- SEARCH FOR REMINDER DEFINITION FIELD:</td>
<td>1 6</td>
</tr>
<tr>
<td>-A- CONDITION:</td>
<td>Null</td>
</tr>
<tr>
<td>-B- SEARCH FOR REMINDER DEFINITION FIELD:</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>IF: A// INACTIVE FLAG NULL</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>STORE RESULTS OF SEARCH IN TEMPLATE:</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>SORT BY: NAME//</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>START WITH NAME: FIRST//</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>FIRST PRINT FIELD:</td>
<td>.01;50</td>
</tr>
<tr>
<td>THEN PRINT FIELD:</td>
<td>1.6;10</td>
</tr>
<tr>
<td>Heading (S/C): REMINDER DEFINITION SEARCH</td>
<td>... &lt;enter&gt; With Active Reminders</td>
</tr>
<tr>
<td>Replace</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>STORE PRINT LOGIC IN TEMPLATE:</td>
<td>&lt;enter&gt;</td>
</tr>
<tr>
<td>DEVICE: CONSOLE Right Margin: 80//</td>
<td>&lt;enter&gt; (to scroll on screen 0.80,999999 (if you want have session log on )</td>
</tr>
</tbody>
</table>

Figure 16-3: Generate list of Active Reminders in FileMan

Your list will look similar to this:
<table>
<thead>
<tr>
<th>INACTIVE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS-PED DT IMMUN 2012</td>
</tr>
<tr>
<td>IHS-PED DTAP IMMUN 2008</td>
</tr>
<tr>
<td>IHS-PED DTAP IMMUN 2011</td>
</tr>
<tr>
<td>IHS-PED DTAP IMMUN 2012</td>
</tr>
<tr>
<td>IHS-PED FLU IMMUN 2011</td>
</tr>
<tr>
<td>IHS-PED FLU IMMUN 2012</td>
</tr>
<tr>
<td>IHS-PED HEPA IMMUN 2011</td>
</tr>
<tr>
<td>IHS-PED HEP A IMMUN 2012</td>
</tr>
<tr>
<td>IHS-PED HEP B IMMUN 2011</td>
</tr>
<tr>
<td>IHS-PED HEP B IMMUN 2012</td>
</tr>
<tr>
<td>IHS-PED HIBTITER IMMUN 2011</td>
</tr>
</tbody>
</table>
17.0 Reviewing the Reminder and Dialog

This section describes how to review the reminder and dialog.

17.1 Reminder Test

Refer to RPMS Clinical Reminders Managers Manual Setup and Maintenance Guide for instructions on testing reminders.

1. Select Reminder Test (TST) from the Reminder Configuration menu.

2. Enter a patient name and the reminder.

3. Use the scroll bar to scroll backwards and view the data.

This is an example of a reminder test for the IHS-LIPID FEMALE 2015 reminder. The patient has diabetes and therefore should have a lipid text done yearly.

<table>
<thead>
<tr>
<th>Reminder: IHS-LIPID FEMALE 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: DEMO, MOTHER R</td>
</tr>
</tbody>
</table>

The elements of the FIEVAL array are:

FIEVAL(1)=0
FIEVAL(1,"BDT")=
FIEVAL(1,"EDT")=
FIEVAL(2)=1
FIEVAL(2,1)=1
FIEVAL(2,1,"CSUB","DATE")=3150415
FIEVAL(2,1,"CSUB","VALUE")=Diabetes mellitus type 1
FIEVAL(2,1,"DATE")=3150415
FIEVAL(2,1,"FILE NUMBER")=811.4
FIEVAL(2,1,"FINDING")=681;PXRMD(811.4,
FIEVAL(2,1,"TERM FINDING")=681;PXRMD(811.4,
FIEVAL(2,1,"TEXT")=Diabetes mellitus type 1
FIEVAL(2,1,"VALUE")=Diabetes mellitus type 1
FIEVAL(2,"BDT")=T-3Y
FIEVAL(2,"BT")=3120415
FIEVAL(2,"CSUB","DATE")=3150415
FIEVAL(2,"CSUB","VALUE")=Diabetes mellitus type 1
FIEVAL(2,"DATE")=3150415
FIEVAL(2,"EDT")=
FIEVAL(2,"EDTE")=3150415.235959
FIEVAL(2,"FILE NUMBER")=811.4
FIEVAL(2,"FINDING")=681;PXRMD(811.4,
FIEVAL(2,"TERM")=IHS-DIABETES DX 2015
FIEVAL(2,"TERM IEN")=35
FIEVAL(2,"TEXT")=Diabetes mellitus type 1
FIEVAL(2,"VALUE")=Diabetes mellitus type 1
FIEVAL("AGE")=1
FIEVAL("DFN")=5
FIEVAL("EVAL DATE/TIME")=3150415.07454
FIEVAL("PATIENT AGE")=57
FIEVAL("SEX")=1

Term findings:
Finding 2:
TFIEVAL(2,1)=1
TFIEVAL(2,1,1)=1
TFIEVAL(2,1,1,"CLINICAL TERM")=
TFIEVAL(2,1,1,"CODE")=250.00
TFIEVAL(2,1,1,"CODESYS")=ICD
TFIEVAL(2,1,1,"COMMENTS")=
TFIEVAL(2,1,1,"CODE SYS","CLINICAL TERM")=
TFIEVAL(2,1,1,"CODE SYS","CODE")=250.00
TFIEVAL(2,1,1,"CODE SYS","CODESYS")=ICD
TFIEVAL(2,1,1,"CODE SYS","COMMENTS")=
TFIEVAL(2,1,1,"CODE SYS","DATE")=3130925.1432
TFIEVAL(2,1,1,"CODE SYS","DATE OF INJURY")=
TFIEVAL(2,1,1,"CODE SYS","DATE VISIT CREATED")=3130925
TFIEVAL(2,1,1,"CODE SYS","DFN")=5
TFIEVAL(2,1,1,"CODE SYS","DIVISION")=DEMO
TFIEVAL(2,1,1,"CODE SYS","DIVISION IEN")=1
TFIEVAL(2,1,1,"CODE SYS","DSS ID")=14
TFIEVAL(2,1,1,"CODE SYS","HLOC")=MENTAL HEALTH
TFIEVAL(2,1,1,"CODE SYS","HOSPITAL LOCATION")=20
TFIEVAL(2,1,1,"CODE SYS","LOC. OF ENCOUNTER")=1946
TFIEVAL(2,1,1,"CODE SYS","MODIFIER")=
TFIEVAL(2,1,1,"CODE SYS","NODE")=P
TFIEVAL(2,1,1,"CODE SYS","OFFICIAL VA NAME")=
TFIEVAL(2,1,1,"CODE SYS","OUTSIDE LOCATION")=
TFIEVAL(2,1,1,"CODE SYS","PRIMARY PROVIDER")=1
TFIEVAL(2,1,1,"CODE SYS","PRIMARY/SECONDARY")=P
TFIEVAL(2,1,1,"CODE SYS","PROBLEM LIST ENTRY")=470
TFIEVAL(2,1,1,"CODE SYS","PROVIDER NARRATIVE")=181996
TFIEVAL(2,1,1,"CODE SYS","SERVICE CATEGORY")=A
TFIEVAL(2,1,1,"CODE SYS","STATION NUMBER")=8905
TFIEVAL(2,1,1,"CODE SYS","STATUS")=^
TFIEVAL(2,1,1,"CODE SYS","STOP CODE")=14
TFIEVAL(2,1,1,"CODE SYS","VISIT")=2975
TFIEVAL(2,1,1,"CODE SYS","VISIT COMMENTS")=
TFIEVAL(2,1,1,"CODE SYS","DAS")=1789
TFIEVAL(2,1,1,"CODE SYS","DATE")=3130925.1432
TFIEVAL(2,1,1,"CODE SYS","DATE OF INJURY")=
TFIEVAL(2,1,1,"CODE SYS","DATE VISIT CREATED")=3130925
TFIEVAL(2,1,1,"CODE SYS","DFN")=5
TFIEVAL(2,1,1,"DAS")=1789
TFIEVAL(2,1,1,"FILE NUMBER")=9000010.07
TFIEVAL(2,1,1,"FILE SPECIFIC")=P
TFIEVAL(2,1,1,"FINDING")=71; PXD (811.2,
TFIEVAL(2,1,1,"HLOC")=MENTAL HEALTH
TFIEVAL(2,1,1,"HOSPITAL LOCATION")=20
TFIEVAL(2,1,1,"LOC. OF ENCOUNTER")=1946
TFIEVAL(2,1,1,"MODIFIER")=
TFIEVAL(2,1,1,"NODE")=P
TFIEVAL(2,1,1,"OFFICIAL VA NAME")=
TFIEVAL(2,1,1,"OUTSIDE LOCATION")=
TFIEVAL(2,1,1,"PRIMARY PROVIDER")=1
TFIEVAL(2,1,1,"PRIMARY/SECONDARY")=P
TFIEVAL(2,1,1,"PROBLEM LIST ENTRY")=470
TFIEVAL(2,1,1,"PROVIDER NARRATIVE")=181996
TFIEVAL(2,1,1,"SERVICE CATEGORY")=A
TFIEVAL(2,1,1,"STATION NUMBER")=8905
TFIEVAL(2,1,1,"STATUS")=^
TFIEVAL(2,1,1,"STOP CODE")=14
Addendum to Installation Notes
December 2015

Clinic Reminders Version 2.0 Patch 1005

TFIEVAL(2,1,"VISIT")=2975
TFIEVAL(2,1,"VISIT COMMENTS")=
TFIEVAL(2,1,"BDTE")=3120415
TFIEVAL(2,1,"CLINICAL TERM")=
TFIEVAL(2,1,"CODE")=250.00
TFIEVAL(2,1,"CODESYS")=ICD
TFIEVAL(2,1,"COMMENTS")=
TFIEVAL(2,1,"CSUB","CLINICAL TERM")=
TFIEVAL(2,1,"CSUB","CODE")=250.00
TFIEVAL(2,1,"CSUB","CODESYS")=ICD
TFIEVAL(2,1,"CSUB","COMMENTS")=
TFIEVAL(2,1,"CSUB","DATE")=3130925.1432
TFIEVAL(2,1,"CSUB","DATE OF INJURY")=
TFIEVAL(2,1,"CSUB","DATE VISIT CREATED")=3130925
TFIEVAL(2,1,"CSUB","DFN")=5
TFIEVAL(2,1,"CSUB","DIVISION")=DEMO
TFIEVAL(2,1,"CSUB","DIVISION IEN")=1
TFIEVAL(2,1,"CSUB","DSS ID")=14
TFIEVAL(2,1,"CSUB","HLOC")=MENTAL HEALTH
TFIEVAL(2,1,"CSUB","HOSPITAL LOCATION")=20
TFIEVAL(2,1,"CSUB","LOC. OF ENCOUNTER")=1946
TFIEVAL(2,1,"CSUB","MODIFIER")=
TFIEVAL(2,1,"CSUB","NODE")=P
TFIEVAL(2,1,"CSUB","OFFICAL VA NAME")=
TFIEVAL(2,1,"CSUB","OUTSIDE LOCATION")=
TFIEVAL(2,1,"CSUB","PRIMARY PROVIDER")=1
TFIEVAL(2,1,"CSUB","PRIMARY/SECONDARY")=P
TFIEVAL(2,1,"CSUB","PROBLEM LIST ENTRY")=470
TFIEVAL(2,1,"CSUB","PROVIDER NARRATIVE")=181996
TFIEVAL(2,1,"CSUB","SERVICE CATEGORY")=A
TFIEVAL(2,1,"CSUB","STATION NUMBER")=8905
TFIEVAL(2,1,"CSUB","STATUS")=^
TFIEVAL(2,1,"CSUB","STOP CODE")=14
TFIEVAL(2,1,"CSUB","VISIT")=2975
TFIEVAL(2,1,"CSUB","VISIT COMMENTS")=
TFIEVAL(2,1,"DAS")=1789
TFIEVAL(2,1,"DATE")=3130925.1432
TFIEVAL(2,1,"DATE VISIT CREATED")=3130925
TFIEVAL(2,1,"DFN")=5
TFIEVAL(2,1,"DIVISION")=DEMO
TFIEVAL(2,1,"DIVISION IEN")=1
TFIEVAL(2,1,"DSS ID")=14
TFIEVAL(2,1,"EDTE")=3150415.235959
TFIEVAL(2,1,"FILE NUMBER")=9000010.07
TFIEVAL(2,1,"FILE SPECIFIC")=P
TFIEVAL(2,1,"FINDING")=71;PXD(811.2,
TFIEVAL(2,1,"HLOC")=MENTAL HEALTH
TFIEVAL(2,1,"HOSPITAL LOCATION")=20
TFIEVAL(2,1,"LOC. OF ENCOUNTER")=1946
TFIEVAL(2,1,"MODIFIER")=
TFIEVAL(2,1,"NODE")=P
TFIEVAL(2,1,"OFFICAL VA NAME")=
TFIEVAL(2,1,"OUTSIDE LOCATION")=
TFIEVAL(2,1,"PRIMARY PROVIDER")=1
TFIEVAL(2,1,"PRIMARY/SECONDARY")=P
TFIEVAL(2,1,"PROBLEM LIST ENTRY")=470
TFIEVAL(2,1,"PROVIDER NARRATIVE")=181996
TFIEVAL(2,1,"SERVICE CATEGORY")=A
TFIEVAL(2,1,"STATION NUMBER")=8905
TFIEVAL(2,1,"STATUS")=^
Addendum to Installation Notes

Reviewing the Reminder and Dialog

December 2015

151

TFIEVAL(2,1,"STOP CODE")=14
TFIEVAL(2,1,"VISIT")=2975
TFIEVAL(2,1,"VISIT COMMENTS")=
TFIEVAL(2,2)=1
TFIEVAL(2,2,1)=1
TFIEVAL(2,2,1,"CSUB","DATE")=3150415
TFIEVAL(2,2,1,"CSUB","VALUE")=Diabetes mellitus type 1
TFIEVAL(2,2,1,"DATE")=3150415
TFIEVAL(2,2,1,"TEXT")=Diabetes mellitus type 1
TFIEVAL(2,2,1,"VALUE")=Diabetes mellitus type 1
TFIEVAL(2,2,"BDTE")=3120415
TFIEVAL(2,2,"CSUB","DATE")=3150415
TFIEVAL(2,2,"CSUB","VALUE")=Diabetes mellitus type 1
TFIEVAL(2,2,"DATE")=3150415
TFIEVAL(2,2,"EDTE")=3150415.235959
TFIEVAL(2,2,"FILE NUMBER")=811.4
TFIEVAL(2,2,"FINDING")=681;PXRMD(811.4,
TFIEVAL(2,2,"TEXT")=Diabetes mellitus type 1
TFIEVAL(2,2,"VALUE")=Diabetes mellitus type 1

The elements of the ^TMP(PXRMID,$J) array are:
^TMP(PXRMID,$J,336,"PATIENT COHORT LOGIC")=1^(SEX)&(AGE)!FI(2)^(1)&(1)!1
^TMP(PXRMID,$J,336,"REMINDER NAME")=Lipid Profile Female
^TMP(PXRMID,$J,336,"RESOLUTION LOGIC")=0^(0)!FI(1)^0(0)
^TMP(PXRMID,$J,336,"WARNING","NOFI",61)=Warning no findings items in
reminder te
rm IHS-LIPID LAB TESTS
^TMP(PXRMID,$J,336,"zFREQARNG")=1Y^^^^Finding 2

The elements of the ^TMP("PXRHM",$J) array are:
"^TMP("PXRHM",$J,336,"Lipid Profile Female")=DUE NOW^DUE NOW^unknown
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",1)=Frequency: Due every 1
year
for all ages.
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",2)=
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",3)=
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",4)=REMINDER DUE if female
age 4
5 to 64 and no lipid profile in past
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",5)=5 years, if diabetic of
any
age and no lipid profile in 1 year.
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",6)=
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",7)= REMINDER ON if due
within 3
months
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",8)=
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",9)=

Reference:
American Diabetes Association Recommendations 2015,
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",11)= Million Hearts,
Healthy People 2020, Diabetes, Heart Disease
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",12)= and Stroke, IHS Divisi
on of Diabetes Treatment and Prevention.
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",13)=
===============================================================================
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",14)=
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",15)=
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",16)=Cohort:
S DX 2015
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",19)= 04/15/2015 value - Diabetes mellitus type 1; Diabetes mellitus type 1
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",20)=
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",21)=
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",22)=Age/Frequency:
S DX 2015
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",25)= 04/15/2015 value - Diabetes mellitus type 1; Diabetes mellitus type 1
"^TMP("PXRHM",$J,336,"Lipid Profile Female","TXT",26)=

Maintenance Output:

--STATUS-- --DUE DATE-- --LAST DONE--
Lipid Profile Female DUE NOW DUE NOW unknown
Frequency: Due every 1 year for all ages.

REMINDER DUE if female age 45 to 64 and no lipid profile in past 5 years, if diabetic of any age and no lipid profile in 1 year.

REMINDER ON if due within 3 months

===============================================================================
Reference: American Diabetes Association Recommendations 2015, Million Hearts, Healthy People 2020, Diabetes, Heart Disease and Stroke, IHS Division of Diabetes Treatment and Prevention.
===============================================================================

Cohort:
Reminder Term: IHS-DIABETES DX 2015
Computed Finding: Snomed findings
  04/15/2015 value - Diabetes mellitus type 1; Diabetes mellitus type 1

Age/Frequency:
Reminder Term: IHS-DIABETES DX 2015
Computed Finding: Snomed findings
  04/15/2015 value - Diabetes mellitus type 1; Diabetes mellitus type 1
17.2 View Reminders Due

Users will generally report when a reminder is due and should not be. However, they are less likely to notice and report when a reminder is not due but it should be, or not applicable when it should be.

The CAC must test for this specifically or risk deploying a reminder system that will omit patients erroneously. Doing so results in missed opportunities to screen, monitor, and identify interventions for high risk patients.

Do the following:

1. Log on to the RPMS-EHR application. If you have installed any new reminders/dialogs, you must log off, and then log back on again.

2. Pick a patient who would have one of the reminders applicable and due.
   - The reminder alarm clock should be RED for someone with a reminder due
   - If you click on the alarm clock, you should see a list of reminders due
   - Right-click on the reminder due and review any of the options in the drop-down menu

3. Pick a patient who would have one of the reminders applicable, but not due.
   - The reminder alarm clock should be BLUE for someone with a reminder resolved

4. Pick a patient who would not have one of the reminders applicable.
   - The reminder clock should be WHITE for someone with a reminder that is not applicable to them
   - Be sure to check all the reminders before adding them to the system level

17.3 View Reminders on Cover Sheet

The following shows Reminders that are Due Now or Due Soon on Cover Sheet.

<table>
<thead>
<tr>
<th>Reminder</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>P-HgbA1c</td>
<td>DUE NOW</td>
</tr>
<tr>
<td>Tetanus Shot</td>
<td>DUE NOW</td>
</tr>
</tbody>
</table>

Figure 17-1: Reminders on Cover Sheet
17.4 View Reminders Icon

The reminder icon is an alarm clock.

Figure 17-2: Reminder Icon

The clock appears red if reminders are due, and blue if there is nothing due. Clicking the clock displays when reminders are due, and when it was last done.

1. Click the Reminder icon (in the toolbar) to open up the list of items to view.

2. Right-click any item in the list and a selection of items from which to choose appears.

17.4.1 Clinical Maintenance

The Clinical Maintenance dialog shows why the reminder is due. For the new reminders with computed findings, it will display only the item returned in the PCC reminder call.

The clinical maintenance displays in two places:

1. Right-click the reminder and select Clinical Maintenance.

2. While processing the reminder dialog, select the Clinical Maintenance button from the bottom of the screen.
17.4.2 Do a Reminder Inquiry

A reminder inquiry displays the reminder logic. Reminder Inquiry data can be displayed by right clicking on the reminder and selecting Reminder Inquiry.

Figure 17-4: Clinical Maintenance Window

<table>
<thead>
<tr>
<th>IHS-EPSDT SCREENING 2013</th>
<th>No. 179</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name:</td>
<td>EPSDT Evaluation</td>
</tr>
<tr>
<td>Class:</td>
<td>NATIONAL</td>
</tr>
<tr>
<td>Sponsor:</td>
<td></td>
</tr>
<tr>
<td>Review Date:</td>
<td></td>
</tr>
<tr>
<td>Rescission Date:</td>
<td></td>
</tr>
<tr>
<td>Usage:</td>
<td>CPRS, DATA EXTRACT, REPORTS</td>
</tr>
<tr>
<td>Related VA-* Reminder:</td>
<td></td>
</tr>
<tr>
<td>Reminder Dialog:</td>
<td>IHS-EPSDT SCREENING 2013</td>
</tr>
<tr>
<td>Priority:</td>
<td></td>
</tr>
<tr>
<td>Description:</td>
<td>Reminder for a preventive medicine evaluation for those under 20</td>
</tr>
<tr>
<td>REMINDER ON:</td>
<td>3 months before due</td>
</tr>
</tbody>
</table>
Bibliographic citation: Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program
Developer: IHS Office of Information Technology
Funding Source: Indian Health Service
Release: 2013

Technical Description:
This reminder uses a computed finding to get data from PCC Health Maintenance Reminder to resolve the reminder.

Baseline Frequency:
- Do In Advance Time Frame: Do if DUE within 3 months
  - Sex Specific:
  - Ignore on N/A:
  - Frequency for Age Range: 1 year for ages 1D to 20Y
    - Match Text:
    - No Match Text:

Findings:
---- Begin: IHS-EPSDT 2009 (FI(1)=CF(39)) ------------------------------
  - Finding Type: REMINDER COMPUTED FINDING
    - Use in Resolution Logic: OR
  ---- End: IHS-EPSDT 2009 -----------------------------------------------

General Patient Cohort Found Text:
Reminder for a preventive medicine evaluation for those under 20
--------------------------------------------------------------
REMINDER DUE: Total of 5 times at scheduled intervals: Age
less than 1 yr: New Pt code 99381, Established pt 99391
Age 1-4 yr: New Pt code 99382, Established pt 99392 Age 5-11 yr:
New Pt code 99383, Established pt 99393 Age 12-17 yr:
New Pt code 99384, Established pt 99394 Age 18-20 yr:
New Pt code 99385, Established pt 99395
REMINDER ON: 3 months before

Reference: Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

General Patient Cohort Not Found Text:
Reminder for a preventive medicine evaluation for those under 20
--------------------------------------------------------------
17.4.3 Look at the Reminder Icons

Below explains the various Reminder icons.

![Reminder Icons]

Figure 17-5: Reminders Tab on Icon Legend Window
17.5 View Reminders on the Health Summary

You can also view the Reminders in a Health Summary on the Reports tab. Users can either create a VA Health Summary type for reminders or the VA Health Summary components that already exist can be added to the Ad Hoc report.

Once created the summary type is added using the parameter ORWRP HEALTH SUMMARY LIST.

If you have already added reminders to health summaries, these will need to be updated by removing the old reminders and adding in the ones that came with this patch.

Figure 17-6: Health Summary Reminders on Report Tab
Appendix A: Common Install Questions/Issues

This section describes common install issues, questions, and solutions.

A.1 Programmer Access Message During Installation

Programmer access is required to install the reminders that contain a new computed finding.

If you do not have programmer access (@ FileMan access) you will see the following message when you are installing reminders that contain a new computed finding:

Only programmers can install routines.
Only programmers can install Reminder Computed Findings.

If there are no new computed findings packed in the reminder then ignore the message and continue through the installation process. If the computed finding was previously installed there will be an X under the column Exists on the right of the Reminder Computed Finding in the Reminder Exchange. Detailed instructions are available in the Programmer Access section of this guide.

A.2 Taxonomy Error Message During Installation

A taxonomy is a selection of ICD0, ICD9,ICD-10 or CPT codes. The user inputs them from the starting code to the ending code. One taxonomy can have multiple selection lists of codes. There is a secondary file that stores every entry between the starting and ending codes. Therefore an error in any code in the interval could cause the install to fail. If a site has two entries of the same code or the computer cannot tell the difference between two codes, the install will fail.

To resolve this issue, create the template manually using the detailed instructions in the Taxonomy Error section of this manual.

A.3 Error on Install from Exchange: EDUCATION TOPICS Entries

Error example:

The update failed, UPDATE^DIE returned the following error message:
MSG("DIERR")=2^2
MSG("DIERR",1)=299
MSG("DIERR",1,"PARAM",0)=2
MSG("DIERR",1,"PARAM",1)=FP-Depot Medroxyprogesterone Injections
MSG("DIERR",1,"PARAM","FILE")=9999999.09
MSG("DIERR",1,"TEXT",1)=More than one entry matches the value(s) 'FP-Depot Medroxyprogesterone Injections'.
MSG("DIERR",2)=701
MSG("DIERR",2,"PARAM",0)=3
MSG("DIERR",2,"PARAM",3)=ED.FP-Depot Medroxyprogesterone Injections
MSG("DIERR",2,"PARAM","FIELD")=15
MSG("DIERR",2,"PARAM","FILE")=801.41
MSG("DIERR",2,"TEXT",1)=The value 'ED.FP-Depot Medroxyprogesterone Injections' for field FINDING ITEM in file REMINDER DIALOG is not valid.
MSG("DIERR","E",299,1)=
MSG("DIERR","E",701,2)=
REMINDER DIALOG entry ED FP-DEPO did not get installed!
Examine the above error message for the reason

Warning there are 2 EDUCATION TOPICS entries with the name FP-Depot Medroxyprogesterone Injections Install reminder dialog and all components with no further changes:NO//NO

This error occurs when you have two Patient Education Topics with the same name (the system tells you which one has a duplicate). Most systems have a few of these so you may encounter this error.

**FIX:**

Your site manager must change the name of one of the EDUCATION topics (FileMan edit access is necessary). You can simply append the name with a number or letter.

**Make sure you do not change the name of the ACTIVE Pt Ed topic!**

After your site manager has edited the entry, reinstall the reminder with the following instructions.

'^VA FileMan

Enter or Edit File Entries
Print File Entries
Search File Entries
Modify File Attributes
Inquire to File Entries
Utility Functions ...
Data Dictionary Utilities ...
Transfer Entries
Other Options ...

Select VA FileMan Option:

Select VA FileMan Option: enter or Edit File Entries

INPUT TO WHAT FILE: EDUCATION TOPICS//
EDIT WHICH FIELD: ALL//

Select EDUCATION TOPICS NAME: FP-DEPO
1. FP-DEPOT MEDROXYPROGESTERONE INJECTIONS FP-DPO
2. FP-Depot Medroxy progesterone Injections FP-FPO

CHOOSE 1-2:'
Select EDUCATION TOPICS NAME: FP-Depot Medrocyprogesterone Injections FP-DPO
NAME: FP-Depot Medrocyprogesterone Injections Replace
INACTIVE FLAG: INACTIVE <--This topic is inactive.

Select EDUCATION TOPICS NAME: FP-Depot Medroxyprogesterone Injections FP-DPO
NAME: FP-Depot Medroxyprogesterone Injections Replace: Injections With
Injections OLD
INACTIVE FLAG: INACTIVE^ uphat out to quit

Select EDUCATION TOPICS NAME: FP-Depot Medroxyprogesterone Injections OLD

Reinstall the reminder dialog and the error will be gone.

A.4 After Installed in Reminder Exchange Findings Say None

It can be confusing when you first look at your dialog definitions. Here is an example where the dialog definition looks like the finding items did not load correctly. In the exchange file, it looks like the finding did not load. This is because some components of dialogs do not have findings and this is expected. (Refer to second screen shot).

![Figure A-1: List of Findings](image)

In the example above, you will notice that the Groups (under Type) do not have findings. This is expected. If you actually navigate to the Group Edit screen and look at the detail of the Group (see below), you will see that each element in the group has an appropriate finding.
A.5 The BPXRM Objects Do Not Work

A.5.1 The BPXRM LIPID PROFILE Object Does Not Display Last Lipid Profile Results

The BPXRM LIPID PROFILE object is not working and will be fixed in a future TIU patch. In the meantime you can create another object and use it in the dialog.

1. Create a new object containing your site’s LIPID PROFILE by copying the LAST LAB PANEL (SAMPLE) object:

   a. Select \texttt{RPMS-EHR Configuration Master Menu > TIU Configuration > TIU Menu For Medical Records > TIU Maintenance Menu > Document Definitions (Manager) > Document Definitions (Manager)}.

Instructions:

\begin{tabular}{|l|}
\hline
\texttt{DDM1} & Edit Document Definitions \\
\texttt{DDM2} & Sort Document Definitions \\
\texttt{DDM3} & Create Document Definitions \\
\texttt{DDM4} & Create Objects \\
\texttt{DDM5} & List Object Descriptions \\
\texttt{DDM6} & Create TIU/Health Summary Objects \\
\texttt{DDM7} & Title Headers/Footers \\
\hline
\end{tabular}
Select Document Definitions (Manager) Option: DDM4
Create Objects

(DEMO INDIAN HOSPITAL)

START DISPLAY WITH OBJECT: FIRST

Objects

<table>
<thead>
<tr>
<th></th>
<th>ACTIVE MEDICATIONS</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>ACTIVE MEDS COMBINED</td>
<td>A</td>
</tr>
<tr>
<td>3</td>
<td>ACTIVE MEDS IN AND OUT</td>
<td>A</td>
</tr>
<tr>
<td>4</td>
<td>ACTIVE MEDS INPATIENT</td>
<td>A</td>
</tr>
<tr>
<td>5</td>
<td>ACTIVE MEDS ONE LIST</td>
<td>A</td>
</tr>
<tr>
<td>6</td>
<td>ACTIVE MEDS OUTPATIENT</td>
<td>A</td>
</tr>
<tr>
<td>7</td>
<td>ACTIVE PROBLEMS</td>
<td>A</td>
</tr>
<tr>
<td>8</td>
<td>ACTIVE PROBLEMS W/O DATES</td>
<td>A</td>
</tr>
<tr>
<td>9</td>
<td>ADDRESS-ONE LINE</td>
<td>A</td>
</tr>
<tr>
<td>10</td>
<td>ADMITTING DX</td>
<td>A</td>
</tr>
<tr>
<td>11</td>
<td>ADMITTING PROVIDER</td>
<td>A</td>
</tr>
<tr>
<td>12</td>
<td>ALLERGIES/ADR</td>
<td>A</td>
</tr>
<tr>
<td>13</td>
<td>ASTHMA CONTROLLER MEDS</td>
<td>A</td>
</tr>
<tr>
<td>14</td>
<td>ASTHMA REGISTRY</td>
<td>A</td>
</tr>
</tbody>
</table>
+  | ?Help >ScrollRight PS/PL PrintScrn/List +/- |

Find Detailed Display/Edit Copy/Move
Change View Try Quit
Create Owner

Select Action: Next Screen/ Find
Search for://LAST LAB PANEL (SAMPLE)

Objects

<table>
<thead>
<tr>
<th></th>
<th>LAST LAB INR 3</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>109</td>
<td>LAST LAB PANEL (CHEM PANEL)</td>
<td>A</td>
</tr>
<tr>
<td>111</td>
<td>LAST LAB PANEL (SAMPLE)</td>
<td>I</td>
</tr>
<tr>
<td>112</td>
<td>LAST LAB PANEL LIPID</td>
<td>A</td>
</tr>
<tr>
<td>113</td>
<td>LAST LAB TEST (BRIEF)</td>
<td>I</td>
</tr>
<tr>
<td>114</td>
<td>LAST LAB TEST (NO CAP)</td>
<td>I</td>
</tr>
<tr>
<td>115</td>
<td>LAST LAB TEST (SAMPLE)</td>
<td>I</td>
</tr>
<tr>
<td>116</td>
<td>LAST LAB TEST DATE (SAMPLE)</td>
<td>I</td>
</tr>
<tr>
<td>117</td>
<td>LAST MAMM</td>
<td>A</td>
</tr>
<tr>
<td>118</td>
<td>LAST MEASUREMENT LIST</td>
<td>A</td>
</tr>
<tr>
<td>119</td>
<td>LAST MEASURMENT LIST</td>
<td>A</td>
</tr>
<tr>
<td>120</td>
<td>LAST MED (SAMPLE)</td>
<td>I</td>
</tr>
<tr>
<td>121</td>
<td>LAST MED CLASS (SAMPLE)</td>
<td>I</td>
</tr>
<tr>
<td>122</td>
<td>LAST MED CLASS/PHARM PT (SAMPLE)</td>
<td>I</td>
</tr>
</tbody>
</table>
+  | ?Help >ScrollRight PS/PL PrintScrn/List +/- |

...searching for 'LAST LAB PANEL (sample'

Stop Here? Yes/

Select Action: Next Screen// COPY
Select Entry to Copy: (109-122): **111 enter the number of the LAST LAB PANEL (SAMPLE). Yours may be different.**

Copy into (different) Name: LAST LAB PANEL (SAMPLE)  
Replace SAMPLE With **LIPID PROFILE**  
Replace  
LAST LAB PANEL (LIPID PROFILE)  

OBJECT copied into File Entry #665  

Press RETURN to continue or '^^' or '^' to exit:  
Feb 14, 2012 15:38:44          Page:  8 of   21  
Objects

+                                                                 Status
111    LAST LAB PANEL (LIPID PROFILE)                                I
112    LAST LAB PANEL (SAMPLE)                                       I
113    LAST LAB PANEL LIPID                                          A
114    LAST LAB TEST (BRIEF)                                         I
115    LAST LAB TEST (NO CAP)                                        I
116    LAST LAB TEST (SAMPLE)                                        I
117    LAST LAB TEST DATE (SAMPLE)                                   I
118    LAST MAMM                                                      A
119    LAST MEASUREMENT LIST                                         A
120    LAST MEASUREMENT LIST                                         A
121    LAST MED (SAMPLE)                                             I
122    LAST MED CLASS (SAMPLE)                                       I
123    LAST MED CLASS/PHARM PT (SAMPLE)                              I
124    LAST PAIN                                                       A
+         ?Help   >ScrollRight   PS/PL PrintScrn/List   +/-

Find                      Detailed Display/Edit     Copy/Move
Change View  Try                       Quit
Create                   Owner

Select Action: Next Screen// DETAIL
Select Entry: (111-124): **111**
Object LAST LAB PANEL (LIPID PROFILE)

Basics
Name:   LAST LAB PANEL (LIPID PROFILE)
Abbreviation:
Print Name:
Type:   OBJECT
IFN:  665
National
Standard:   NO
Status:   INACTIVE
Owner:   CLINICAL COORDINATOR

Technical Fields
Object Method:  S X=$$LABPANL^BTIUPCC(DFN,"LAB PANEL NAME")

Replace LAB PANEL NAME With LIPID PANEL
Replace the words LAB PANEL NAME with the exact name of the LIPID PANEL that is being used at the facility.

Select Action: Quit// BASICS

NAME: LAST LAB PANEL (LIPID PROFILE) Replace
ABBREVIATION:
PRINT NAME:
CLASS OWNER: CLINICAL COORDINATOR Replace
STATUS: (A/I): INACTIVE// A <--now activate the object

2. Edit the dialog and replace the BPXRM LIPID PROFILE with the object that you created in step 1, above.

   a. Use the Reminder Dialogs Menu Option to make these changes: Reminder Configuration > Reminder Dialog Management Menu > Reminder Dialogs.

Instructions:

REMINDER VIEW (ALL REMINDERS BY NAME)

<table>
<thead>
<tr>
<th>Item</th>
<th>Reminder Name</th>
<th>Linked Dialog Name &amp; Dialog Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AAO NURSE SCREENING BUNDLE 6.2009</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>IHS-ACTIVITY SCREEN 2011</td>
<td>IHS-ACTIVITY SCREEN 2011</td>
</tr>
<tr>
<td>3</td>
<td>IHS-ALCOHOL SCREEN 2007</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>IHS-ALCOHOL SCREEN 2011</td>
<td>IHS-ALCOHOL SCREEN 2011</td>
</tr>
<tr>
<td>5</td>
<td>IHS-ALLERGY</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>IHS-ALLERGY 2011</td>
<td>IHS-ALLERGY 2011</td>
</tr>
<tr>
<td>7</td>
<td>IHS-ANTICOAG CBC 2011</td>
<td>IHS-ANTICOAG CBC 2011</td>
</tr>
<tr>
<td>8</td>
<td>IHS-ANTICOAG DURATION OF TX 2011</td>
<td>IHS-ANTICOAG DURATION OF TX</td>
</tr>
<tr>
<td>9</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
<td>IHS-ANTICOAG INR GOAL 2011</td>
</tr>
<tr>
<td>10</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2011</td>
<td>IHS-ANTICOAG OCCULT BLOOD 2</td>
</tr>
<tr>
<td>11</td>
<td>IHS-ANTICOAG THERAPY END DATE 2011</td>
<td>IHS-ANTICOAG THERAPY END DA</td>
</tr>
<tr>
<td>12</td>
<td>IHS-ANTICOAG UA 2011</td>
<td>IHS-ANTICOAG UA 2011</td>
</tr>
<tr>
<td>13</td>
<td>IHS-ASBI BNI 2011</td>
<td>IHS-ASBI BNI 2011</td>
</tr>
<tr>
<td>14</td>
<td>IHS-ASBI SCREENING 2011</td>
<td>IHS-ASBI SCREENING 2011</td>
</tr>
<tr>
<td>15</td>
<td>IHS-ASTHMA ACTION PLAN 2011</td>
<td>IHS-ASTHMA ACTION PLAN 2011</td>
</tr>
<tr>
<td>16</td>
<td>IHS-ASTHMA CONTROL 2009</td>
<td></td>
</tr>
</tbody>
</table>
+     | Next Screen - Prev Screen ?? More Actions        |   >>>                             |
AR   All reminders LR Linked Reminders QU Quit
CV   Change View RN Name/Print Name

Select Item: Next Screen// CV
Select one of the following:

D   Reminder Dialogs
E   Dialog Elements
F   Forced Values
G   Dialog Groups
P   Additional Prompts
R   Reminders
RG  Result Group (Mental Health)
RE  Result Element (Mental Health)

TYPE OF VIEW: R// E

DIALOG VIEW (DIALOG ELEMENTS)
### Addendum to Installation Notes

**Common Install Questions/Issues**

**December 2015**

<table>
<thead>
<tr>
<th>+Item</th>
<th>Dialog Name</th>
<th>Dialog type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>ASBI CPT COMM INS 30 MIN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>8</td>
<td>ASBI CPT MEDICAID</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>9</td>
<td>ASBI CPT MEDICAID 15 MIN</td>
<td>Dialog Element</td>
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<tr>
<td>10</td>
<td>ASBI CPT MEDICARE 15-30 MIN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>11</td>
<td>ASBI CPT MEDICARE 30 MIN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>12</td>
<td>ASBI ED AOD-COMPLICATIONS</td>
<td>Dialog Element</td>
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<tr>
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<td>ASBI ED AOD-CULTURAL/SPIRIT</td>
<td>Dialog Element</td>
</tr>
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<td>14</td>
<td>ASBI ED AOD-DISEASE PROCESS</td>
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</tr>
<tr>
<td>15</td>
<td>ASBI ED AOD-FOLLOWUP</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>16</td>
<td>ASBI ED AOD-HEALTH PROMOTION DISEASE PR</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>17</td>
<td>ASBI ED AOD-HELP LINE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>18</td>
<td>ASBI ED AOD- INFORMATION AND REFERRAL</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>19</td>
<td>ASBI ED AOD- INJURIES</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>20</td>
<td>ASBI ED AOD-LIFESTYLE ADAPTATIONS</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>21</td>
<td>ASBI ED AOD- MEDICATIONS</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>22</td>
<td>ASBI ED AOD- NUTRITION</td>
<td>Dialog Element</td>
</tr>
</tbody>
</table>

+ Next Screen - Prev Screen ?? More Actions

**CO** Copy Dialog **PT** List/Print All **QU** Quit

Select Item: Next Screen// **SL**

Search for: **HD LIPID**

Stop Here: **YES** **HD LIPID should be highlighted at the top of the screen:**

**DIALOG VIEW (DIALOG ELEMENTS)**

<table>
<thead>
<tr>
<th>+Item</th>
<th>Dialog Name</th>
<th>Dialog type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>277</td>
<td>HD LIPID</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>278</td>
<td>HD MAMMO ALREADY SCHEDULED</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>279</td>
<td>HD MAMMO REFERRAL DONE</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>280</td>
<td>HD MAMMOGRAM EDUCATION</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>281</td>
<td>HD MED COUNSELING INFO</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>282</td>
<td>HD MED PROBLEM LIST</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>283</td>
<td>HD MENINGITIS TEXT</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>284</td>
<td>HD MMR TEXT</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>285</td>
<td>HD MTM ADDL INFO</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>286</td>
<td>HD MTM FOLLOW UP</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>287</td>
<td>HD NEPHRO SCREEN</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>288</td>
<td>HD NEWBORN HEARING</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>289</td>
<td>HD OSTEOPOROSIS SCREENING</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>290</td>
<td>HD PAP NOT DONE TEXT</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>291</td>
<td>HD PED FLU</td>
<td>Dialog Element</td>
</tr>
<tr>
<td>292</td>
<td>HD PEDAL PULSES</td>
<td>Dialog Element</td>
</tr>
</tbody>
</table>

+ Next Screen - Prev Screen ?? More Actions

**AD** Add **CV** Change View **INQ** Inquiry/Print

**CO** Copy Dialog **PT** List/Print All **QU** Quit

Select Item: Next Screen// **277** (enter the number of the **HD LIPID** element. In this example, it is number 277. Yours may be different.)

**CURRENT DIALOG ELEMENT/GROUP NAME**: HD LIPID

**Used by**: IHS-LIPID FEMALE 2011 (Reminder Dialog)  
IHS-LIPID MALE 2011 (Reminder Dialog)

**NAME**: HD LIPID//  
**DISABLE**:  
**CLASS**: VISN//  
**SPONSOR**:  
**REVIEW DATE**: 

---

Addendum to Installation Notes

Common Install Questions/Issues

**December 2015**

166
RESOLUTION TYPE:
ORDERABLE ITEM:
FINDING ITEM:
DIALOG/PROGRESS NOTE TEXT:
Patient's last LIPID PROFILE was:
|BPXRM LIPID PROFILE|

Edit? NO// y

==[ WRAP ]==[ INSERT ]====>< DIALOG/PROGRESS NOTE TEXT >==== Patient's last LIPID PROFILE was: 
|BPXRM LIPID PROFILE| replace BPXRM LIPID PROFILE with the name of the object that you created. Select F1 key and E key to exit and save the changes

<========T========T========T========T========T========T========T========T

ALTERNATE PROGRESS NOTE TEXT:
No existing text
Edit? NO// ^ uphat to exit

3. Log out of EHR and log on again.
4. Test the object by processing the IHS-LIPID dialog(s) on a patient who has a recent lipid profile result.
5. Confirm that you can see the last lipid profile results.

A.5.2 The BPXRM HGBA1C Object Does Not Display Last Lab Data
This might occur with any of the BPXRM (lab test) objects. This object must contain the name of the HGBA1C lab test that is being used at your facility.

This example describes how to map the HGBA1C lab test that is used at the facility to the BPXRM HGBA1C object.

1. Go to DDM4 in your TIU menu.
2. Select RPMS-EHR Configuration Master Menu > TIU Configuration > TIU Menu For Medical Records > TIU Maintenance Menu > Document Definitions (Manager).

How to Map the HGBA1C Lab Test:

(DEC INDIAN HOSPITAL)

DDM1 Edit Document Definitions
DDM2 Sort Document Definitions
DDM3 Create Document Definitions
DDM4 Create Objects
DDM5 List Object Descriptions
DDM6 Create TIU/Health Summary Objects
DDM7 Title Headers/Footers
Select Document Definitions (Manager) Option: DDM4
Create Objects

(DEMO INDIAN HOSPITAL)

START DISPLAY WITH OBJECT: FIRST//

Objects  Oct 29, 2008 17:34:35 Page: 3 of 27

Object BPXRM HGBA1C

Basics
Name: BPXRM HGBA1C
Abbreviation:
Print Name:
Type: OBJECT
IFN: 49
National
Standard: NO
Status: ACTIVE
Owner: CLINICAL COORDINATOR

Technical Fields
Object Method: S X=$$SLAB^BTIUPCC($G(DFN),"HGBA1C")

Description
go to Basics to inactivate the object so you can edit it.
Edit Owner and Status only; Entry not Inactive
CLASS OWNER: CLINICAL COORDINATOR   Replace
STATUS: (A/I): ACTIVE// I  **Inactivate the entry so you can edit it.**

Object BPXRM HGBA1C

Basics
Name:   BPXRM HGBA1C
Abbreviation:       
Print Name:
Type:   OBJECT
IFN:   49
National
Standard:   NO
Status:  INACTIVE  **Must be inactive**
Owner:   CLINICAL COORDINATOR

Technical Fields
Object Method:   S X=$$SLAB^BTIUPCC(+$G(DFN),"HGBA1C")

Description
+  ? Help   +, - Next, Previous Screen   PS/PL
Basics       Find       Description Edit
Technical Fields       Delete
Try       Quit
Select Action: Next Screen//   **technical**  <-edit the technical field to replace HGBA1C with the exact name of the test that is used by your facility

OBJECT METHOD:   S X=$$SLAB^BTIUPCC(+$G(DFN),"HGB A1C")

Replace HGBA1C With HGB A1C  *(use the exact name of the HGBA1C test that is in use at your facility)*

Detailed Display       Feb 14, 2012 15:07:14       Page:    1 of 2
Object BPXRM HGBA1C

Basics
Name:   BPXRM HGBA1C
Abbreviation:       
Print Name:
Type:   OBJECT
IFN:   49
National
Standard:   NO
Status:  INACTIVE
Owner:   CLINICAL COORDINATOR

Technical Fields
Object Method:   S X=$$SLAB^BTIUPCC(+$G(DFN),"HGB A1C")  **double check the name of the test**

Description
+  ? Help   +, - Next, Previous Screen   PS/PL
Basics       Find       Description Edit
Technical Fields       Delete
Try       Quit
Select Action: Next Screen//Basics  

now go back into Basics to activate the object.

NAME: BPXRM HGBA1C/
ABBREVIATION:
PRINT NAME:
CLASS OWNER: CLINICAL COORDINATOR  Replace

STATUS: (A/I): INACTIVE// ACTIVE

Object BPXRM HGBA1C

Basics
Name: BPXRM HGBA1C
Abbreviation:
Print Name:
Type: OBJECT
IFN: 49
National
Standard: NO
Status: ACTIVE
Owner: CLINICAL COORDINATOR

Technical Fields
Object Method: $ X=\$S\$LAB^BTIUPCC(+\$G(DFN),"HGB A1C")

Description
? Help +, - Next, Previous Screen PS/PL
Basics Find
Technical Fields Delete
Try
Quit

Select Action: Next Screen//Q

A.6 Medication Reminders – Last Occurrence Date

Reminders that use medications in the resolution logic:  DM-ASPIRIN, DM-ACE/ARB, DM-ANTIPLATLET CVD use the last fill date as the LAST OCCURRENCE DATE.

Figure A-3: DM Aspirin Reminder filled on 4/16/2015

If the medication is an OUTSIDE MEDICATION, it will display today’s date as the
LAST OCCURRENCE DATE. In the example below, the Outside Med was documented last month. Outside Meds do not have an associated fill date. The reminder uses TODAY’S date as the LAST OCCURRENCE DATE. In this example, today is 4/16/2015.

![Image of Available Reminders]

Figure A-4: Example of Outside Med Displayed on 4/16/2015

A.7 Problems Getting Reminders Visible For Everyone

If you have reminders showing up for most users but not for others, the culprit is likely in the parameters. Usually it means that the NEW parameter is set to YES for system, but NO at a lower level, such as class or user.

Entering parameters is easiest from the **RPMS-EHR Master Configuration menu > REM Reminder Configuration > PAR Reminder Parameters Menu > New Reminder Parameters.**

**Instructions:**

<table>
<thead>
<tr>
<th>NEW</th>
<th>New Reminder Parameters</th>
<th>(ORQQPX NEW REMINDER PARAMS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>User</td>
<td>USR [choose from NEW PERSON]</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>SRV [choose from SERVICE/SECTION]</td>
<td></td>
</tr>
<tr>
<td>Division</td>
<td>DIV [DEMO INDIAN HOSPITAL]</td>
<td></td>
</tr>
<tr>
<td>System</td>
<td>SYS [DEMO.OKLAHOMA.IHS.GOV]</td>
<td></td>
</tr>
<tr>
<td>Package</td>
<td>PKG [ORDER ENTRY/RESULTS REPORTING]</td>
<td></td>
</tr>
</tbody>
</table>

Enter selection: RICHARDS, SUSAN P

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Instance</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>USR: RICHARDS, SUSAN P</td>
<td>1</td>
<td>NO if this were set to no, like here, this user would only see what was set up in the cover sheet reminder list (CVR above) and not what was set up in the GUI reminder configuration. To remove, edit the parameter and @ at the prompt so the value is empty.</td>
</tr>
<tr>
<td>SYS: YAKIMA-HC.PRT.IHS.GOV</td>
<td>1</td>
<td>YES</td>
</tr>
</tbody>
</table>
A.8 Reminder Due When It Should NOT Be Due

This can happen if the reminder uses Health Maintenance Reminder (HMR) or Best Practice Prompts (HMR) in their resolution logic and the lab test or medications that are needed to resolve the HMR or BPP are not members of the RPMS taxonomy.

Examples:

My patient has a recent chlamydia test, but the IHS-CHLAMYDIA reminder shows as due.

My patient has a recent prescription for asthma inhaled steroid, but the IHS-ASTHMA STEROIDS reminder shows as due. My patient’s [best practice/hmr] reminder shows as due when it should not be due.

These reminders use the data found by the Health Maintenance Reminder or Best Practice to determine if they are due or not. You will need to look at the logic that the HMR or BPP uses. Confirm that the drug or lab that is being used to resolve the reminder is a member of the HMR or BPP taxonomy. HMR/BPP RPMS taxonomies can be edited using iCare or CRS.

1. Review the Logic Detail for the health maintenance reminder or best practice prompt logic in one of the following locations:

   • IHS PCC Suite (BJPC) PCC Health Summary User Manual, Appendix A for Health Maintenance Reminders and Appendix B for Best Practice Prompts.
   • iCare Population Management GUI (BQI) iCare User Manual
   • PCC Health Maintenance Reminder and Best Practice Prompt Menu
   • iCare: Click the glossary button and select Reminders Glossary (Health Summary Reminders) or Best Practice Prompts Glossary

2. Confirm that the lab test/medication/etc. item that the reminder is looking at is a member of the taxonomy.

Example:

The CHLAMYDIA Health Maintenance Reminder uses the BGP CHLAMYDIA TESTS taxonomy to look for the chlamydia test(s) that is being used by your facility.

Instructions:

LOGIC DETAIL: (from iCare Glossary or Health Summary User Manual Appendix)

Chlamydia Test Definition:
- Procedures (CPT Codes): V CPT 86631, 86632, 87110, 87270, 87320, 87490-87492, 87810 [BGP CHLAMYDIA CPTS]
- LOINC Codes: V Lab as predefined in [BGP CHLAMYDIA LOINC CODES]
- Site Defined Lab Tests: V Lab site-defined tests in [BGP CHLAMYDIA TESTS TAX] <--- The lab test used at your facility must be a member of this taxonomy
3. This taxonomy can be populated with the appropriate labs/drugs through iCare or Clinical Reporting System (CRS).

**iCare:**

1. To edit the taxonomy, the iCare user must possess the BGPZ TAXONOMY EDITOR key. Add the test being used at your facility.

2. Login to [iCare] > Tools > Taxonomy Maintenance > View/Edit Taxonomy Entries > All Site Populated > Lab Tests > BGP Chlamydia Tests > add the chlamydia lab test(s) that are ordered at your facility.

**CRS:**

1. To edit the taxonomy, you must possess the appropriate security keys and menu options or ask the appropriate staff to edit the taxonomy.

2. At the CRS Main Menu, select System Setup > Taxonomy Setup > Taxonomy Setup-All CRS Reports > Select a Taxonomy > add the chlamydia lab test(s) that are ordered at your facility.

**Why is the Due Date Tomorrow?**

![Reminder Due Date](image)

The reminder is due to check tomorrow to see if the immunization is due. This is the case for all immunization reminders; several of the anti-coagulation and asthma reminders, and CVD reminder.

**A.9 Access Violation Error When Processing Dialogs**

An Access Violation Error occurs if you are processing a dialog and you select the Clinical Maintenance Button from within the dialog. When you exit/save the dialog, you will receive this error message:

![Access Violation Error](image)
This is a known issue that will be fixed in a future RPMS-EHR patch. If you receive this error, log out of RPMS-EHR and log back on again. We recommend that you do not use the CLINICAL MAINTENANCE button when processing dialogs. Instead, right-click on a reminder or reminder dialog and select Clinical Maintenance.
Appendix B: Reminder Taxonomies

The following provides information about reminder taxonomies released in previous patches as well as updated and new Reminder Taxonomies of PXRM 1008 that will be installed through the exchange.

If this is the first time you have installed this category of reminder (example: Asthma) then the Reminder Taxonomy will be installed through the exchange.

B.1 IHS-Asthma 2015

<table>
<thead>
<tr>
<th>Code Sets:</th>
<th>Coding System: ICD-9-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>INACT UID Description</td>
</tr>
<tr>
<td>493.00</td>
<td>X Extrinsic asthma, unspecified</td>
</tr>
<tr>
<td>493.01</td>
<td>X Extrinsic asthma with status asthmaticus</td>
</tr>
<tr>
<td>493.02</td>
<td>X Extrinsic asthma, with (acute) Exacerbation</td>
</tr>
<tr>
<td>493.10</td>
<td>X Intrinsic asthma, unspecified</td>
</tr>
<tr>
<td>493.11</td>
<td>X Intrinsic asthma with status asthmaticus</td>
</tr>
<tr>
<td>493.12</td>
<td>X Intrinsic asthma, with (acute) Exacerbation</td>
</tr>
<tr>
<td>493.20</td>
<td>X Chronic obstructive asthma, unspecified</td>
</tr>
<tr>
<td>493.21</td>
<td>X Chronic obstructive asthma (with obstructive pu...</td>
</tr>
<tr>
<td>493.22</td>
<td>X Chronic obstructive asthma, with (acute) Exacerb...</td>
</tr>
<tr>
<td>493.81</td>
<td>X Exercise induced bronchospasm</td>
</tr>
<tr>
<td>493.82</td>
<td>X Cough variant Asthma</td>
</tr>
<tr>
<td>493.90</td>
<td>X Asthma, unspecified type, unspecified</td>
</tr>
<tr>
<td>493.91</td>
<td>X Asthma, unspecified type, with status asthmaticus</td>
</tr>
<tr>
<td>493.92</td>
<td>X Asthma, unspecified, with (acute) Exacerbation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coding System: ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
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</tr>
<tr>
<td>J45.991</td>
</tr>
<tr>
<td>J45.998</td>
</tr>
</tbody>
</table>

This taxonomy includes the following numbers of codes:
ICD-10-CM: 18
ICD-9-CM: 14
Taxonomy reminder IHS-BILATERAL MASTECTOMY 2015.

B.3 Taxonomies for IHS-COLON CANCER 2015

The following provides information the various taxonomies for colon cancer.
### B.4 IHS-COLONOSCOPY 2015

**Patient Data Source:**
- EN, PL, IN  

**Code Sets:**
**Coding System: ICD-10-PCS**

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0DBK8ZX</td>
<td></td>
<td>Excision of Ascending Colon, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DBL3ZX</td>
<td></td>
<td>Excision of Transverse Colon, Percutaneous Approach</td>
</tr>
<tr>
<td>0DBL4ZX</td>
<td></td>
<td>Excision of Transverse Colon, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0DBL7ZX</td>
<td></td>
<td>Excision of Transverse Colon, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DBL8ZX</td>
<td></td>
<td>Excision of Transverse Colon, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DBM3ZX</td>
<td></td>
<td>Excision of Descending Colon, Percutaneous Approach</td>
</tr>
<tr>
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<td>0DBN8ZX</td>
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<td>Excision of Sigmoid Colon, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DBE3ZX</td>
<td></td>
<td>Excision of Large Intestine, Percutaneous Approach</td>
</tr>
<tr>
<td>0DBE4ZX</td>
<td></td>
<td>Excision of Large Intestine, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0DBE7ZX</td>
<td></td>
<td>Excision of Large Intestine, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DBF3ZX</td>
<td></td>
<td>Excision of right Large Intestine, Percutaneous Approach</td>
</tr>
<tr>
<td>0DBF4ZX</td>
<td></td>
<td>Excision of right Large Intestine, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0DBF7ZX</td>
<td></td>
<td>Excision of right Large Intestine, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DBF8ZX</td>
<td></td>
<td>Excision of right Large Intestine, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DBG3ZX</td>
<td></td>
<td>Excision of left Large Intestine, Percutaneous Approach</td>
</tr>
<tr>
<td>0DBG4ZX</td>
<td></td>
<td>Excision of left Large Intestine, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0DBG7ZX</td>
<td></td>
<td>Excision of left Large Intestine, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DBG8ZX</td>
<td></td>
<td>Excision of left Large Intestine, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DBH3ZX</td>
<td></td>
<td>Excision of Cecum, Percutaneous Approach, Diagnostic Procedure</td>
</tr>
<tr>
<td>0DBH4ZX</td>
<td></td>
<td>Excision of Cecum, Percutaneous Endoscopic Approach</td>
</tr>
<tr>
<td>0DBH7ZX</td>
<td></td>
<td>Excision of Cecum, via Natural or Artificial Procedure</td>
</tr>
<tr>
<td>0DBH8ZX</td>
<td></td>
<td>Excision of Cecum, via Natural or Artificial Procedure</td>
</tr>
<tr>
<td>0DBK3ZX</td>
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<td>Excision of Ascending Colon, Percutaneous Approach</td>
</tr>
<tr>
<td>0DBK3ZX</td>
<td></td>
<td>Excision of Ascending Colon, Percutaneous Approach</td>
</tr>
<tr>
<td>0DBK4ZX</td>
<td></td>
<td>Excision of Ascending Colon, Percutaneous Endoscopic Procedure</td>
</tr>
<tr>
<td>0DBK7ZX</td>
<td></td>
<td>Excision of Ascending Colon, via Natural or Artificial Approach</td>
</tr>
<tr>
<td>0DJD8ZZ</td>
<td></td>
<td>Inspection of lower Intestinal Tract, via Natural or Artificial Procedure</td>
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</tbody>
</table>

**Coding System: CPT-4**

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>44388</td>
<td></td>
<td>Colonoscopy through Stoma</td>
</tr>
<tr>
<td>44389</td>
<td></td>
<td>Colonoscopy through Stoma with single or Multiple Interventions</td>
</tr>
<tr>
<td>44390</td>
<td></td>
<td>Colonoscopy through Stoma with Removal of Foreign Material</td>
</tr>
<tr>
<td>44391</td>
<td></td>
<td>Colonoscopy through Stoma with Control of Bleeding</td>
</tr>
<tr>
<td>44392</td>
<td></td>
<td>Colonoscopy through Stoma with Removal of Tumor</td>
</tr>
<tr>
<td>44393</td>
<td></td>
<td>Colonoscopy through Stoma with Ablation of Tumor</td>
</tr>
<tr>
<td>44394</td>
<td></td>
<td>Colonoscopy through Stoma with Removal of Tumor</td>
</tr>
</tbody>
</table>
44394  Colonoscopy through Stoma with Removal of Tumor...

Lexicon Search Term/Code: Copy from CPT range 44397 to 44397

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>44397</td>
<td>Colonoscopy through Stoma; with Transendoscopic...</td>
</tr>
</tbody>
</table>

Coding System: CPT-4

Lexicon Search Term/Code: Copy from CPT range 45355 to 45355

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45355</td>
<td>Rigid or Flexible Colonoscopy by Transabdominal.</td>
</tr>
</tbody>
</table>

Coding System: CPT-4

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45378</td>
<td>Flexible Colonoscopy Proximal to Splenic Flexure</td>
</tr>
<tr>
<td>45379</td>
<td>Flexible Colonoscopy Proximal to Splenic Flexure</td>
</tr>
<tr>
<td>45380</td>
<td>Flexible Colonoscopy Proximal to Splenic Flexure</td>
</tr>
<tr>
<td>45381</td>
<td>Colonoscopy, Flexible, Proximal to Splenic Flexure</td>
</tr>
<tr>
<td>45382</td>
<td>Colonoscopy, Flexible, Proximal to Splenic Flexure</td>
</tr>
<tr>
<td>45383</td>
<td>Flexible Colonoscopy Proximal to Splenic Flexure</td>
</tr>
<tr>
<td>45384</td>
<td>Flexible Colonoscopy Proximal to Splenic Flexure</td>
</tr>
<tr>
<td>45385</td>
<td>Flexible Colonoscopy Proximal to Splenic Flexure</td>
</tr>
<tr>
<td>45386</td>
<td>Colonoscopy, Flexible, Proximal to Splenic Flexure</td>
</tr>
<tr>
<td>45387</td>
<td>Colonoscopy, Flexible, Proximal to Splenic Flex</td>
</tr>
</tbody>
</table>

Lexicon Search Term/Code: Copy from CPT range G0105 to G0105

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0105</td>
<td>Colorectal Cancer Screening by Colonoscopy of H...</td>
</tr>
</tbody>
</table>

Lexicon Search Term/Code: Copy from CPT range G0121 to G0121

<table>
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<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0121</td>
<td>Colorectal Cancer Screening by Colonoscopy on a...</td>
</tr>
</tbody>
</table>

Lexicon Search Term/Code: Copy from ICP range 45.23 to 45.23

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.22</td>
<td>Endoscopy of Large Intestine through Artificial...</td>
</tr>
</tbody>
</table>
45.23       X   Flexible Fiberoptic Colonoscopy

Lexicon Search Term/Code: Copy from ICP range 45.25 to 45.25

Coding System: ICD-9 Proc

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.25</td>
<td>X</td>
<td>Closed (Endoscopic) Biopsy of Large Intestine</td>
</tr>
</tbody>
</table>

Coding System: ICD-9 Proc

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>76.51</td>
<td>X</td>
<td>CONDYLECTOMY</td>
</tr>
</tbody>
</table>

This taxonomy includes the following numbers of codes:
ICD-10-PCS: 33; 33 are unique.
HCPCS: 2; 2 are unique.
CPT-4: 21; 20 are unique.
ICD-9 Proc: 4; 4 are unique.
Total number of codes: 60; 59 are unique.

The following codes are included in more than one Term/Code.
CPT-4 code 44394 is included 2 times.
Term/Code:
   Copy from CPT range 44388 to 44394
   Copy from CPT range 44394 to 44394

IHS COLONOSCOPY 2015.

B.5 IHS-COLORECTAL CANCER 2015

Patient Data Source: EN, PL

Coding System: ICD-9-CM

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>153.0</td>
<td>X</td>
<td>Malignant neoplasm of hepatic flexure</td>
</tr>
<tr>
<td>153.1</td>
<td>X</td>
<td>Malignant neoplasm of transverse colon</td>
</tr>
<tr>
<td>153.2</td>
<td>X</td>
<td>Malignant neoplasm of descending colon</td>
</tr>
<tr>
<td>153.3</td>
<td>X</td>
<td>Malignant neoplasm of sigmoid colon</td>
</tr>
<tr>
<td>153.4</td>
<td>X</td>
<td>Malignant neoplasm of cecum</td>
</tr>
<tr>
<td>153.5</td>
<td>X</td>
<td>Malignant neoplasm of appendix vermiformis</td>
</tr>
<tr>
<td>153.6</td>
<td>X</td>
<td>Malignant neoplasm of ascending colon</td>
</tr>
<tr>
<td>153.7</td>
<td>X</td>
<td>Malignant neoplasm of splenic flexure</td>
</tr>
<tr>
<td>153.8</td>
<td>X</td>
<td>Malignant neoplasm of other specified sites of...</td>
</tr>
<tr>
<td>153.9</td>
<td>X</td>
<td>Malignant neoplasm of colon</td>
</tr>
</tbody>
</table>

Coding System: ICD-9-CM

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>154.0</td>
<td>X</td>
<td>Malignant neoplasm of rectosigmoid junction</td>
</tr>
<tr>
<td>154.1</td>
<td>X</td>
<td>Malignant neoplasm of rectum</td>
</tr>
<tr>
<td>154.2</td>
<td>X</td>
<td>Malignant neoplasm of anal canal</td>
</tr>
<tr>
<td>154.3</td>
<td>X</td>
<td>Malignant neoplasm of anus</td>
</tr>
<tr>
<td>154.8</td>
<td>X</td>
<td>Malignant neoplasm of other sites of rectum, re...</td>
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</tbody>
</table>
Lexicon Search Term/Code: 197.5

**Coding System: ICD-9-CM**

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT UID</th>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>197.5</td>
<td>X</td>
<td>Secondary malignant neoplasm of large intestine...</td>
<td></td>
</tr>
</tbody>
</table>

**Coding System: ICD-10-CM**

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT UID</th>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C18.0</td>
<td></td>
<td>Malignant neoplasm of cecum</td>
<td></td>
</tr>
<tr>
<td>C18.1</td>
<td></td>
<td>Malignant Neoplasm of Appendix</td>
<td></td>
</tr>
<tr>
<td>C18.2</td>
<td></td>
<td>Malignant neoplasm of ascending colon</td>
<td></td>
</tr>
<tr>
<td>C18.3</td>
<td></td>
<td>Malignant neoplasm of hepatic flexure</td>
<td></td>
</tr>
<tr>
<td>C18.4</td>
<td></td>
<td>Malignant neoplasm of transverse colon</td>
<td></td>
</tr>
<tr>
<td>C18.5</td>
<td></td>
<td>Malignant neoplasm of splenic flexure</td>
<td></td>
</tr>
<tr>
<td>C18.6</td>
<td></td>
<td>Malignant neoplasm of descending colon</td>
<td></td>
</tr>
<tr>
<td>C18.7</td>
<td></td>
<td>Malignant neoplasm of sigmoid colon</td>
<td></td>
</tr>
<tr>
<td>C18.8</td>
<td></td>
<td>Malignant Neoplasm of Overlapping sites of Colon</td>
<td></td>
</tr>
<tr>
<td>C18.9</td>
<td></td>
<td>Malignant Neoplasm of Colon, unspecified</td>
<td></td>
</tr>
<tr>
<td>C20.</td>
<td></td>
<td>Malignant neoplasm of rectum</td>
<td></td>
</tr>
<tr>
<td>C78.5</td>
<td></td>
<td>Secondary malignant neoplasm of large intestine...</td>
<td></td>
</tr>
<tr>
<td>Z85.038</td>
<td></td>
<td>Personal History of other Malignant Neoplasm of...</td>
<td></td>
</tr>
</tbody>
</table>

This taxonomy includes the following numbers of codes:

- ICD-10-CM: 13
- ICD-9-CM: 16
- Total number of codes: 29

### IHS-COLORECTAL CANCER 2015.

#### B.5.1 IHS-SIGMOIDOSCOPY 2015

**Patient Data Source:**

- EN, PL, IN

**Coding System: CPT-4**

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT UID</th>
<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45330</td>
<td>X</td>
<td>Flexible Sigmoidoscopy</td>
<td></td>
</tr>
<tr>
<td>45331</td>
<td>X</td>
<td>Flexible Sigmoidoscopy with single or Multiple ...</td>
<td></td>
</tr>
<tr>
<td>45332</td>
<td>X</td>
<td>Flexible Sigmoidoscopy with Removal of Foreign Bod</td>
<td></td>
</tr>
<tr>
<td>45333</td>
<td>X</td>
<td>Flexible Sigmoidoscopy with Removal of Tumor, P...</td>
<td></td>
</tr>
<tr>
<td>45334</td>
<td>X</td>
<td>Sigmoidoscopy, Flexible; with Control of Bleedi...</td>
<td></td>
</tr>
<tr>
<td>45335</td>
<td>X</td>
<td>Sigmoidoscopy, Flexible; with Directed Submucos...</td>
<td></td>
</tr>
<tr>
<td>45336</td>
<td>X</td>
<td>Flexible Sigmoidoscopy with Decompression of Vo...</td>
<td></td>
</tr>
<tr>
<td>45337</td>
<td>X</td>
<td>Flexible Sigmoidoscopy with Removal of Tumor, P...</td>
<td></td>
</tr>
<tr>
<td>45338</td>
<td>X</td>
<td>Flexible Sigmoidoscopy with Removal of Tumor, P...</td>
<td></td>
</tr>
<tr>
<td>45339</td>
<td>X</td>
<td>Flexible Sigmoidoscopy with Ablation of Tumor, ...</td>
<td></td>
</tr>
<tr>
<td>45340</td>
<td></td>
<td>Sigmoidoscopy, Flexible; with Dilation by Ballo...</td>
<td></td>
</tr>
<tr>
<td>45341</td>
<td></td>
<td>Sigmoidoscopy, Flexible; with Endoscopic Ultras...</td>
<td></td>
</tr>
<tr>
<td>45342</td>
<td></td>
<td>Sigmoidoscopy, Flexible; with Transendoscopic U...</td>
<td></td>
</tr>
<tr>
<td>45345</td>
<td></td>
<td>Sigmoidoscopy, Flexible; with Transendoscopic S...</td>
<td></td>
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</table>

**Coding System: HCPCS**

<table>
<thead>
<tr>
<th>Code</th>
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<th>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0104</td>
<td>X</td>
<td>Colorectal Cancer Screening by Flexible Sigmoid...</td>
<td></td>
</tr>
</tbody>
</table>

Lexicon Search Term/Code: Copy from ICP range 45.24 to 45.24
### Coding System: ICD-9 Proc

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT</th>
<th>UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.24</td>
<td>X</td>
<td></td>
<td>Other Endoscopy of Large Intestine</td>
</tr>
</tbody>
</table>

### Coding System: ICD-9 Proc

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT</th>
<th>UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.42</td>
<td>X</td>
<td></td>
<td>Endoscopic Polypectomy of Large Intestine</td>
</tr>
</tbody>
</table>

**Lexicon Search Term/Code: Copy from selectable procedure**

### Coding System: HCPCS

<table>
<thead>
<tr>
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<th>UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0106</td>
<td>X</td>
<td></td>
<td>Colorectal Cancer Screening by Barium Enema Scr.</td>
</tr>
</tbody>
</table>

### Coding System: ICD-10-PCS

<table>
<thead>
<tr>
<th>Code</th>
<th>INACT</th>
<th>UID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0DBE8ZZ</td>
<td></td>
<td></td>
<td>Excision of Large Intestine, via Natural or Art...</td>
</tr>
<tr>
<td>0DBF8ZZ</td>
<td></td>
<td></td>
<td>Excision of left Large Intestine, via Natural o...</td>
</tr>
<tr>
<td>0DBG8ZZ</td>
<td></td>
<td></td>
<td>Excision of Cecum, via Natural or Artificial Op...</td>
</tr>
<tr>
<td>0DBK8ZZ</td>
<td></td>
<td></td>
<td>Excision of Ascending Colon, via Natural or Art...</td>
</tr>
<tr>
<td>0DLB8ZZ</td>
<td></td>
<td></td>
<td>Excision of Transverse Colon, via Natural or Ar...</td>
</tr>
<tr>
<td>0DMB8ZZ</td>
<td></td>
<td></td>
<td>Excision of Descending Colon, via Natural or Ar...</td>
</tr>
<tr>
<td>0DNB8ZZ</td>
<td></td>
<td></td>
<td>Excision of Sigmoid Colon, via Natural or Artif...</td>
</tr>
<tr>
<td>0DJD8ZZ</td>
<td></td>
<td></td>
<td>Inspection of lower Intestinal Tract, via Natur...</td>
</tr>
</tbody>
</table>

This taxonomy includes the following numbers of codes:

- ICD-10-PCS: 9
- HCPCS: 2
- CPT-4: 14
- ICD-9 Proc: 2

**Total number of codes: 27**

---

**IHS-SIGMOIDOSCOPY 2015.**

### B.5.2 IHS-DIABETES DX 2015

#### Patient Data Source:

- EN, PL

### Coding System: ICD-9-CM

<table>
<thead>
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<th>UID</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>250.00</td>
<td>X</td>
<td></td>
<td>Diabetes Mellitus without mention of Complicati...</td>
</tr>
<tr>
<td>250.01</td>
<td>X</td>
<td></td>
<td>Diabetes Mellitus without mention of Complicati...</td>
</tr>
<tr>
<td>250.02</td>
<td>X</td>
<td></td>
<td>Diabetes Mellitus without mention of Complicati...</td>
</tr>
<tr>
<td>250.03</td>
<td>X</td>
<td></td>
<td>Diabetes Mellitus without mention of Complicati...</td>
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<tr>
<td>250.10</td>
<td>X</td>
<td></td>
<td>Diabetes with Ketoacidosis, type II or unspecifi...</td>
</tr>
<tr>
<td>250.11</td>
<td>X</td>
<td></td>
<td>Diabetes with Ketoacidosis, type i [Juvenile ty...</td>
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<td>250.12</td>
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<td></td>
<td>Diabetes with Ketoacidosis, type II or unspecifi...</td>
</tr>
<tr>
<td>250.13</td>
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<td></td>
<td>Diabetes with Ketoacidosis, type i [Juvenile ty...</td>
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<tr>
<td>250.20</td>
<td>X</td>
<td></td>
<td>Diabetes with Hyperosmolarity, type II or unspeci...</td>
</tr>
<tr>
<td>250.21</td>
<td>X</td>
<td></td>
<td>Diabetes with Hyperosmolarity, type i [Juvenile...</td>
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<td>250.23</td>
<td>X</td>
<td></td>
<td>Diabetes with Hyperosmolarity, type i [Juvenile...</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td></td>
<td></td>
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<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>250.30</td>
<td>Diabetes with other Coma, Type II or unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>250.31</td>
<td>Diabetes with other Coma, Type I [Juvenile Type ...</td>
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<td></td>
</tr>
<tr>
<td>250.32</td>
<td>Diabetes with other Coma, Type II or unspecified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>250.33</td>
<td>Diabetes with other Coma, Type I [Juvenile Type ...</td>
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<td></td>
</tr>
<tr>
<td>250.40</td>
<td>Diabetes with Renal Manifestations, type II or ...</td>
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<td></td>
</tr>
<tr>
<td>250.41</td>
<td>Diabetes with Renal Manifestations, type I [Juvenile Type ...</td>
<td></td>
<td></td>
</tr>
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**Coding System: ICD-10-CM**

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This taxonomy includes the following numbers of codes:
- ICD-10-CM: 122
- ICD-9-CM: 40
- Total number of codes: 162

IHS-DIABETES DX 2015.

B.6 IHS-DIABETES PROBLEMS ONLY

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| 250.12 | X | Diabetes with Ketoacidosis, type II or unspecified...
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### Type 1 Diabetes Mellitus with Severe Nonproliferative Diabetic Retinopathy

- **E10.349**
- **E10.351**
- **E10.359**
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| E10.65 | Type 1 Diabetes Mellitus with Hyperglycemia       |
| E10.69 | Type 1 Diabetes Mellitus with other specified C...
| E10.8  | Type 1 Diabetes Mellitus with unspecified Compl...
| E10.9  | Type 1 Diabetes Mellitus without Complications    |

### Type 2 Diabetes Mellitus with Severe Nonproliferative Diabetic Retinopathy

- **E11.00**
- **E11.01**
- **E11.21**
- **E11.22**
- **E11.29**
- **E11.311**
- **E11.319**
- **E11.321**
- **E11.329**
- **E11.331**
- **E11.339**
- **E11.341**
- **E11.349**
- **E11.351**
- **E11.359**
- **E11.36**
- **E11.39**
- **E11.40**
- **E11.41**
- **E11.42**
- **E11.43**

**Coding System: ICD-10-CM**

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| E11.00 | Type 2 Diabetes Mellitus with Hyperosmolarity w...
| E11.01 | Type 2 Diabetes Mellitus with Hyperosmolarity w...
| E11.21 | Type 2 Diabetes Mellitus with Diabetic Nephropathy
| E11.22 | Type 2 Diabetes Mellitus with Diabetic Chronic ...
| E11.29 | Type 2 Diabetes Mellitus with other Diabetic Kind...
| E11.311| Type 2 Diabetes Mellitus with unspecified Diabe...
| E11.319| Type 2 Diabetes Mellitus with unspecified Diabe...
| E11.321| Type 2 Diabetes Mellitus with Mild Nonproliferat...
| E11.329| Type 2 Diabetes Mellitus with Mild Nonproliferat...
| E11.331| Type 2 Diabetes Mellitus with Moderate Nonproli...
| E11.339| Type 2 Diabetes Mellitus with Moderate Nonproli...
| E11.341| Type 2 Diabetes Mellitus with Severe Nonproliferat...
| E11.349| Type 2 Diabetes Mellitus with Severe Nonproliferat...
| E11.351| Type 2 Diabetes Mellitus with Proliferative Dia...
| E11.359| Type 2 Diabetes Mellitus with Proliferative Dia...
| E11.36 | Type 2 Diabetes Mellitus with Diabetic Cataract   |
| E11.39 | Type 2 Diabetes Mellitus with other Diabetic Op...
| E11.40 | Type 2 Diabetes Mellitus with Diabetic Neuropath...
| E11.41 | Type 2 Diabetes Mellitus with Diabetic Mononeur...
| E11.42 | Type 2 Diabetes Mellitus with Diabetic Polyneur...
| E11.43 | Type 2 Diabetes Mellitus with Diabetic Autonomiy...
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<td>Type 2 Diabetes Mellitus with other Diabetic Artery Disease...</td>
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<td>Type 2 Diabetes Mellitus with Foot Ulcer</td>
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<td>Type 2 Diabetes Mellitus with other Skin Ulcer</td>
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Coding System: ICD-10-CM

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E13.69 Other specified Diabetes Mellitus with other sp...
E13.8 Other specified Diabetes Mellitus with unspecif...
E13.9 Other specified Diabetes Mellitus without Compl...

This taxonomy includes the following numbers of codes:
ICD-10-CM: 122
ICD-9-CM: 40
Total number of codes: 162

Diabetes Problems Only.

B.7 IHS-DIABETIC NEPHROPATHY 2015

Patient Data Source:
EN, PL

Coding System: ICD-9-CM
Code | INACT | UID | Description
--- | --- | --- | ----------------------
250.40 | X | | Diabetes with Renal Manifestations, type II or ...
250.41 | X | | Diabetes with Renal Manifestations, type i [Juv...
250.42 | X | | Diabetes with Renal Manifestations, type II or ...
250.43 | X | | Diabetes with Renal Manifestations, type i [Juv...

Coding System: ICD-10-CM
Code | INACT | UID | Description
--- | --- | --- | ----------------------
E10.21 | | | Type 1 Diabetes Mellitus with Diabetic Nephropathy
E10.22 | | | Type 1 Diabetes Mellitus with Diabetic Chronic ...
E10.29 | | | Type 1 Diabetes Mellitus with other Diabetic K...
E11.21 | | | Type 2 Diabetes Mellitus with Diabetic Nephropathy
E11.22 | | | Type 2 Diabetes Mellitus with Diabetic Chronic ...
E11.29 | | | Type 2 Diabetes Mellitus with other Diabetic K...
E13.21 | | | Other specified Diabetes Mellitus with Diabetic...
E13.22 | | | Other specified Diabetes Mellitus with Diabetic...
E13.29 | | | Other specified Diabetes Mellitus with other Di...

This taxonomy includes the following numbers of codes:
ICD-10-CM: 9
ICD-9-CM: 4
Total number of codes: 13

Diabetic Nephropathy Codes 2015.

B.8 IHS-DIALYSIS 2015

Patient Data Source:
EN, PL

Coding System: CPT-4
Code | INACT | UID | Description
--- | --- | --- | ----------------------
90963 | | | End-Stage Renal Disease (ESRD) Related Services...

Lexicon Search Term/Code: 90964
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Lexicon Search Term/Code: 90966

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Lexicon Search Term/Code: 90968

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Lexicon Search Term/Code: 90969

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Lexicon Search Term/Code: V45.1

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Lexicon Search Term/Code: 299.2
Dialysis Codes.

B.9 IHS-END STAGE RENAL DISEASE

Lexicon Search Term/Code: Copy from CPT range 90918 to 90925

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Lexicon Search Term/Code: Copy from ICD range V45.1 to V45.1

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Lexicon Search Term/Code: N18.5

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Lexicon Search Term/Code: N18.6

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Lexicon Search Term/Code: Z99.2
IHS-End Stage Renal Disease

**B.10 IHS-FUNDOSCOPIC EYE CODES 2015**

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**Lexicon Search Term/Code:** 2024F

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**Lexicon Search Term/Code:** Copy from ICD range V72.0 to V72.0

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**Lexicon Search Term/Code:** S3000

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**Lexicon Search Term/Code:** Z01.01

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ICD-10-CM: 2
Fundoscopic Eye Codes 2015.

### B.11 IHS-HYPERTENSION 2015

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Coding System: ICD-10-CM

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<td>Hypertensive Heart Disease without Heart Failure</td>
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<td>Hypertensive Chronic Kidney Disease with Stage ...</td>
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<td>Hypertension Secondary to Endocrine Disorders</td>
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<td>Other Secondary Hypertension</td>
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This taxonomy includes the following numbers of codes:
- ICD-10-CM: 15
- ICD-9-CM: 39
- Total number of codes: 54

**Hysterectomy Codes**

**B.12 IHS-HYSTEROECTOMY 2015**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>51925</td>
<td>Closure of Vesicouterine Fistula with Hysterectomy</td>
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Lexicon Search Term/Code: Copy from CPT range 56308 to 56308

Coding System: CPT-4

<table>
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<tbody>
<tr>
<td>56308</td>
<td>LAPAROSCOPY; HYSTEROECTOMY</td>
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Lexicon Search Term/Code: Copy from CPT range 58150 to 58150

Coding System: CPT-4

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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</thead>
</table>
58150  Total Abdominal Hysterectomy (Corpus and Cervix)
Coping System: CPT-4
Code INACT UID Description
------------------ ----- --- -----------
58152  Total Abdominal Hysterectomy (Corpus and Cervix...

Lexicon Search Term/Code: Copy from CPT range 58200 to 58200

Coping System: CPT-4
Code INACT UID Description
------------------ ----- --- -----------
58200  Total Abdominal Hysterectomy including Partial ...

Lexicon Search Term/Code: Copy from CPT range 58550 to 58554

Coping System: CPT-4
Code INACT UID Description
------------------ ----- --- -----------
58550  Laparoscopy, Surgical; with Vaginal Hysterectom...
58551  Laparoscopy, Surgical; with Removal of Leiomyom...
58552  Laparoscopy Surgical, with Vaginal Hysterectomy...
58553  Laparoscopy, Surgical, with Vaginal Hysterectomy...
58554  Laparoscopy, Surgical, with Vaginal Hysterectomy...

Lexicon Search Term/Code: Copy from CPT range 58951 to 58954

Coping System: CPT-4
Code INACT UID Description
------------------ ----- --- -----------
58951  Resection of Ovarian Malignancy with Total Abdo...

Lexicon Search Term/Code: Copy from CPT range 59135 to 59135

Coping System: CPT-4
Code INACT UID Description
------------------ ----- --- -----------
59135  Surgical Treatment of Interstitial Uterine Preg...

Coping System: ICD-9 Proc
Code INACT UID Description
------------------ ----- --- -----------
68.4  TOTAL ABD HYSTERECTOMY
68.41  Laparoscopic Total Abdominal Hysterectomy
68.49  Other and unspecified Total Abdominal Hysterectomy
68.5  VAGINAL HYSTERECTOMY
68.51  Laparoscopically Assisted Vaginal Hysterectomy ...
### Hysterectomy 2015

<table>
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<tr>
<th>Code</th>
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<tr>
<td>68.71</td>
<td>Laparoscopic Radical Vaginal Hysterectomy [Lrvh]</td>
</tr>
<tr>
<td>68.79</td>
<td>Other and unspecified Radical Vaginal Hysterectomy</td>
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<tr>
<td>68.8</td>
<td>Pelvic Evisceration</td>
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<td>Other unspecified Hysterectomy</td>
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Coding System: ICD-10-PCS

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<td>68.71</td>
<td>Laparoscopic Radical Vaginal Hysterectomy [Lrvh]</td>
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<td>Other and unspecified Radical Vaginal Hysterectomy</td>
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<tr>
<td>68.8</td>
<td>Pelvic Evisceration</td>
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<tr>
<td>68.9</td>
<td>Other unspecified Hysterectomy</td>
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This taxonomy includes the following numbers of codes:

- ICD-10-PCS: 5
- CPT-4: 15
- ICD-9 Proc: 14
- Total number of codes: 34

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### B.13 IHS-ISCHEMIC HEART DISEASE 2015

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<th>Code</th>
<th>Description</th>
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<td>Acute Myocardial Infarction of Anterolateral Wall</td>
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<tr>
<td>410.00</td>
<td>Acute myocardial infarction, of anterolateral wall</td>
</tr>
<tr>
<td>410.01</td>
<td>Acute myocardial infarction, of anterolateral wall</td>
</tr>
<tr>
<td>410.02</td>
<td>Acute myocardial infarction, of anterolateral wall</td>
</tr>
<tr>
<td>410.1</td>
<td>Acute Myocardial Infarction of other Anterior Wall</td>
</tr>
<tr>
<td>410.10</td>
<td>Acute myocardial infarction, of other anterior wall</td>
</tr>
<tr>
<td>410.11</td>
<td>Acute myocardial infarction, of other anterior wall</td>
</tr>
<tr>
<td>410.12</td>
<td>Acute myocardial infarction, of other anterior wall</td>
</tr>
<tr>
<td>410.2</td>
<td>Acute Myocardial Infarction of Inferolateral Wall</td>
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<td>410.20</td>
<td>Acute myocardial infarction, of inferolateral wall</td>
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<tr>
<td>410.21</td>
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<td>Acute myocardial infarction, of inferolateral wall</td>
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<tr>
<td>410.3</td>
<td>Acute Myocardial Infarction of Inferoposterior Wall</td>
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<td>410.30</td>
<td>Acute myocardial infarction, of inferoposterior wall</td>
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<td>410.31</td>
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<td>410.5</td>
<td>Acute Myocardial Infarction of other Lateral Wall</td>
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<tr>
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<td>410.61</td>
<td>Acute myocardial infarction, true posterior wall</td>
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<td>410.62</td>
<td>Acute myocardial infarction, true posterior wall</td>
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Patient Data Source: EN, PL

Coding System: ICD-9-CM

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<td>Acute Myocardial Infarction of Anterolateral Wall</td>
</tr>
<tr>
<td>410.00</td>
<td>Acute myocardial infarction, of anterolateral wall</td>
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<td>Acute myocardial infarction, of anterolateral wall</td>
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<td>Acute myocardial infarction, of anterolateral wall</td>
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<td>Acute Myocardial Infarction of other Anterior Wall</td>
</tr>
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<td>410.10</td>
<td>Acute myocardial infarction, of other anterior wall</td>
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<tr>
<td>410.11</td>
<td>Acute myocardial infarction, of other anterior wall</td>
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<tr>
<td>410.12</td>
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<td>410.2</td>
<td>Acute Myocardial Infarction of Inferolateral Wall</td>
</tr>
<tr>
<td>410.20</td>
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<tr>
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<td>Acute myocardial infarction, of inferolateral wall</td>
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<tr>
<td>410.3</td>
<td>Acute Myocardial Infarction of Inferoposterior Wall</td>
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<td>Acute myocardial infarction, of inferoposterior wall</td>
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<td>Acute Myocardial Infarction of other Lateral Wall</td>
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<td>Acute myocardial infarction, true posterior wall</td>
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<tr>
<td>410.62</td>
<td>Acute myocardial infarction, true posterior wall</td>
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</tbody>
</table>
### 410.7
- **Subendocardial Infarction**

### 410.70
- **Acute myocardial infarction, subendocardial inf...**

### 410.71
- **Acute myocardial infarction, subendocardial inf...**

### 410.72
- **Acute myocardial infarction, subendocardial inf...**

### 410.8
- **Acute Myocardial Infarction of other specified ...**

### 410.80
- **Acute myocardial infarction, of other specified...**

### 410.81
- **Acute myocardial infarction, of other specified...**

### 410.82
- **Acute myocardial infarction, of other specified...**

### 410.9
- **Acute Myocardial Infarction of unspecified site**

### 410.90
- **Acute myocardial infarction, unspecified site, ...**

### 410.91
- **Acute myocardial infarction, unspecified site, ...**

### 410.92
- **Acute myocardial infarction, unspecified site, ...**

### 411.0
- **Postmyocardial infarction syndrome**

### 411.8
- **Other Acute and Subacute Forms of Ischemic Hear...**

### 411.81
- **Acute Coronary occlusion without myocardial inf...**

### 411.89
- **Other acute and subacute forms of ischemic hear...**

### 412.
- **Old Myocardial Infarction**

**Coding System: ICD-9-CM**

<table>
<thead>
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<th>Code</th>
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<th>Description</th>
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<tr>
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<td>Coronary Atherosclerosis of Autologous Vein Byp...</td>
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**Coding System: ICD-9-CM**

<table>
<thead>
<tr>
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<th>Description</th>
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<td>X</td>
<td>Left Heart Failure</td>
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<td>Unspecified Systolic Heart failure</td>
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<td>X</td>
<td>Acute Systolic Heart failure</td>
</tr>
<tr>
<td>428.22</td>
<td>X</td>
<td>Chronic Systolic Heart failure</td>
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<td>428.23</td>
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<td>X</td>
<td>Unspecified Diastolic Heart failure</td>
</tr>
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**Coding System: ICD-9-CM**

<table>
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<tr>
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**429.2**  
**Cardiovascular Disease**  
**Coding System: ICD-10-CM**

<table>
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</tr>
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### Ischemic Heart Disease Codes.

#### B.14 IHS-OTHER EYE EXAM 2015

**Patient Data Source:**
- EN, PL

**Coding System: CPT-4**

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**Lexicon Search Term/Code:** 67038

**Coding System: CPT-4**

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**Lexicon Search Term/Code:** 67040

**Coding System: CPT-4**

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Lexicon Search Term/Code: 92002
CPT-4
92002 Intermediate Ophthalmological Examination with ...

Lexicon Search Term/Code: 92012
CPT-4
92012 Intermediate Ophthalmological Examination with ...

Lexicon Search Term/Code: 92014
CPT-4
92014 Ophthalmological Services: Medical Examination ...

This taxonomy includes the following numbers of codes:
CPT-4: 8
Total number of codes: 8

Other Eye Exam 2015.

**B.15 IHS-OSTEOPOROSIS DX 2015**

Patient Data Source: EN, PL
ICD-9-CM
733.00 X Osteoporosis
733.01 X Osteoporosis, Senile
733.02 X Idiopathic osteoporosis
733.03 X Osteoporosis, disuse
733.09 X Other osteoporosis
ICD-10-CM
M80.00XA Age-Related Osteoporosis with Current Pathologi...
M80.00XX Age-Related Osteoporosis with Current Pathologi...
M80.00XP Age-Related Osteoporosis with Current Pathologi...
M80.011A Age-Related Osteoporosis with Current Pathologi...
M80.011K Age-Related Osteoporosis with Current Pathologi...
M80.011P Age-Related Osteoporosis with Current Pathologi...
M80.012A Age-Related Osteoporosis with Current Pathologi...
M80.012K Age-Related Osteoporosis with Current Pathologi...
M80.012P Age-Related Osteoporosis with Current Pathologi...
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December 2015
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<td>Other Osteoporosis with Current Pathological Fractures</td>
</tr>
<tr>
<td>M80.852P</td>
<td></td>
<td>Other Osteoporosis with Current Pathological Fractures</td>
</tr>
<tr>
<td>M80.859A</td>
<td></td>
<td>Other Osteoporosis with Current Pathological Fractures</td>
</tr>
<tr>
<td>M80.859K</td>
<td></td>
<td>Other Osteoporosis with Current Pathological Fractures</td>
</tr>
<tr>
<td>M80.859P</td>
<td></td>
<td>Other Osteoporosis with Current Pathological Fractures</td>
</tr>
<tr>
<td>M80.861A</td>
<td></td>
<td>Other Osteoporosis with Current Pathological Fractures</td>
</tr>
<tr>
<td>M80.861K</td>
<td></td>
<td>Other Osteoporosis with Current Pathological Fractures</td>
</tr>
<tr>
<td>M80.861P</td>
<td></td>
<td>Other Osteoporosis with Current Pathological Fractures</td>
</tr>
<tr>
<td>M80.862A</td>
<td></td>
<td>Other Osteoporosis with Current Pathological Fractures</td>
</tr>
</tbody>
</table>

Addendum to Installation Notes
December 2015

Reminder Taxonomies

Version 2.0 Patch 1005

Clinical Reminders

Version 2.0 Patch 1005

Addendum to Installation Notes
December 2015
Osteoporosis DX 2015.

B.16 CPT Codes Used as Findings and Converted to Taxonomies

Sites will see these taxonomies created from any CPT code that was previously used as a finding or additional finding. This will occur even if the reminder is no longer being used.
These codes should convert with the UID set if they were in a dialog previously.
Appendix C: Reminder Terms

C.1 IHS-ASTHMA CONTROL

CLASS: VISN
FINDING ITEM:
WELL CONTROLLED (FI(1)=ASM(1))
NOT WELL CONTROLLED (FI(2)=ASM(2))
VERY POORLY CONTROLLED (FI(3)=ASM(3))

Used in IHS-ASTHMA CONTROL 2014 Reminder.

C.2 IHS-ACE/ARB

CLASS: VISN
DESCRIPTION: Groupings of ace/arb drugs
FINDING ITEM: CV800
FINDING ITEM: CV805

Used in IHS-DIAB ACE/ARB 2014 Reminder.

C.3 IHS-ASPIRIN

CLASS: VISN
FINDING ITEM: ASPIRIN


17.6 IHS-ASTHMA 2015

CLASS: VISN/
FINDING ITEM:
CF IHS-SNOMED
TX IHS-ASTHMA DX 2015

Used in IHS-ASTHMA 2015.

C.4 IHS-BILATERAL MASTECTOMY 2015

CLASS: VISN/
FINDING ITEM:
TX IHS-BILATERAL MASTECTOMY 2015

Used in IHS-BILATERAL MASTECTOMY 2015.
C.5  IHS-CLOPIDOGREL

CLASS: VISN
FINDING ITEM: CLOPIDOGREL (FI(1)=DG(3467))


C.6  IHS-COLONOSCOPY 2015

CLASS: VISN/
FINDING ITEM:
TX  IHS-COLONOSCOPY 2015

Used in IHS-COLONOSCOPY 2015.

C.7  IHS-COLORECTAL CANCER 2015

CLASS: VISN/
FINDING ITEM:
CF  IHS-SNOMED
TX  IHS-COLORECTAL CANCER 2015

Used in IHS-COLORECTAL CANCER 2015.

C.8  IHS-DIAB NEPHROPATHY LABS

CLASS: VISN
FINDING ITEM:

Used in IHS-DIAB ACE/ARB 2015 Reminder.

C.9  IHS-DIABETES DX 2015

CLASS: VISN/
FINDING ITEM:
CF  IHS-SNOMED
TX  IHS-DIABETES DX 2015

Used in IHS-DIABETES DX 2015.

C.10 IHS-DIABETES PROBLEMS 2015

CLASS: VISN/
FINDING ITEM:
CF  IHS-SNOMED
TX  IHS-DIABETES DX2015

Used in IHS-DIABETES PROBLEMS 2015.
C.11  HIS-DIABETIC EYE CODES 2015

CLASS: VISN/
FINDING ITEM:
   TX IHS-FUNDOSCOPIC EYE CODES 2015
   TX IHS-OTHER EYE EXAM 2015

Used in IHS-DIABETIC EYE CODES 2015.

C.12  IHS-DIABETIC NEPHROPATHY 2015

CLASS: VISN/
FINDING ITEM:
   CF IHS-SNOMED
   TX IHS-DIABETIC NEPHROPATHY 2015

Used in IHS-DIABETIC NEPHROPATHY 2015.

C.13  IHS-DIALYSIS 2015

CLASS: VISN/
FINDING ITEM:
   CF IHS-SNOMED
   TX IHS-DIALYSIS

Used in IHS-DIALYSIS 2015.

C.14  IHS-DM BLOOD PRESSURE 2015

CLASS: VISN
NAME: IHS-DM BLOOD PRESSURE
FINDING ITEM: BP
   CONDITION: I ($P(V,"/",1)>139)!($P(V,"/",2)>89)

Used in IHS-DIAB BP CONTROL 2015.

C.15  IHS-EGFR

CLASS: VISN
FINDING ITEM:

Used in IHS-DIAB NEPHRO SCR/MON 2014 Reminder.

C.16  IHS-FECAL OCCULT BLOOD

CLASS: VISN
FINDING ITEM:

Used in IHS-Fecal Occult Blood 2014 Information.
C.17  IHS-FUNDOSCOPIC EYE CODES 2015

| CLASS: VISN// |
| FINDING ITEM: |
| TX  IHS-FUNDOSCOPIC EYE CODES 2015 |

Used in FUNDOSCOPIC EYE CODES 2015.

C.18  IHS – HGBA1C

| CLASS: VISN |
| DESCRIPTION: The lab tests at a site that are the hemoglobin A1c test |
| FINDING ITEM: |

Used in IHS-DIAB HGBA1C 2015, IHS-DIAB HGBA1C CONTROL 2015 Reminders.

C.19  IHS – HGBA1C REEVALUATE

| CLASS: VISN |
| FINDING ITEM: HEMOGLOBIN A1C (FI(1)=LT(97)) |
| CONDITION: I V>6.9 |

Condition: Enter the threshold for every lab added. By default the threshold is set to 6.9. I V>6.9 will make the reminder due every 3 months if the HEMOGLOBIN A1C is above 6.9.

Used in IHS-DIAB HGBA1C CONTROL 2015.

C.20  IHS – HIV 2015

| CLASS: VISN// |
| FINDING ITEM: |
| CF  IHS-SNOMED |
| TX  IHS-HIV DX 2015 |

Used in IHS-HIV 2015.

C.21  IHS – HYPERTENSION 2015

| CLASS: VISN// |
| FINDING ITEM: |
| CF  IHS-SNOMED |
| TX  IHS-HYPTENSION 2015 |

Used in IHS-HYPERTENSION 2015.
C.22 IHS – HYSTERECTOMY 2015

Used in IHS-HYSTERECTOMY 2015.

C.23 IHS – ISCHEMIC HEART DISEASE 2015

Used in IHS-ISCHEMIC HEART DISEASE 2015.

C.24 IHS – LIPID LAB TESTS

Used in IHS-LIPID FEMALE 2015 and IHS-LIPID MALE 2015 Reminders.

C.25 IHS-OSTEOPOROSIS 2015

Used in IHS-OSTEOPOROSIS 2015.

C.26 IHS – SIGMOIDOSCOPY 2015

IHS-SIGMOIDOSCOPY 2015.

C.27 IHS – URINE ALBUMIN 2015

Used in IHS-DIAB NEPHRO SCR/MON 2015 Reminder.
Appendix D: Reminders Using Computed Findings

All the reminders in this patch use the computed finding IHS_SNOMED.

- Returns a YES or NO if a problem is in a SNOMED subset
- The subset name is entered in the COMPUTED FINDING PARAMETER file

The other computed findings used in these patches are listed below

D.1 Computed Findings Entry Points

<table>
<thead>
<tr>
<th>Name</th>
<th>Routine</th>
<th>Entry Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHS-ALLERGY ASPIRIN 2009</td>
<td>BPXRMA1</td>
<td>ALLASLP</td>
</tr>
<tr>
<td>IHS-ALLERGY ACE/ARBS</td>
<td>BPXRMAP1</td>
<td>AAREM</td>
</tr>
<tr>
<td>IHS-ALLERGY EGG</td>
<td>BPXRMA1</td>
<td>ALLEGG</td>
</tr>
<tr>
<td>IHS-ALLERGY PLAVIX</td>
<td>BPXRMA1</td>
<td>ALLCLOP</td>
</tr>
<tr>
<td>IHS-ASTHMA CONTROL</td>
<td>BPXRMAP1</td>
<td>CONTROL</td>
</tr>
<tr>
<td>IHS-ASTHMA EXACERBATION</td>
<td>BPXRMAP1</td>
<td>RISK</td>
</tr>
<tr>
<td>IHS-ASTHMA PLAN</td>
<td>BPXRMAP1</td>
<td>PLAN</td>
</tr>
<tr>
<td>IHS-ASTHMA PRIMARY</td>
<td>BPXRMAP1</td>
<td>PRIMARY</td>
</tr>
<tr>
<td>IHS-ASTHMA SEVERITY</td>
<td>BPXRMAP1</td>
<td>SEVERITY</td>
</tr>
<tr>
<td>IHS-ASTHMA STEROIDS</td>
<td>BPXRMAP1</td>
<td>STEROID</td>
</tr>
<tr>
<td>IHS-BLOOD PRESSURE 2011</td>
<td>BPXRMPCC</td>
<td>DENTAL</td>
</tr>
<tr>
<td>IHS-DIAB ASPIRIN 2009</td>
<td>BPXRMA1</td>
<td>ALLASLP</td>
</tr>
<tr>
<td>IHS-DIABETES 2009</td>
<td>BPXRMPCC</td>
<td>DIABETES</td>
</tr>
<tr>
<td>IHS-HIV</td>
<td>BPXRMPCC</td>
<td>HIV</td>
</tr>
<tr>
<td>IHS-MAMMOGRAM 2009</td>
<td>BPXRMPCC</td>
<td>MAMMO</td>
</tr>
<tr>
<td>IHS-OSTEO 2009</td>
<td>BPXRMPCC</td>
<td>OSTEO</td>
</tr>
<tr>
<td>IHS-PAP 2009</td>
<td>BPXRMPCC</td>
<td>PAP</td>
</tr>
<tr>
<td>IHS-SNOMED</td>
<td>BPXRMSNO</td>
<td>SNO</td>
</tr>
</tbody>
</table>
Appendix E: Reminder Parameter Summary

This section describes the locations of the menu options that are used when configuring reminders. Reminders maybe configured in three different menu options:

- REM Reminder Managers Menu – [PXRM MANAGERS MENU]
- CP CPRS Reminder Configuration – [PXRM CPRS CONFIGURATION]
- XX General Parameter Tools – [XPAR MENU TOOLS]

This table describes the menu paths for each parameter:

<table>
<thead>
<tr>
<th>Name</th>
<th>RPMS-EHR Master Menu</th>
<th>CPRS Config Menu</th>
<th>XX Menu</th>
<th>What Does It Do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reminder GUI Resolution</td>
<td>REM</td>
<td>PAR</td>
<td>ACT</td>
<td>RA</td>
</tr>
<tr>
<td>Add/Edit Reminder Categories</td>
<td>REM</td>
<td>PAR</td>
<td>CAT</td>
<td>CA</td>
</tr>
<tr>
<td>Allow EHR Configuration in GUI</td>
<td>REM</td>
<td>PAR</td>
<td>CFG</td>
<td>PXRM EHR CONFIGURATION</td>
</tr>
<tr>
<td>EHR Cover Sheet Reminder List</td>
<td>REM</td>
<td>PAR</td>
<td>CVR</td>
<td>CS</td>
</tr>
<tr>
<td>EHR Lookup Categories</td>
<td>REM</td>
<td>PAR</td>
<td>LKP</td>
<td>CL</td>
</tr>
<tr>
<td>Name</td>
<td>RPMS-EHR Master Menu</td>
<td>CPRS Config Menu</td>
<td>XX Menu</td>
<td>What Does It Do?</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------</td>
<td>-----------------</td>
<td>-----------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Default Outside Location</td>
<td>REM</td>
<td>PAR</td>
<td>LOC</td>
<td>OL</td>
</tr>
<tr>
<td>New Reminder Parameters</td>
<td>REM</td>
<td>PAR</td>
<td>NEW</td>
<td>NP</td>
</tr>
<tr>
<td>Progress Note Headers</td>
<td>REM</td>
<td>PAR</td>
<td>PNH</td>
<td>PN</td>
</tr>
<tr>
<td>Position Reminder Text at Cursor</td>
<td>REM</td>
<td>PAR</td>
<td>POS</td>
<td>PT</td>
</tr>
<tr>
<td>New Cover Sheet Reminders Parameter</td>
<td></td>
<td></td>
<td></td>
<td>ORQQPX COVER SHEET REMINDERS</td>
</tr>
<tr>
<td>Name</td>
<td>RPMS-EHR Master Menu</td>
<td>CPRS Config Menu</td>
<td>XX Menu</td>
<td>What Does It Do?</td>
</tr>
<tr>
<td>------</td>
<td>----------------------</td>
<td>------------------</td>
<td>---------</td>
<td>-----------------</td>
</tr>
<tr>
<td>ORQQPX REMINDER FOLDERS</td>
<td></td>
<td></td>
<td></td>
<td>This will tell you what folders your users have set for view. DANEIO: Due, Applicable, Not Applicable, All Evaluated, Other</td>
</tr>
<tr>
<td>Reminder Dialogs Allowed as Templates</td>
<td>TIU</td>
<td>PAR</td>
<td>REM</td>
<td>TIU TEMPLATE REMINDER DIALOGS</td>
</tr>
</tbody>
</table>
Appendix F: ScreenMan Overview

The redesigned Reminder Taxonomy Management functionality uses ScreenMan. ScreenMan is VA FileMan's *screen-oriented* data entry tool. It is an alternative to the Scrolling Mode approach. With ScreenMan, data is entered in *forms*. Each form field occupies a fixed position on the screen (instead of scrolling off). You can see many data fields at once, and use simple key combinations to edit data and move from field to field on a screen. You can also move from one screen to another like turning through the pages of a book.

For a detailed explanation of using ScreenMan, refer to the *VW FileMan Getting Started* manual.

![Figure F-1: ScreenMan – Main Screen](image-url)
F.1 ScreenMan Descriptions

Fields are usually composed of a data element and a caption. ScreenMan displays data elements in high intensity (boldface) and other text in regular intensity. Text that identifies a data element is called a caption and is usually followed by a colon (:). A caption and its associated data element are together called a field. Captions of required fields are underlined; to save any changes you make on the form, required fields must contain data.

F.2 How to Navigate Between Fields and Pages

There are a number of ways you can move the cursor from field to field on a form (i.e., navigate). This is to provide you with as much flexibility as possible so that you can work quickly and efficiently with forms.

You can use the keystrokes listed in the following table to move the cursor to various fields located on a ScreenMan form:
To | Press
---|---
Move to the next field (to right or below). | <Tab>
Move to the previous field (to left or above). | <PF4>
Move to the field above. | <ArrowUp>
Move to the field below. | <ArrowDown>
Move to the next field in the pre-defined edit sequence. | <Enter>
Edit a WORD-PROCESSING field. | At field, press <Enter>
Select a Subrecord in a Multiple. | At field, press <Enter>
Move to the next block on current page. | <PF1><PF4>
Jump to a specific field. | ^ followed by Caption of field and <Enter>
Jump to the Command Line. | ^<Enter>
Move to next page. | <PF1><ArrowDown> or <PageDown>
Move to previous page. | <PF1><ArrowUp> or <PageUp>
Move to a page you specify. | <PF1>P

F.3  Saving and Exiting

To SAVE or EXIT the form, you need to reach ScreenMan's command line. It's reachable from any ScreenMan screen. To reach the command line, do any one of the following:

- Type a caret (^) at any field prompt.
- Press <Enter>, <Tab>, or <PF4> to move from field to field until you reach the command line.
- Press <ArrowDown> or <ArrowUp> to move the cursor from field to field downwards or upwards, until you reach the command line.

Then you can enter SAVE or EXIT at the command line (see below).

F.4  Word-Processing Fields

To edit or display a WORD-PROCESSING field, press the Enter/Return key at the WORD-PROCESSING field. This clears the screen and passes control to your Preferred Editor to edit the field. If you do not have a Preferred Editor, the Screen Editor is used. When you exit the editor, you return to the ScreenMan screen.

17.7  Multiples Linked to "Pop-Up" Subpages

A Multiple field can appear on a page and be linked to a regular or "pop-up" subpage.
When you navigate to the Multiple field, select a Subrecord, and press the Enter/Return key, you are taken to the subpage, which contains the fields within the Multiple.

In the following illustration, the Multiple is the field with the caption "Select EMPLOYMENT HISTORY." When you enter "FEB 1,1950" at this field, you are taken into a "pop-up" subpage, where you can edit the fields for that particular Subrecord:

![Image of Employee Profile](image)

Figure F-1: Example of Multiples Linked to "Pop-Up" Subpages

While in a subpage, your only Command Line options are CLOSE and REFRESH. You cannot EXIT, Quit, or SAVE until you return to the parent page. You can return to the parent page by pressing <PF1>C or issuing the CLOSE command at the Command Line. From there, you can select another Subrecord to edit or navigate to another field.
Appendix G: Browser

The Browser lets you view any text on the screen instead of on paper. Do this by printing your text to the BROWSER device instead of the HOME device or a printer.

The Browser makes it very easy to view text on screen. Its main features are:

- Scroll forwards and backwards through the text. This means you don't lose lines of text "off the top" of the screen, like you do when you print to the HOME device.
- Use the Search feature to find a text string and immediately jump to occurrences of the search string.
- Copy selected text from the VA FileMan Clipboard. Later, if you're editing a mail message or other WORD-PROCESSING-type field with the Screen Editor, you can paste from the clipboard.

G.1 Shortcuts and Screen Setup Tips

Both the Browser and ScreenMan have shortcuts that can save you a lot of time. Each shortcut begins by pressing the Num Lock (NL) key. (NOTE: some laptops don't have a NumLock key, so you would need to use Map Keyboard on your Reflections Utility menu to map a terminal key to the PC NumLock key.)

Some Browser actions:

- (NL)B – go to bottom
- (NL)E – exit
- (NL)F – find
- (NL)H – help
- (NL)Q – quit
- (NL)T – go to top

Some ScreenMan shortcuts:

- (NL)C – close a screen
- (NL)E – exit and save changes
- (NL)H – help
- (NL)Q – exit and do not save changes
- (NL)Z – zoom editor
Appendix H: Adding a SNOMED Taxonomy

A SNOMED taxonomy would be added in the same way ICD Taxonomies are added. IHS is not adding SNOMED taxonomies to any of the national reminders but instead is using the computed field items with BSTS SUBSETS. Sites can make their own though. The site MUST know exactly which SNOMED Terms they wish to include in their taxonomy.

1. Go to the Taxonomy Edit menu.

2. Select ADD and create the taxonomy.

3. Select ADD.

4. Enter a new Taxonomy Name: MARY_TEST.

5. At Are you adding 'MARY_TEST' as a new REMINDER TAXONOMY (the 134TH)? No//Yes’  
   REMINDER TAXONOMY CLASS: L LOCAL

6. On the next screen, enter the DESCRIPTION and the PATIENT DATA SOURCE similar to how taxonomies worked in the past. PL (problem list) would be the correct source since SNOMEDS are used for problem list.

7. When you get to the Term/Code item, enter the SNOMED Code you want to store. The example will enter 423509003.

8. Press Enter.
9. You will now be taken to the Lexicon lookup screen. From here, use tab or arrow keys to go to the SNOMED prompt and press Enter.

10. Use the Action **ADD** and Select the code (2) to add to the taxonomy. In SNOMED, this will most likely always only be one code. The code should be **BOLDED** once selected.
11. Select **EXIT** when finished. This will bring you back to the lexicon search screen.
12. Type a caret (^) to exit this search.

13. Review your selection. You should see that one SNOMED code was stored.

14. Continue on until all the SNOMEDS you want to be in this taxonomy are entered.
Appendix I: Making the Hypertension Health Summary Object

I.1 Creating Measurement Panels in IHS Health Summary

The CAC can use this functionality to create measurement panels to display recurrent data for a set period of time or set number of occurrences. You can combine these into a report or TIU object using the VA Health Summary Components and TIU applications. The display is limited to 25 characters per item in width and then it wraps. You should also limit to approximately 70 characters in width for optimal display in TIU Notes.

I.2 Instructions to create Measurement Panel

Select Health Summary Maintenance Option: **mm** Create/Modify Measurement Panel

Select HEALTH SUMMARY MEAS PANEL NAME: Hypertension Measurements Are you adding 'Hypertension Measurements' as
a new HEALTH SUMMARY MEAS PANEL (the 8TH)? No// Y (Yes)
NAME: Hypertension Measurements Replace
Select ORDER IN PANEL: 5
ORDER IN PANEL PANEL COMPONENT: BP
  1 BP BLOOD PRESSURE
  2 BPF BEST PEAK FLOW
CHOOSE 1-2: 1 BP BLOOD PRESSURE
PANEL COMPONENT: BP//
FIELD WIDTH: 8
LABEL: BP
TRANSFORM:
NOTE TO DISPLAY:
Select ORDER IN PANEL: 10
ORDER IN PANEL PANEL COMPONENT: WT WEIGHT
PANEL COMPONENT: WT//
FIELD WIDTH: 8
LABEL: Weight
TRANSFORM:
NOTE TO DISPLAY:
Select ORDER IN PANEL: 15
ORDER IN PANEL PANEL COMPONENT: PU PULSE
PANEL COMPONENT: PU//
FIELD WIDTH: 8
LABEL: Pulse
TRANSFORM:
NOTE TO DISPLAY:
Select ORDER IN PANEL:
Select HEALTH SUMMARY MEAS PANEL NAME:

1.3 Creating Flowsheets in IHS Health Summary

The CAC can use this functionality to create a flowsheet to display recurrent data for a set period of time or number of occurrences. You can make several small flowsheets and combine these into a report or TIU object using the VA Health Summary Components and TIU applications. The display is limited to 25 characters per item in width and then it wraps. You should also limit to approximately 70 characters in width for optimal display in TIU Notes.

For hypertension management, it may be helpful to create a flowsheet to display labs and combine with the Measurement Panel for use in a health summary report and/or TIU object.

1.3.1 Instructions

IHS Health Summary Maintenance Menu [APCHSMAINT] > MF/Create:

******************************************************************************
** IHS Health Summary **
** Health Summary Maintenance Menu **
******************************************************************************
IHS PCC Suite Version 2.0
2011 DEMO HOSPITAL
IS Inquire About a Health Summary Type
Select Health Summary Maintenance Option: MF Create/Modify Flowsheet

Select HEALTH SUMMARY FLOWSHEET NAME: Hypertension Labs

Are you adding 'Hypertension Labs' as a new HEALTH SUMMARY FLOWSHEET (the 11TH)? No// y (Yes)

NAME: Hypertension Labs/

GENDER RESTRICTIONS:
LOWER AGE LIMIT:
UPPER AGE LIMIT:

Select ITEM ORDER: 1
ITEM ORDER ITEM TYPE: lab RESULT
ITEM TYPE: LAB RESULT/
ITEM LABEL: K+
ITEM WIDTH: 7
TRANSFORM:
Select MEMBERS: LAB.POTASSIUM

Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test
POTASSIUM
...OK? Yes// y (Yes)
Select MEMBERS:
TRANSFORM 2:
Select ITEM ORDER: 5
ITEM ORDER ITEM TYPE: lab RESULT
ITEM TYPE: LAB RESULT/
ITEM LABEL: Creat
ITEM WIDTH: 7
TRANSFORM:
Select MEMBERS: LAB.CREATININE

Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test
1  CREATININE
2  CREATININE CLEARANCE
3  CREATININE SPOT URINE  SPOT URINE CREATININE
4  CREATININE, 24 HOUR URINE _VMA CREAT UR
5  CREATININE, 24 HOUR URINE _24UR CREAT (R)

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-5:  1  CREATININE
Select MEMBERS:
TRANSFORM 2:
Select ITEM ORDER:  10
  ITEM ORDER ITEM TYPE: lab RESULT
  ITEM TYPE: LAB RESULT
  ITEM LABEL: eGFR
  ITEM WIDTH: 7
  TRANSFORM:
  Select MEMBERS: LAB.estimated gfr

Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test
ESTIMATED GFR
...OK? Yes// y (Yes)
Select MEMBERS:
TRANSFORM 2:
Select ITEM ORDER:  15
  ITEM ORDER ITEM TYPE: lab RESULT
  ITEM TYPE: LAB RESULT
  ITEM LABEL: Chol
  ITEM WIDTH: 7
  TRANSFORM:
  Select MEMBERS: LAB.POC CHOL

Searching for a Lab test
POC CHOLESTEROL
...OK? Yes// y (Yes)
Select MEMBERS:
TRANSFORM 2:
Select ITEM ORDER:  20
  ITEM ORDER ITEM TYPE: lab RESULT
  ITEM TYPE: LAB RESULT
  ITEM LABEL: HDL
  ITEM WIDTH: 7
  TRANSFORM:
  Select MEMBERS: LAB.POC HDL

Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test
POC HDL
...OK? Yes// y (Yes)
Select MEMBERS:
TRANSFORM 2:
Select ITEM ORDER:  25
  ITEM ORDER ITEM TYPE: lab RESULT
  ITEM TYPE: LAB RESULT
  ITEM LABEL: LDL
  ITEM WIDTH: 7
  TRANSFORM:
  Select MEMBERS: LAB.POC LDL
Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test
POC LDL
...OK? Yes// y (Yes)
Select MEMBERS:
TRANSFORM 2:
Select ITEM ORDER: 30
ITEM ORDER ITEM TYPE: lab RESULT
ITEM TYPE: LAB RESULT/
ITEM LABEL: Trig
ITEM WIDTH: 7
TRANSFORM:
Select MEMBERS: LAB.POC TRIG

Searching for a Lab test, (pointed-to by MEMBERS)

Searching for a Lab test
POC TRIGLYCERIDE
...OK? Yes// y (Yes)
Select MEMBERS:
TRANSFORM 2:
Select ITEM ORDER:
Select EVOKE CODES:
Select CLINIC DISPLAY RESTRICTIONS:
Select HEALTH SUMMARY FLOWSHEET NAME:

I.3.2 Create VA Health Summary “Hypertension Control”

You will use the VA Health Summary menu to create new health summary reports.

Health Summary Maintenance Menu [GMTS IRM/ADPAC MENU]
  1    Health Summary (Available with PCC only) [ADEMHSOP]
  2    Health Summary Configuration [BEHORPHS MAIN]
  3    Health Summary Coordinator's Menu [GMTS COORDINATOR]
  4    Health Summary Displaying CMS Register(s) [APCHSUMR]
  5    Health Summary Enhanced Menu [GMTS ENHANCED USER]
  6    Health Summary for Inactive Patient [APCHSINA]
  7    Health Summary Maintenance Menu [GMTS IRM/ADPAC MAINT MENU]
  8    Health Summary Maintenance Menu [BEHORPHS VHA MAINT MENU]
  9    Health Summary Maintenance [APCHSMAINT]
 10    Health Summary Menu [GMTS USER]
 11    Health Summary Menu [APCHMENU]
 12    Health Summary Objects Menu [GMTS OBJ MENU]
 13    Health Summary Objects Menu [BEHORPHS VHA OBJ MENU]
 14    Health Summary Overall Menu [GMTS MANAGER]

Type '^' to stop, or choose a number from 1 to 14 :7 Health Summary Maintenance Menu

  1    Disable/Enable Health Summary Component
  2    Create/Modify Health Summary Components
3 Edit Ad Hoc Health Summary Type
4 Rebuild Ad Hoc Health Summary Type
5 Resequence a Health Summary Type
6 Create/Modify Health Summary Type
7 Edit Health Summary Site Parameters
8 Health Summary Objects Menu ...
9 CPRS Reports Tab 'Health Summary Types List' Menu ...
10 CPRS Health Summary Display/Edit Site Defaults ...

Select Health Summary Maintenance Menu Option: 6 Create/Modify Health Summary Type

Select Health Summary Type: HYPERTENSION CONTROL

Are you adding 'HYPERTENSION CONTROL' as a new HEALTH SUMMARY TYPE (the 55th)? No// y YES
NAME: HYPERTENSION CONTROL Replace
TITLE: SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:
LOCK:
OWNER: RICHARDS,SUSAN P//

Do you wish to copy COMPONENTS from an existing Health Summary Type? YES// n NO
Select COMPONENT: measurement panels MEAP
SUMMARY ORDER: 5// 5
OCCURRENCE LIMIT: 3 <<< can use occurrence and/or time to limit display
TIME LIMIT:
HEADER NAME: Measurement Panels//
file type <Prefix.?>

Select SELECTION ITEM: Hy <<< case sensitive, use the name of the measurement panel you made for hypertension

Searching for a Measurement Panel, (pointed-to by SELECTION ITEM)

   1   Hypertension Measurements
   2   Hypertension Panel
CHOOSE 1-2: 1 Hypertension Measurements
Select SELECTION ITEM:
Select COMPONENT: FLOWSHEET FLO
SUMMARY ORDER: 10// 10
OCCURRENCE LIMIT: 3 <<< can use occurrence and/or time to limit display
TIME LIMIT:
HEADER NAME: Flowsheet//

No selection items chosen.

Select new items one at a time in the sequence you want them displayed. You may select up to 3 items.

Select SELECTION ITEM: Hyper

Searching for a Flowsheet, (pointed-to by SELECTION ITEM)

Searching for a Flowsheet
Addendum to Installation Notes

Making the Hypertension Health Summary Object

December 2015

228

1 Hypertension Labs
2 Hypertension Monitoring
3 Hypertension measurements

CHOOSE 1-3: 1 Hypertension Labs <<< case sensitive, use the name of the flowsheet you made for hypertension labs

Select SELECTION ITEM:
Select COMPONENT:

Do you wish to review the Summary Type structure before continuing? NO// <<< Yes if you want to review your selections

Please hold on while I resequence the summary order..

Type Name: HYPERTENSION CONTROL
Title: 
Owner: RICHARDS, SUSAN P
SUPPRESS PRINT OF COMPONENTS WITHOUT DATA:
SUPPRESS SENSITIVE PRINT DATA: 0

<table>
<thead>
<tr>
<th>Max</th>
<th>Hos</th>
<th>ICD</th>
<th>Pro</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abb</td>
<td>Ord</td>
<td>Component Name</td>
<td>OCC</td>
<td>Time</td>
</tr>
<tr>
<td>MEAP</td>
<td>5</td>
<td>Measurement Panels</td>
<td>3</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Measurements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLO</td>
<td>10</td>
<td>Flowsheet</td>
<td>3</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Labs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*= Disabled Components

I.3.3 Create TIU Health Summary Object “Hypertension Control”

Use the Create TIU/Health Summary Objects menu:

Document Definitions (Manager)
(2011 DEMO HOSPITAL)

DDM1 Edit Document Definitions
DDM2 Sort Document Definitions
DDM3 Create Document Definitions
DDM4 Create Objects
DDM5 List Object Descriptions
DDM6 Create TIU/Health Summary Objects
DDM7 Title Headers/Footers

Select Health Summary Maintenance Menu Option: ^ddm6 Create TIU/Health Summary
TIU Maintenance Menu

Document Definitions (Manager)

TIU Health Summary Object  Mar 30, 2015 14:15:14  Page: 1 of 2

<table>
<thead>
<tr>
<th>TIU Object Name</th>
<th>Health Summary Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  BRADEN SCALE 30D</td>
<td>No Health Summary Type Found</td>
</tr>
<tr>
<td>2  CCL-PRENATAL</td>
<td>CCL-PRENATAL FLOWSHEET</td>
</tr>
</tbody>
</table>

+ Enter ?? for more actions

Create New TIU Object
Find
Detailed Display/Edit TIU Object
Detailed Display/Edit HS object
Quit

--- Create TIU/Health Summary Object ---

Enter a New TIU OBJECT NAME: HYPERTENSION CONTROL

Object Name: HYPERTENSION CONTROL

Is this correct? YES// y YES

Use a pre-existing Health Summary Object? NO// n NO

Checking HYPERTENSION CONTROL (TIU) with Health Summary...

Creating Health Summary Object 'HYPERTENSION CONTROL (TIU)'

Select Health Summary Type: HYPERTENSION

4 Health Summary Types found

1. Hypertension Control
2. Hypertension Management
3. Hypertension Review
4. Hypertension Monitoring

Select 1-4: 1  HYPERTENSION CONTROL <<< enter the Health Summary you just created in the step above

Do you want to overwrite the TIME LIMITS in the Health Summary Type 'HYPERTENSION CONTROL'? N// n NO

Print standard Health Summary Header with the Object? N// O

Partial Header:
Print Report Date? N// O
Print Confidentiality Banner? N// O
Print Report Header? N// O
Print the standard Component Header? Y// NO
Print the date a patient was deceased? N// O

Print a LABEL before the Health Summary Object? N// O

Suppress Components without Data? N// O
OBJECT DESCRIPTION:
No existing text
Edit? NO/

Create a TIU Object named: HYPERTENSION CONTROL

Ok? YES/

TIU Object created successfully.
Appendix J: Rules of Behavior

The information in this required section was written by the IHS. It does not contain any information about the functionality of the software.

J.1 All RPMS User

In addition to these rules, each application may include additional RoBs, which may be defined within the individual application’s documentation (such as, PCC, Dental, and Pharmacy).

J.1.1 Access

RPMS users shall:

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller’s identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or non-public agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions Indian Health Manual Chapter 6 OMS Limited Personal Use of Information Technology Resources TN 03-05," August 6, 2003.

RPMS users shall not:

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform your OFFICIAL duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their job or by divulging information to anyone not authorized to know that information.

J.1.2 Logging On to the System

RPMS users shall:

- Have a unique User Identification/Account name and password.
• Be granted access based on authenticating the account name and password entered.
• Be locked out of an account after 5 successive failed login attempts within a specified time period (such as one hour).

J.1.3 Information Accessibility
RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

Users shall:
• Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the function they perform such as system administrator or application administrator.
• Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.
• Behave in an ethical, technically proficient, informed, and trustworthy manner.
• Logout of the system whenever they leave the vicinity of their PC.
• Be alert to threats and vulnerabilities in the security of the system.

J.1.4 Accountability
Users shall:
• Behave in an ethical, technically proficient, informed, and trustworthy manner.
• Logout of the system whenever they leave the vicinity of their PC.
• Be alert to threats and vulnerabilities in the security of the system.
• Report all security incidents to their local Information System Security Officer (ISSO).
• Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
• Protect all sensitive data entrusted to them as part of their government employment.
• Shall abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior and IT information processes.

J.1.5 Confidentiality

Users shall:
• Be aware of the sensitivity of electronic and hardcopy information, and protect it accordingly.
• Store hardcopy reports/storage media containing confidential information in a locked room or cabinet.
• Erase sensitive data on storage media, prior to reusing or disposing of the media.
• Protect all RPMS terminals from public viewing at all times.
• Abide by all HIPAA regulations to ensure patient confidentiality.
• Users shall not:
• Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
• Store sensitive files on a portable device or media without encrypting.

J.1.6 Integrity

Users shall:
• Protect your system against viruses and similar malicious programs.
• Observe all software license agreements.
• Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
• Comply with all copyright regulations and license agreements associated with RPMS software.

Users shall not:
• Violate Federal copyright laws.
• Install or use unauthorized software within the system libraries or folders.
• Use freeware, shareware or public domain software on/with the system without your manager’s written permission and without scanning it for viruses first.

J.1.7 Passwords

Users shall:

• Change passwords a minimum of every 90 days.
• Create passwords with a minimum of eight characters.
• If the system allows, use a combination of alpha, numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
• Change vendor-supplied passwords immediately.
• Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts, or batch files.
• Change password immediately if password has been seen, guessed or otherwise compromised; and report the compromise or suspected compromise to your ISSO.
• Keep user identifications (ID) and passwords confidential

Users shall not:

• Use common words found in any dictionary as a password.
• Use obvious readable passwords or passwords that incorporate personal data elements (for example, user’s name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
• Share passwords/IDs with anyone or accept the use of another’s password/ID, even if offered.
• Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
• Post passwords.
• Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
• Give a password out over the phone.
J.1.8 Backups

Users shall:

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

Users shall not:

- Violate Federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware or public domain software on/with the system without your manager’s written permission and without scanning it for viruses first.

J.1.9 Reporting

Users shall:

- Contact and inform your ISSO that you have identified an IT security incident and you will begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in IHS SOP 05-03, Incident Handling Guide.

Users shall not:

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

J.1.10 Session Time Outs

RPMS system implements system-based timeouts that back users out of a prompt after no more than five minutes of inactivity.

Users shall:

- Utilize a screen saver with password protection set to suspend operations at no greater than 10-minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on your screen after some period of inactivity.

Users shall not:

- Utilize a screen saver with password protection set to suspend operations at no
greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on your screen after some period of inactivity.

J.1.11 Hardware

Users shall:

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.

Users shall not:

- Do not eat or drink near system equipment.

J.1.12 Awareness

Users shall:

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS Manuals for the applications used in their jobs.

J.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that:

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal and non-recovery of temporary files created in processing sensitive data, virus protection, intrusion detection, and provides physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.
Remote users shall:

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote users shall not:

- Disable any encryption established for network, internet and web browser communications.

### J.2 RPMS Developers

RPMS Developers shall:

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.

- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.

- Only access information or code within the namespaces for which they have been assigned as part of their duties.

- Remember that all RPMS code is the property of the U.S. Government, not the developer.

- Shall not access live production systems without obtaining appropriate written access, shall only retain that access for the shortest period possible to accomplish the task that requires the access.

- Shall observe separation of duties policies and procedures to the fullest extent possible.

- Shall document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer’s initials, date of change and reason for the change.

- Shall use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.

- Shall follow industry best standards for systems they are assigned to develop or maintain; abide by all Department and Agency policies and procedures.

- Shall document and implement security processes whenever available.

Developers shall not:

- Write any code that adversely impacts RPMS, such as backdoor access, Easter eggs, time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
• Grant any user or system administrator access to RPMS unless proper documentation is provided.

• Not release any sensitive agency or patient information.

### J.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators have added responsibilities to ensure the secure operation of RPMS.

Privileged users shall:

• Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.

• Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.

• Advise the system owner on matters concerning information technology security.

• Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.

• Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.

• Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need to know basis.

• Verify that users have received appropriate security training before allowing access to RPMS.

• Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.

• Document and investigate known or suspected security incidents or violations and report them to the ISSO, CISO, and systems owner.

• Protect the supervisor, superuser, or system administrator passwords.

• Avoid instances where the same individual has responsibility for several functions (such as, transaction entry and transaction approval).

• Watch for unscheduled, unusual, and unauthorized programs.

• Help train system users on the appropriate use and security of the system.

• Establish protective controls to ensure the accountability, integrity,
confidentiality, and availability of the system.

- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.

- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and back up files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.

- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator’s database.

- Shall follow industry best standards for systems they are assigned to; abide by all Department and Agency policies and procedures.

Privileged users shall not:

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties.

- Grant any user or system administrator access to RPMS unless proper documentation is provided.

- Not release any sensitive agency or patient information.
Contact Information

If you have any questions or comments regarding this distribution, contact the OIT User Support (IHS) by:

Phone:  (888) 830-7280
Web:  http://www.ihs.gov/helpdesk/
Email:  support@ihs.gov