



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **IHS Clinical Reporting System**

(BGP)

## **National GPRA Developmental Report Performance Measure List and Definitions**

Version 13.0 Patch 1  
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## 1.0 CRS 2013 National GPRA Developmental Report

The following performance measures will be reported in the Clinical Reporting System (CRS) 2013 National Government Performance and Results Act of 1993 (GPRA)/GPRA Modernization Act (GPRAMA) Report.

**Note:** Beginning FY 2010, GPRA Developmental Measures are reported in its own separate section within the National GPRA/GPRAMA report but are not submitted to the Office of Management and Budget (OMB) and Congress. This document contains only the GPRA Developmental performance measure lists and definitions.

Notations used in this document are described in Table 1-1.

Table 1-1: Document Notations

Notation	Location	Meaning
Section Symbol (\$)	Preceding a measure	A GPRA Developmental measure. GPRA Developmental measures have the potential to become GPRA measures in the future.
Plus Symbol (+)	Preceding a measure	The measure is a new GPRA Developmental Measure for 2013.
Asterisk (*)	Anywhere in a code (CPT, POV, Edu.,etc.)	A 'wildcard' character indicating that the code given has one or more additional characters at this location.

### DENTAL GROUP

- ACCESS TO DENTAL SERVICE
  - §All Treatment Completed
  - +Pre-natal or Nursing Mother Dental Visit

### IMMUNIZATIONS

- ADULT IMMUNIZATIONS (IMM)
  - §Pneumococcal vaccine
- CHILDHOOD IMMUNIZATIONS (19 THROUGH 35 MONTHS)
  - Two Hepatitis A
  - Two to three Rotavirus
  - Two Influenza
  - Three Pneumococcal

### CANCER SCREENING

- PAP SMEAR RATES (25 THROUGH 64 YEARS OF AGE)

- §Pap Smear in the past 4 years or Pap Smear+HPV in past 6 years (no refusals)
- MAMMOGRAM RATES (42 PLUS (+) YEARS OF AGE)
  - §Mammogram (no refusals)
- CANCER SCREENING (50 THROUGH 75 YEARS OF AGE)
  - §Fecal Occult Blood Test or Fecal Immunochemical Test during Report Period, Flexible Sigmoidoscopy in past 5 years and FOB or Fecal Immunochemical Test (FIT) in the past 3 years, or Colonoscopy in past 10 years
- COMPREHENSIVE CANCER SCREENING
  - §Cervical cancer, breast cancer, or colorectal cancer screening

### **BEHAVIORAL HEALTH**

- ALCOHOL SCREENING
  - §Alcohol Screening, alcohol-related diagnosis or procedure (no refusals)
  - Alcohol-related patient education
  - §Positive alcohol screen
- INTIMATE PARTNER VIOLENCE/DOMESTIC VIOLENCE (IPV/DV) SCREENING
  - §IPV/DV Screening (no refusals or patient education)
  - IPV/DV-related patient education
- DEPRESSION SCREENING
  - §Depression Screening, Mood Disorder Diagnosis or Suicide Ideation (no refusals)

### **STD GROUP**

- HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING
  - §HIV Screening (no refusals)
  - Refusal of HIV Screening
  - HIV Screening in past 5 years (no refusals)
  - HIV Screening ever (no refusals)
  - §HIV Screens for User Population with no prior HIV diagnosis
  - HIV+ with CD4 count
- SEXUALLY TRANSMITTED INFECTION (STI) SCREENING
  - §Needed HIV Screen

### **OTHER CLINICAL MEASURES**

- VISIT STATISTICS
  - Active Clinical patients with no qualifying visit during the Report Period
  - Active Clinical patients with Urgent Care as their only core clinic

<p><b>Note:</b> Definitions for all GPRA Developmental performance measure topics included in CRS begin in Section 1.1.6.</p>
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## 1.1 CRS Denominator Definitions

### 1.1.1 For All Denominators

- All patients with name “DEMO,PATIENT” or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the Patient Care Component [PCC] Management Reports, Other section) will be excluded automatically for all denominators.
- For all measures, except as noted, patient age is calculated as of the beginning of the report period.

### 1.1.2 For All Numerators

- For all measures, except as noted, GPRA Developmental Numerators do *not* include refusals or contraindications.

### 1.1.3 Active Clinical Population

#### 1.1.3.1 National GPRA/GPRAMA Reporting

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2013 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- Must be American Indian/Alaska Native (AI/AN); defined as Beneficiary 01.
- Must reside in a community specified in the site’s GPRA community taxonomy, defined as all communities of residence in the defined Contract Health Service (CHS) catchment area.

#### 1.1.3.2 Local Reports

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to *the Clinical Reporting System (CRS) for FY2013 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non AI/AN, or both.

- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

## 1.1.4 User Population

### 1.1.4.1 National GPRA/GPRAMA Reporting

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the Report Period.
- Must be AI/AN; defined as Beneficiary 01.
- Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.

### 1.1.4.2 Local Reports

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

## 1.1.5 Active Clinical Plus BH Population

### 1.1.5.1 National GPRA/GPRAMA Reporting

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2013 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.

- Must be AI/AN; defined as Beneficiary 01.
- Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined Contract Health Service (CHS) catchment area.

### 1.1.5.2 Local Reports

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2013 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

### 1.1.6 Active Clinical CHS Population

CHS-Only Sites

#### 1.1.6.1 National GPRA/GPRAMA Reporting

- Must have two CHS visits in the three years prior to the end of the Report Period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the Report period.
- Must be AI/AN; defined as Beneficiary 01. This data item is entered and updated during the Patient Registration process.
- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

#### 1.1.6.2 Local Reports

- Must have two CHS visits in the three years prior to the end of the Report Period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the Report period.

- User defines population type: AI/AN patients only, non AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

## 1.1.7 Active Clinical Behavioral Health Population

### 1.1.7.1 National GPRA/GPRAMA Reporting

#### Urban Outreach and Referral-Only Sites

- Must have two Behavioral Health visits in the three years prior to the end of the report period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the report period.
- Must be AI/AN; defined as Beneficiary 01. This data item is entered and updated during the Patient Registration process.
- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

### 1.1.7.2 Local Reports

- Must have two Behavioral Health visits in the three years prior to the end of the report period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.



## 2.0 Performance Measure Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the CRS 2013 version 13.0 National GPRA Developmental Report.

### 2.1 Dental Group

#### 2.1.1 Access to Dental Service

##### 2.1.1.1 Owner: Contact

Dental Program: Dr. Patrick Blahut

##### 2.1.1.2 National Reporting

NATIONAL (included in IHS Performance Report; not reported to OMB and Congress)

##### 2.1.1.3 Denominators

1. GPRA Developmental: User Population patients with dental exam during the Report Period.
2. All pregnant or breastfeeding female User Population patients with no documented miscarriage or abortion.

##### 2.1.1.4 Numerators

1. GPRA Developmental: Patients with all treatment completed.
2. Patients with documented pre-natal or nursing mother dental visit during the Report Period.

**Note:** This numerator does not include refusals.

##### 2.1.1.5 Definitions

###### Dental Exam

- Dental ADA codes 0120, 0150, 0145, 9990
- CPT codes D0120, D0150, D0145

**All Treatment Completed**

- Dental ADA code 9990

**Pre-natal or Nursing Mother Dental Visit**

- IHS Dental codes 9340, 9341

**Pregnancy**

At least two visits with POV: 640.03, 640.83, 640.93, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53, 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.03, 644.13, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 649.03, 649.13, 649.23, 649.33, 649.43, 649.53, 649.63, 649.73, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.73, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 674.53, 675.03, 675.13, 675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 678.03, 678.13, 679.03, 679.13, V22.0 through V23.9, V28.81, V28.82, V28.89, V72.42, V89.01 through V89.09 during the past 20 months, where the primary provider is not a CHR (Provider code 53). Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period.

**Miscarriage**

- Occurring after the second pregnancy POV and during the past 20 months
  - POV 630, 631, 632, 633\*, 634\*
  - CPT 59812, 59820, 59821, 59830

**Abortion**

- Occurring after the second pregnancy POV and during the past 20 months
  - POV 635\*, 636\*, 637\*
  - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260 through S2267
  - Procedure 69.01, 69.51, 74.91, 96.49

**Breastfeeding**

- Any of the following during the Report Period:
  - POV V24.1
  - Breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N

**2.1.1.6 Patient Lists**

- List of User Pop patients with dental exam and all treatment completed.
- List of User Pop patients with dental exam and not all treatment completed.
- List of pregnant or breastfeeding female patients with treatment.
- List of pregnant or breastfeeding female patients without treatment.

**2.2 Immunization Group****2.2.1 Adult Immunizations****2.2.1.1 Owner: Contact**

Epidemiology Program: Amy Groom, MPH

**2.2.1.2 National Reporting**

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

**2.2.1.3 Denominators**

1. GPRA: Active Clinical patients ages 65 or older.

#### 2.2.1.4 Numerators

1. GPRA Developmental: Patients with Pneumococcal vaccine or contraindication documented ever and, if patient is older than 65 years, either a dose of pneumovax after the age of 65 or a dose of pneumovax in the past five years.

**Note:** The only refusals included in this numerator are documented not medically indicated (NMI) refusals.

#### 2.2.1.5 Definitions

##### **Pneumococcal Vaccine**

Any of the following documented any time before the end of the report period:

- Immunization (CVX) codes 33, 100, 109, 133
- POV V06.6, V03.82
- International Classification of Diseases (ICD) Procedure 99.55
- CPT 90732, 90669, 90670, G0009, G8115 (old code)

##### **Contraindication to Pneumovax Vaccine**

Any of the following documented any time before the end of the report period:

- Contraindication in the Immunization Package of “Anaphylaxis”
- PCC NMI Refusal

#### 2.2.1.6 Patient Lists

- List of patients 65 years and older with pneumovax immunization or contraindication.
- List of patients 65 years and older without pneumovax immunization or contraindication.

### 2.2.2 Childhood Immunizations

#### 2.2.2.1 Owner: Contact

Epidemiology Program: Amy Groom, MPH

#### 2.2.2.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

### 2.2.2.3 Denominators

1. Active Clinical patients ages 19 through 35 months at end of report period.
2. GPRA: User Population patients active in the Immunization Package who are age 19 through 35 months at end of report period.

**Note:** Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

### 2.2.2.4 Numerators

1. Patients who have received two doses of Hepatitis A vaccine ever, including contraindications and evidence of disease.

**Note:** The only refusals included in this numerator are NMI refusals.

2. Patients who have received two or three doses of Rotavirus vaccine ever, including contraindications and evidence of disease.

**Note:** The only refusals included in this numerator are NMI refusals.

3. Patients who have received two doses of Influenza ever, including contraindications.

**Note:** The only refusals included in this numerator are NMI refusals.

4. Patients who have received three doses of Pneumococcal conjugate vaccine ever, including contraindications and evidence of disease.

**Note:** The only refusals included in this numerator are NMI refusals.

### 2.2.2.5 Definitions

#### Patient Age

Since the age of the patient is calculated at the beginning of the report period, the age range will be adjusted to 7 through 23 months at the beginning of the report period, which makes the patient between the ages of 19 through 35 months at the end of the report period.

### Timing of Doses

Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

### Active Immunization Package Patients Denominator

Same as User Population definition *except* includes only patients flagged as active in the Immunization Package.

**Note:** Only values for the current period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the previous year or baseline periods.

### Dosage and Types of Immunizations

- Four Doses of DTaP
  - Four DTaP or DTP or Tdap
  - One DTaP or DTP or Tdap and three DT or Td
  - One DTaP or DTP or Tdap and three each of Diphtheria and Tetanus
  - Four DT and four Acellular Pertussis
  - Four Td and four Acellular Pertussis
  - Four each of Diphtheria, Tetanus, and Acellular Pertussis
- Three Doses of Polio
  - Three OPV
  - Three IPV
  - Combination of OPV and IPV totaling three doses
- One Dose of MMR
  - MMR
  - One M/R and one Mumps
  - One R/M and one Measles
  - One each of Measles, Mumps, and Rubella
- Three doses of Hep B
- Three or four doses of HIB, depending on the vaccine administered
- One dose of Varicella
- Four doses of Pneumococcal
- Two doses of Hep A
- Two or three doses of Rotavirus, depending on the vaccine administered

- Two doses of Influenza

### **Refusal, Contraindication, and Evidence of Disease Information**

Except for the Immunization Program Numerators, NMI refusals, evidence of disease and contraindications for individual immunizations will also count toward meeting the definition, as defined below. Refusals will count toward meeting the definition for refusal numerators only.

**Note:** NMI refusals are not counted as refusals; rather, they are counted as contraindications.

- For immunizations that allow a different number of doses (e.g. two or three Rotavirus): To count toward the numerator with the smaller number of doses, all of the patient's vaccinations must be part of the smaller dose series. For example, for a patient to count toward the Rotavirus numerator with only two doses, all two doses must be included in the two-dose series codes listed in the Rotavirus definition. A patient with a mix of two-dose and three-dose series codes will need three doses to count toward the numerator. An exception to this is for the HIB vaccine: if the first two doses are CVX code 49, then the patient only needs three doses (even if the third dose is included in the four-dose series).
- Each immunization must be refused and documented separately. For example, if a patient has an NMI refusal for Rubella only, then there must be an immunization, contraindication, or separate NMI refusal for the Measles and Mumps immunizations.
- For immunizations where required number of doses is more than one, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI refusal for Hepatitis B, the patient will be included in the numerator.
- For immunizations where required number of doses is more than one, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the report period).
- To be counted as evidence of disease or contraindication or NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR.

## Refusal Definitions

Parent or Patient Refusal in Immunization package or PCC Refusal type REF or NMI for any of the following codes:

- DTaP
  - Immunization (CVX) codes 20, 50, 106, 107, 110, 120, 130, 132, 146
  - CPT 90696, 90698, 90700, 90721, 90723
- DTP
  - Immunization (CVX) codes 1, 22, 102
  - CPT 90701, 90711 (old code), 90720
- Tdap
  - Immunization (CVX) code 115
  - CPT 90715
- DT
  - Immunization (CVX) code 28
  - CPT 90702
- Td
  - Immunization (CVX) codes 9, 113
  - CPT 90714, 90718
- Diphtheria
  - CPT 90719
- Tetanus
  - Immunization (CVX) codes 35, 112
  - CPT 90703
- Acellular Pertussis
  - Immunization (CVX) code 11
- OPV
  - Immunization (CVX) codes 2, 89
  - CPT 90712
- IPV
  - Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146
  - CPT 90696, 90698, 90711 (old code), 90713, 90723
- MMR
  - Immunization (CVX) codes 3, 94



- CPT 90707, 90710
- M/R
  - Immunization (CVX) code 4
  - CPT 90708
- R/M
  - Immunization (CVX) code 38
  - CPT 90709 (old code)
- Measles
  - Immunization (CVX) code 5
  - CPT 90705
- Mumps
  - Immunization (CVX) code 7
  - CPT 90704
- Rubella
  - Immunization (CVX) code 6
  - CPT 90706
- HiB
  - Immunization (CVX) codes 17, 22, 46 through 49, 50, 51, 102, 120, 132, 146
  - CPT 90645 through 90648, 90698, 90720 through 90721, 90737 (old code), 90748
- Hepatitis B
  - Immunization (CVX) codes 8, 42 through 45, 51, 102, 104, 110, 132, 146
  - CPT 90636, 90723, 90731 (old code), 90740, 90743 through 90748, G0010, Q3021 (old code), Q3023 (old code)
- Varicella
  - Immunization (CVX) codes 21, 94
  - CPT 90710, 90716
- Pneumococcal
  - Immunization (CVX) codes 33, 100, 109
  - CPT 90669, 90670, 90732, G0009, G8115 (old code)
- Hepatitis A
  - Immunization (CVX) codes 31, 52, 83, 84, 85, 104
  - CPT 90632 through 90634, 90636, 90730 (old code)

- Rotavirus
  - Immunization (CVX) codes 74, 116, 119, 122
  - CPT 90680
- Influenza
  - Immunization (CVX) codes 15, 16, 88, 111, 135, 140, 141, 144
  - CPT 90654 through 90658, 90659 (old code), 90660 through 90662, 90724 (old code), G0008, G8108 (old code)

### Immunization Definitions

**Note:** In the definitions for all immunizations shown below, the Immunization Program Numerators will include only CVX and CPT codes.

- DTaP IZ Definitions
  - Immunization (CVX) codes 20, 50, 106, 107, 110, 120, 130, 132, 146
  - POV V06.1
  - CPT 90696, 90698, 90700, 90721, 90723
- DTaP Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- DTP IZ Definitions
  - Immunization (CVX) codes 1, 22, 102
  - POV V06.1, V06.2, V06.3
  - CPT 90701, 90711 (old code), 90720
  - Procedure 99.39
- DTP Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- Tdap IZ Definitions
  - Immunization (CVX) code 115
  - CPT 90715
- Tdap contraindication definition
  - Immunization Package contraindication of “Anaphylaxis”
- DT IZ Definitions
  - Immunization (CVX) code 28
  - POV V06.5
  - CPT 90702

- DT Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- Td IZ Definitions
  - Immunization (CVX) codes 9, 113
  - POV V06.5
  - CPT 90714, 90718
- Td Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- Diphtheria IZ Definitions
  - POV V03.5
  - CPT 90719
  - Procedure 99.36
- Diphtheria Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- Tetanus Definitions
  - Immunization (CVX) codes 35, 112
  - POV V03.7
  - CPT 90703
  - Procedure 99.38
- Tetanus Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- Acellular Pertussis Definitions
  - Immunization (CVX) code 11
  - POV V03.6
  - Procedure 99.37 (old code)
- Acellular Pertussis Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- OPV Definitions
  - Immunization (CVX) codes 2, 89
  - CPT 90712
- OPV Contraindication Definition
  - Immunization Package contraindication of Immune Deficiency
- IPV Definitions

- Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146
- POV V04.0, V06.3
- CPT 90696, 90698, 90711 (old code), 90713, 90723
- Procedure 99.41
- IPV Evidence of Disease Definitions
  - POV or PCC Problem List (active or inactive) 730.70 through 730.79
- IPV contraindication definition:
  - Immunization Package contraindication of “Anaphylaxis” or “Neomycin Allergy”
- MMR Definitions
  - Immunization (CVX) codes 3, 94
  - POV V06.4
  - CPT 90707, 90710
  - Procedure 99.48
- MMR Contraindication Definitions
  - Immunization Package contraindication of “Anaphylaxis”, “Immune Deficiency”, or “Neomycin Allergy”
- M/R Definitions
  - Immunization (CVX) code 4
  - CPT 90708
- M/R Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- R/M Definitions
  - Immunization (CVX) code 38
  - CPT 90709 (old code)
- R/M Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- Measles Definitions
  - Immunization (CVX) code 5
  - POV V04.2
  - CPT 90705
  - Procedure 99.45
- Measles Evidence of Disease Definition
  - POV or PCC Problem List (active or inactive) 055\*

- Measles Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- Mumps Definitions
  - Immunization (CVX) code 7
  - POV V04.6
  - CPT 90704
  - Procedure 99.46
- Mumps Evidence of Disease Definition
  - POV or PCC Problem List (active or inactive) 072\*
- Mumps Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- Rubella Definitions
  - Immunization (CVX) code 6
  - POV V04.3
  - CPT 90706
  - Procedure 99.47
- Rubella Evidence of Disease Definitions
  - POV or PCC Problem List (active or inactive) 056\*, 771.0
- Rubella Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- HiB Definitions
  - Three-dose series:
    - Immunization (CVX) codes 49, 51
    - CPT 90647, 90748
  - Four-dose series:
    - Immunization (CVX) codes 17, 22, 46 through 48, 50, 102, 120, 132, 146
    - POV V03.81
    - CPT 90645 through 90646, 90648, 90698, 90720 through 90721, 90737 (old code)
- HiB Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- Hepatitis B Definitions

- Immunization (CVX) codes 8, 42 through 45, 51, 102, 104, 110, 132, 146
- CPT 90636, 90723, 90731 (old code), 90740, 90743 through 90748, G0010, Q3021 (old code), Q3023 (old code)
- Hepatitis B Evidence of Disease Definitions
  - POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3
- Hepatitis B contraindication definition
  - Immunization Package contraindication of “Anaphylaxis”
- Varicella Definitions
  - Immunization (CVX) codes 21, 94
  - POV V05.4
  - CPT 90710, 90716
- Varicella Evidence of Disease Definitions
  - POV or PCC Problem List (active or inactive) 052\*, 053\*
  - Immunization Package contraindication of “Hx of Chicken Pox” or “Immune”
- Varicella Contraindication Definitions
  - Immunization Package contraindication of “Anaphylaxis”, “Immune Deficiency”, or “Neomycin Allergy”
- Pneumococcal Definitions
  - Immunization (CVX) codes 33 Pneumo Polysaccharide, 100 Pneumo Conjugate, 109 Pneumo NOS, 133 Pneumo Conjugate
  - POV V06.6, V03.82
  - CPT 90669, 90670, 90732, G0009, G8115 (old code)
- Pneumococcal Contraindication Definition
  - Immunization Package contraindication of Anaphylaxis
- Hepatitis A Definitions
  - Immunization (CVX) codes 31, 52, 83, 84, 85, 104
  - CPT 90632 through 90634, 90636, 90730 (old code)
- Hepatitis A Evidence of Disease Definitions
  - POV or PCC Problem List (active or inactive) 070.0, 070.1
- Hepatitis A Contraindication Definition
  - Immunization Package contraindication of "Anaphylaxis"
- Rotavirus Definitions
  - Two dose series

- Immunization (CVX) codes 119
- CPT 90681
- Three dose series
  - Immunization (CVX) codes 74, 116, 122
  - POV V05.8
  - CPT 90680
- Rotavirus Contraindication Definition
  - Immunization Package contraindication of "Anaphylaxis" or "Immune Deficiency"
- Influenza Definitions
  - Immunizations (CVX) codes 15, 16, 88, 111, 135, 140, 141, 144
  - POV V04.8 (old code), V04.81, V06.6
  - CPT 90654 through 90658, 90659 (old code), 90660 through 90662, 90724 (old code), G0008, G8108 (old code)
  - ICD Procedure code 99.52
- Influenza Contraindication Definition
  - Immunization Package contraindication of "Egg Allergy" or "Anaphylaxis"

### 2.2.2.6 Patient Lists

**Note:** Because age is calculated at the beginning of the report period, the patient's age on the list will be between 7 and 23 months

- List of Active Immunization Package patients ages 19 through 35 months who received two doses of the Hep A vaccine.
- List of Active Immunization Package patients ages 19 through 35 months who have not received two doses of the Hep A vaccine.
- List of Active Immunization Package patients ages 19 through 35 months who received two or three doses of the rotavirus vaccine.
- List of Active Immunization Package patients ages 19 through 35 months who have not received two or three doses of the rotavirus vaccine.
- List of Active Immunization Package patients ages 19 through 35 months who received two doses of the influenza vaccine.
- List of Active Immunization Package patients ages 19 through 35 months who have not received two doses of the influenza vaccine.

## 2.3 Cancer Screening Group

### 2.3.1 Cancer Screening: Pap Smear Rates

#### 2.3.1.1 Owner: Contact

Carolyn Aoyama

#### 2.3.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

#### 2.3.1.3 Denominators

1. GPRA Developmental: Female Active Clinical patients ages 25 through 64 years without a documented history of hysterectomy.

**Note:** Patients must be at least 25 years of age at the beginning of the report period and less than 65 years of age as of the end of the report period.

#### 2.3.1.4 Numerators

1. GPRA Developmental: Patients with a Pap smear documented in the past four years, or if patient is 30 to 64 years of age, either a Pap Smear documented in the past 4 years or a Pap Smear and an HPV DNA documented in the past 6 years.

**Note:** This numerator does *not* include refusals.

- A. Patients ages 25- through 29 with a Pap Smear documented in the past 4 years.
- B. Patients ages 30 through 64 with a Pap Smear documented in the past 4 years.
- C. Patients ages 30 through 64 with a Pap Smear documented 4-6 years ago and an HPV DNA documented in the past 6 years.

#### 2.3.1.5 Definitions

##### Age

Age of the patient is calculated at the beginning of the report period. Patients must be at least 25 years of age at the beginning of the report period and less than 65 years of age as of the end of the report period.



## Hysterectomy

Defined as any of the following ever:

- Procedure 68.4 through 68.9
- CPT 51925, 56308 (old code), 58150, 57540, 57545, 57550, 57555, 57556, 58152, 58200 through 58294, 58548, 58550 through 58554, 58570 through 58573, 58951, 58953 through 58954, 58956, 59135
- Diagnosis (POV or problem list) 618.5, 752.43, V67.01, V76.47, V88.01, V88.03
- Women's Health procedure called Hysterectomy

## Pap Smear

- V Lab PAP SMEAR
- POV V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, 795.0\*
- Procedure 91.46
- CPT 88141 through 88167, 88174 through 88175, G0123, G0124, G0141, G0143 through G0145, G0147, G0148, P3000, P3001, Q0091 Screening Pap Smear
- Women's Health Procedure called Pap Smear and where the result does not have "ERROR/DISREGARD"
- Logical Observations Identifiers, Names, Codes (LOINC) taxonomy
- Site-populated taxonomy BGP GPRA PAP SMEAR TAX

## HPV DNA

- V Lab HPV
- POV V73.81, 079.4, 796.75, 795.05, 795.15, 796.79, 795.09, 795.19
- CPT 87620 through 87622
- LOINC taxonomy
- Site-populated taxonomy BGP HPV TAX

### 2.3.1.6 Patient Lists

- List of female patients with a Pap smear documented in the past four years or Pap+HPV in past 6 years.
- List of female patients without a Pap smear documented in the past four years or Pap+HPV in past 6 years.

## 2.3.2 Cancer Screening: Mammogram Rates

### 2.3.2.1 Owner: Contact

Carolyn Aoyama

### 2.3.2.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

### 2.3.2.3 Denominators

1. GPRA Developmental: Female Active Clinical patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

**Note:** The patients must be at least 42 years of age as of the beginning of the Report Period.

### 2.3.2.4 Numerators

1. GPRA Developmental: All patients who had a Mammogram documented in the past two years.

### 2.3.2.5 Definitions

#### Age

Age of the patient is calculated at the beginning of the report period. Patients must be at least 42 years of age as of the beginning of the Report Period.

#### Bilateral Mastectomy

- CPT 19300.50 through 19307.50 OR 19300 through 19307 with modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, with modifier of 50 or 09950
- ICD Operation codes 85.42, 85.44, 85.46, 85.48

#### Unilateral Mastectomy

Requires two separate occurrences for either CPT or procedure codes on either two different dates of service or on the same date of service if the codes include both a right side modifier (RT) and left side modifier (LT).

- CPT 19300 through 19307, or old codes 19180, 19200, 19220, 19240
- Procedures 85.41, 85.43, 85.45, 85.47

## Mammogram

- V Radiology or CPT 77052 through 77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202
- POV V76.11, V76.12, 793.80 Abnormal mammogram, unspecified, 793.81 Mammographic microcalcification, 793.89. Other abnormal findings on radiological exam of breast
- Procedures 87.36, 87.37
- Women's Health Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD"

### 2.3.2.6 Patient Lists

- List of female patients 42 and older with a Mammogram documented in the past two years.
- List of female patients 42 and older without a Mammogram documented in the past two years.

### 2.3.3 USPSTF Colorectal Cancer Screening

**Note:** Based on the United States Preventive Services Task Force (USPSTF) 2008 recommendations and which uses the HEDIS codes for the different types of screening. This definition is different from the GPRA definition for both the denominator and numerator. Denominator does *not* include exclusions for patients with a diagnosis of colorectal cancer or total colectomy and the numerator does not include DCBE.

#### 2.3.3.1 Owner: Contact

Epidemiology Program: Don Haverkamp

#### 2.3.3.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

#### 2.3.3.3 Denominators

1. GPRA Developmental: Active Clinical patients ages 50 through 75 years, broken out by gender.

#### 2.3.3.4 Numerators

1. GPRA Developmental: Patients who have had any CRC screening, defined as any of the following:
  - A. FOBT or FIT during the Report Period
  - B. Flexible sigmoidoscopy in the past five years and FOB or FIT in the past three years
  - C. Colonoscopy in the past 10 years

#### 2.3.3.5 Definitions

##### Colorectal Cancer Screening

The most recent of any of the following during applicable timeframes:

- FOBT or FIT
  - POV V76.51 Colon screening
  - CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)
  - LOINC taxonomy
  - Site-populated taxonomy BGP GPRA FOB TESTS
- Flexible Sigmoidoscopy
  - Procedure 45.24
  - CPT 45330 through 45345, G0104
- Colonoscopy
  - Procedure 45.22, 45.23, 45.25, 45.42, 45.43
  - CPT 44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121

#### 2.3.3.6 Patient Lists

- List of patients 50 through 75 years of age with CRC screening (USPSTF definition).
- List of patients 50 through 75 years of age without CRC screening (USPSTF definition).

### 2.3.4 Comprehensive Cancer Screening

#### 2.3.4.1 Owner: Contact

Epidemiology Program: Don Haverkamp, Carolyn Aoyama

### 2.3.4.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

### 2.3.4.3 Denominators

1. GPRA Developmental: Active Clinical patients ages 25 through 75 years who are eligible for cervical cancer, breast cancer, or colorectal cancer screening.
  - A. Active Clinical female patients ages 25 through 75 years.
  - B. Active Clinical male patients ages 50 through 75 years.

### 2.3.4.4 Numerators

1. GPRA Developmental: Patients who have had all screenings for which they are eligible.
2. Female patients with cervical cancer, breast cancer, or colorectal cancer screening.
3. Male patients with colorectal cancer screening.

### 2.3.4.5 Definitions

#### Cervical Cancer Screening

To be eligible for this screening:

- Patients must be female Active Clinical ages 25 through 64 years and not have a documented history of hysterectomy.
- Patients must be at least 25 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period.
- To be counted as having the screening, the patient must have had a Pap Smear documented in the past four years.

#### Hysterectomy

Any of the following ever:

- Procedure 68.4 through 68.9
- CPT 51925, 56308 (old code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200 through 58294, 58548, 58550 through 58554, 58570 through 58573, 58951, 58953 through 58954, 58956, 59135
- Diagnosis (POV or problem list) 618.5, 752.43, V67.01, V76.47, V88.01, V88.03

- Women's Health procedure called Hysterectomy

### **Pap Smear**

- V Lab Pap Smear
- POV V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, 795.0\*
- Procedure 91.46
- CPT 88141 through 88167, 88174 through 88175, G0123, G0124, G0141, G0143 through G0145, G0147, G0148, P3000, P3001, Q0091
- Women's Health procedure called Pap Smear and where the result does not have "ERROR/DISREGARD"
- LOINC taxonomy
- Site-populated taxonomy BGP PAP SMEAR TAX

### **Breast Cancer Screening**

To be eligible for this screening:

- Patients must be female Active Clinical ages 52 through 64 years and not have a documented history ever of bilateral mastectomy or two separate unilateral mastectomies.
- Patients must be at least age 52 years as of the beginning of the Report Period and must be less than 65 years of age as of the end of the Report Period.
- To be counted as having the screening, the patient must have had a Mammogram documented in the past two years

### **Bilateral mastectomy**

Any of the following ever:

- CPT 19300.50 through 19307.50 or 19300 through 19307 with modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, with modifier of 50 or 09950
- ICD Operation codes 85.42, 85.44, 85.46, 85.48

### **Unilateral Mastectomy**

Must have two separate occurrences for either CPT or procedure codes on either two different dates of service or on the same date of service if the codes include both a right side modifier (RT) and left side modifier (LT):

- CPT 19300 through 19307, or old codes 19180, 19200, 19220, 19240
- ICD Operation codes 85.41, 85.43, 85.45, 85.47

**Screening Mammogram**

- V Radiology or CPT 77052 through 77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202
- POV V76.11 screening mammogram for high risk patient, V76.12 other screening mammogram, 793.80 Abnormal mammogram, unspecified, 793.81 Mammographic microcalcification, 793.89 Other abnormal findings on radiological exam of breast
- Procedure 87.36 Xerography of breast, 87.37 Other Mammography
- Women's Health Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does not have "ERROR/DISREGARD"

**Colorectal Cancer Screening**

To be eligible for this screening:

- Patients must be Active Clinical ages 50 through 75 years and not have a documented history ever of colorectal cancer or total colectomy

To be counted as having the screening, patients must have had any of the following:

- FOBT or FIT during the Report Period
- Flexible sigmoidoscopy in the past five years
- Colonoscopy in the past 10 years

**Colorectal Cancer**

- POV 153.\*, 154.0, 154.1, 197.5, V10.05
- CPT G0213 through G0215 (old codes), G0231 (old code)

**Total Colectomy**

- Procedure 45.8\*
- CPT 44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210 through 44212

**FOBT or FIT**

- CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)
- LOINC taxonomy
- Site-populated taxonomy BGP GPRA FOB TESTS

**Flexible Sigmoidoscopy**

- Procedure 45.24

- CPT 45330 through 45345, G0104

### **Colonoscopy**

- Procedure 45.22, 45.23, 45.25, 45.42, 45.43
- CPT 44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121

#### **2.3.4.6 Patient Lists**

- List of patients 25 through 75 years of age with comprehensive cancer screening.
- List of patients 25 through 75 years of age without comprehensive cancer screening.

## **2.4 Behavioral Health Group**

### **2.4.1 Alcohol Screening**

#### **2.4.1.1 Owner: Contact**

Dr. Peter Stuart

#### **2.4.1.2 National Reporting**

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

#### **2.4.1.3 Denominators**

1. GPRA: Female Active Clinical Plus Behavioral Health (BH) patients 15 through 44 years of age.
2. GPRA Developmental: Active Clinical Plus BH patients ages 12 through 75 years, broken down by age groups: 12 through 19 years, 20 through 24 years, 25 through 34 years, 35 through 44 years, 45 through 54 years, and 55 through 75 years

#### **2.4.1.4 Numerators**

1. GPRA Developmental: Patients screened for alcohol use or had an alcohol-related diagnosis or procedure during the Report Period.

**Note:** This numerator does *not* include alcohol-related patient education.



2. Patients with alcohol-related patient education during the Report Period.
3. GPRA Developmental: Patients who were screened positive for alcohol use.

#### **2.4.1.5 Definitions**

##### **Alcohol Screening**

Any of the following during the Report Period:

- PCC Exam code 35
- Any CAGE Health Factor
- Screening Diagnosis V11.3, V79.1, or Behavioral Health System (BHS) problem code 29.1
- CPT 99408, 99409, G0396, G0397, H0049, H0050, 3016F
- V Measurement in PCC or BH of AUDT, AUDC, or CRFT

##### **Alcohol-Related Diagnosis or Procedure**

Any of the following during the Report Period:

- Alcohol-related diagnosis:
  - POV, current PCC or BHS Problem List 303.\*, 305.0\*, 291.\*, 357.5\*
  - BHS POV 10, 27, 29
  - BHS Problem codes 10, 12.1, 14.2, 17.1, 18.1, 20.1, 22.1
- Alcohol-related Procedure
  - Procedure 94.46, 94.53, 94.61 through 94.63, 94.67 through 94.69

##### **Alcohol-Related Patient Education**

Any of the following during the Report Period:

- Patient education codes containing "AOD-" or "-AOD", "CD-" or "-CD" (old codes), or V11.3, V79.1, 303.\*, 305.0\*, 291.\* 357.5\*, 99408, 99409, G0396, G0397, H0049, H0050, 3016F

##### **Positive Screen for Alcohol Use**

Any of the following for patients with alcohol screening:

- Exam code 35 Alcohol Screening result of “Positive”
- Health factor of CAGE result of 1/4, 2/4, 3/4 or 4/4
- CPT G0396, G0397, 99408, 99409
- AUDT result of greater than or equal to 8, AUDC result of greater than or equal to 4 for men and greater than or equal to 3 for women, CRFT result of 2 to 6

### 2.4.1.6 Patient Lists

- List of female Active Clinical patients ages 15 through 44 years with documented screening.
- List of female Active Clinical patients ages 15 through 44 years without documented screening.
- List of female Active Clinical patients ages 15 through 44 years with a positive alcohol screen.
- List of female Active Clinical patients ages 15 through 44 years with a negative alcohol screen.
- List of Active Clinical patients ages 12 through 75 years with documented alcohol screening.
- List of Active Clinical patients ages 12 through 75 years without documented alcohol screening.
- List of Active Clinical patients ages 12 through 75 years with a positive alcohol screen.
- List of Active Clinical patients ages 12 through 75 years with a negative alcohol screen.

## 2.4.2 Intimate Partner (Domestic) Violence Screening

### 2.4.2.1 Owner: Contact

Denise Grenier, LCSW and Dr. Peter Stuart

### 2.4.2.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

### 2.4.2.3 Denominators

1. GPRA: Female Active Clinical Plus BH patients ages 15 through 40 years.

### 2.4.2.4 Numerators

1. GPRA Developmental: Patients with an IPV/DV exam or IPV/DV-related diagnosis, procedure, or counseling any time during the Report Period.

**Note:** This numerator does *not* include IPV/DV-related patient education.

## 2. Patients with IPV/DV-related education during the Report Period

### 2.4.2.5 Definitions

#### IPV/DV Exam

- PCC Exam code 34
- BHS IPV/DV exam

#### IPV/DV Related Diagnosis

- POV, Current PCC or BHS Problem List 995.80 through 83, 995.85 (adult maltreatment), V15.41, V15.42, V15.49 (history of abuse)
- BHS POV 43.\*, 44.\*

#### IPV/DV Patient Education

Patient Education codes containing "DV-" or "-DV", 995.80 through 83, 995.85, V15.41, V15.42, V15.49

#### IPV/DV Counseling

POV V61.11

### 2.4.2.6 Patient Lists

- List of female patients 15 through 40 years of age with documented IPV/DV screening.
- List of female patients 15 through 40 years of age without documented IPV/DV screening.

## 2.4.3 Depression Screening

### 2.4.3.1 Owner: Contact

Cheryl Peterson, RN, MSN, Denise Grenier, LCSW, Dr. David Sprenger and Dr. Peter Stuart

### 2.4.3.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

### 2.4.3.3 Denominators

1. GPRA Developmental: Active Clinical Plus BH patients ages 18 and older.

2. GPRA Developmental: Active Clinical Plus BH patients ages 12 through 18 years.

#### **2.4.3.4 Numerators**

1. GPRA Developmental: Patients screened for depression or diagnosed with a mood disorder or suicide ideation at any time during the Report Period.

#### **2.4.3.5 Definitions**

##### **Depression Screening**

Any of the following:

- Exam code 36
- POV V79.0
- CPT 1220F
- BHS Problem code 14.1 (screening for depression)
- V Measurement in PCC or BH of PHQ2, PHQ9 or PHQT

##### **Mood Disorders**

At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS.

- These POV codes are: 296.\*, 291.89, 292.84, 293.83, 300.4, 301.13, 311; or BHS POV 14, 15

##### **Suicide Ideation**

- POV V62.84
- BHS Problem code 39 during the Report Period

#### **2.4.3.6 Patient Lists**

- List of Active Clinical patients ages 18 years and older screened for depression or diagnosed with mood disorder or suicide ideation.
- List of Active Clinical patients ages 18 years and older not screened for depression or diagnosed with mood disorder or suicide ideation.
- List of Active Clinical patients ages 12 through 18 years screened for depression or diagnosed with mood disorder or suicide ideation.

- List of Active Clinical patients ages 12 through 18 years not screened for depression or diagnosed with mood disorder or suicide ideation.

## 2.5 Cardiovascular Disease Related Group

### 2.5.1 Weight Assessment and Counseling for Nutrition and Physical Activity

#### 2.5.1.1 Owner: Contact

Jean Charles-Azure and Samantha Interpreter, RD

#### 2.5.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

#### 2.5.1.3 Denominators

1. Active Clinical patients ages 3 through 17, broken down by gender and age groups.

#### 2.5.1.4 Numerators

1. Patients with comprehensive assessment, defined as having BMI documented, counseling for nutrition, and counseling for physical activity during the Report Period.
2. Patients with BMI documented during the Report Period.
3. Patients with counseling for nutrition during the Report Period.
4. Patients with counseling for physical activity during the Report Period.

#### 2.5.1.5 Definitions

##### Age

Age is calculated at the end of the report period.

**BMI**

Any of the following during the Report Period:

- CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the report period. For ages 19 through 50 years, height and weight must be recorded within last five years, not required to be on the same day. For over 50 years of age, height and weight within last two years, not required to be recorded on same day.
- POV V85\*

**Counseling for nutrition**

- CPT 97802-97804, G0270, G0271, G0447, S9449, S9452, S9470
- POV V65.3
- Patient Education codes ending “-N” or “-MNT” (or old code “-DT” (Diet)) or containing V65.3, 97802 through 97804, G0270, G0271, G0447, S9449, S9452, S9470

**Counseling for physical activity**

- CPT G0447, S9451
- POV V65.41
- Patient education codes ending “-EX” (Exercise) or containing V65.41, G0447, or S9451

**2.5.1.6 Patient Lists**

- List of Active Clinical patients 3 through 17 with comprehensive assessment.
- List of Active Clinical patients 3 through 17 without comprehensive assessment.

**2.6 STD-Related Group****2.6.1 HIV Screening****2.6.1.1 Owner: Contact**

Lisa Neel, MPH and Dr. Marie Russell

**2.6.1.2 National Reporting**

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

### 2.6.1.3 Denominators

1. GPRA Developmental: User Population patients ages 13 through 64 years with no recorded HIV diagnosis prior to the Report Period, broken down by gender and age groups: less than 13 years, 13 through 14 years, 15 through 19 years, 20 through 24 years, 25 through 29 years, 30 through 34 years, 35 through 39 years, 40 through 44 years, 45 through 49 years, 50 through 54 years, 55 through 59 years, 60 through 64 years, 65 years and older.
2. User Population patients ages 13 through 64 years with first recorded HIV diagnosis during the Report Period.

### 2.6.1.4 Numerators

1. GPRA Developmental: Patients who were screened for HIV during the Report Period.

**Note:** This numerator does *not* include refusals.

- A. Patients with a positive result.
  - B. Patients with a negative result.
  - C. Patients with no result.
2. Patients with documented HIV screening refusal during the Report Period.
  3. Patients who were screened for HIV in the past five years.

**Note:** This numerator does *not* include refusals.

4. Patients who were screened for HIV at any time before the end of the Report Period.

**Note:** This numerator does *not* include refusals.

5. GPRA Developmental: Number of HIV screens provided to User Population patients during the Report Period, where the patient was not diagnosed with HIV any time prior to the screen.

**Note:** This numerator does *not* have a denominator. This measure is a total count only, not a percentage.

6. Patients with CD4 count within 90 days of initial HIV diagnosis.
  - A. Patients with CD4 less than 200.
  - B. Patients with CD4 greater than or equal to 200 and less than or equal to 350.

- C. Patients with CD4 greater than 350 and less than or equal to 500.
- D. Patients with CD4 greater than 500.
- E. Patients with no CD4 result.

### 2.6.1.5 Definitions

#### HIV

Any of the following documented any time prior to the beginning of the report period:

- POV or Problem List codes 042, 042.0 through 044.9 (old codes), 079.53, V08, 795.71

#### HIV Screening

- CPT 86689, 86701 through 86703, 87390, 87391, 87534 through 87539
- LOINC taxonomy
- Site-populated taxonomy BGP HIV TEST TAX
- Refusal of any laboratory test in site-populated taxonomy BGP HIV TEST TAX. For the number of HIV screens provided to User Population patients numerator (count only), a maximum of one HIV screen per patient per day will be counted.

**Note:** Refusal is only included in the second numerator.

#### Positive HIV Result

- Positive result for HIV Screening test, defined as “Positive,” “P,” “Pos,” “R,” “Reactive,” “Repeatedly Reactive,” “+,” or containing “>”
- HIV diagnosis defined as any of the following documented any time after the HIV screening:
  - POV or Problem List codes 042, 042.0–044.9 (old codes), 079.53, V08, 795.71

If patient has a positive result for either an HIV-1 or HIV-2 test (regardless of any other results), it will be considered a positive result.

#### Negative HIV Result

Negative result for HIV Screening test, defined as “Negative,” “N,” “Neg,” “NR,” “Non-Reactive,” “Non-Reactive,” or “-”

#### No Result

Any screening that does not have a positive or negative result.



## CD4 Count

Searches for most recent CD4 test with a result during the Report Period. If none found, CRS searches for the most recent CD4 test without a result.

CD4 Test defined as:

- CPT 86359, 86360, 86361
- LOINC taxonomy
- Site-populated taxonomy BGP CD4 TAX

### 2.6.1.6 Patient Lists

- List of User Population patients ages 13 through 64 years with documented HIV test.
- List of User Population patients ages 13 through 64 years without documented HIV test.
- List of User Population patients ages 13 through 64 years with documented HIV test and positive result.
- List of User Population patients ages 13 through 64 years with documented HIV test and negative result.
- List of User Population patients ages 13 through 64 years with documented HIV test and no result.
- List of User Population patients with documented HIV test.

## 2.6.2 STI Screening

### 2.6.2.1 Owner: Contact

Scott Tulloch

### 2.6.2.2 Denominators

1. GPRA Developmental: HIV/AIDS screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period.

### 2.6.2.3 Numerators

1. GPRA Developmental: Number of needed HIV/AIDS screenings performed from one month prior to the date of first STI diagnosis of each incident through two months after.

**Note:** This numerator does not include refusals.

#### 2.6.2.4 Definitions

##### Key STIs

Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Key STIs defined with the following POVS:

- Chlamydia: 079.88, 079.98, 099.41, 099.50 through 099.59
- Gonorrhea: 098.0 through 098.89
- HIV/AIDS: 042, 042.0 through 044.9, 079.53, 795.71, V08
- Syphilis: 090.0 through 093.9, 094.1 through 097.9

##### Logic for Identifying Patients Diagnosed with Key STI (numerator #1)

Any patient with one or more diagnoses of any of the key STIs defined above during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period.

##### Logic for Identifying Separate Incidents of Key STIs (numerator #2)

One patient may have one or multiple occurrences of one or multiple STIs during the year, except for HIV. An occurrence of HIV is only counted if it is the initial HIV diagnosis for the patient ever. Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the report period through the first 300 days of the report period. A second incident of the same STI (other than HIV) is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident.

Table 2-1 contains an example of a patient with multiple incidents of single STI.

Table 2-1: Example of patient with multiple incidents of single STI

Date	Visit	Total Incidents
August 1, 2010	Patient screened for Chlamydia	0
August 8, 2010	Patient diagnosed with Chlamydia	1
October 15, 2010	Patient diagnosed with Chlamydia	2
October 25, 2010	Follow-up for Chlamydia	2
November 15, 2010	Patient diagnosed with Chlamydia	2
March 1, 2011	Patient diagnosed with Chlamydia	3

## Denominator Logic for Needed Screenings

One patient may need multiple screening tests based on one or more STI incidents occurring during the time period.

To be included in the needed screening tests denominator, the count will be derived from the number of separate STI incidents and the type(s) of screenings recommended for each incident. The recommended screenings for each key STI are listed in Table 2-2.

Table 2-2: Recommended screenings for each key STI

STI	Screenings Needed
Chlamydia	Gonorrhea, HIV/AIDS, Syphilis
Gonorrhea	Chlamydia, HIV/AIDS, Syphilis
HIV/AIDS	Chlamydia, Gonorrhea, Syphilis
Syphilis	Chlamydia, Gonorrhea, HIV/AIDS

“Needed” screenings are recommended screenings that are further evaluated for contraindications. The following are reasons that a recommended screening is identified as not needed (i.e., contraindicated).

- The patient has a documented STI diagnosis corresponding to the screening type in the same time period. For example, a patient with both a Chlamydia and a gonorrhea diagnosis on the same visit does not need the recommended Chlamydia screening based on the gonorrhea diagnosis.
- Only one screening for each type of STI is needed during the relevant time period, regardless of the number of different STI incidents identified. For example, if a patient is diagnosed with Chlamydia and Gonorrhea on the same visit, only one screening each is needed for HIV/AIDS and Syphilis.
- A patient with HIV/AIDS diagnosis prior to any STI diagnosis that triggers a recommended HIV/AIDS screening does not need the screening ever.

## Numerator Logic

To be counted in the numerator, each needed screening in the denominator must have a corresponding lab test or test refusal documented in the period from one month prior to the relevant STI diagnosis date through two months after the STI incident.

## Chlamydia Screening

Any of the following during the specified time period:

- POV V73.88, V73.98

- CPT 86631 through 86632, 87110, 87270, 87320, 87490 through 87492, 87810, 3511F
- Site-populated taxonomy BGP CHLAMYDIA TESTS TAX
- LOINC taxonomy

### **Gonorrhea Screening**

Any of the following during the specified time period:

- CPT 87590 through 87592, 87850, 3511F
- Site-populated taxonomy BKM GONORRHEA TEST TAX
- LOINC taxonomy

### **HIV/AIDS Screening**

Any of the following during the specified time period:

- CPT 86689, 86701 through 86703, 87390 through 87391, 87534 through 87539
- Site-populated taxonomy BGP HIV TEST TAX
- LOINC taxonomy

### **Syphilis Screening**

Any of the following during the specified time period:

- CPT 86592 through 86593, 86781, 87285, 3512F
- site-populated taxonomy BKM FTA-ABS TESTS TAX or BKM RPR TESTS TAX
- LOINC taxonomy

#### **2.6.2.5 Patient Lists**

- List of Active Clinical patients diagnosed with an STI who were screened for HIV.
- List of Active Clinical patients diagnosed with an STI who were not screened for HIV.

## 2.7 Other Clinical Measures Group

### 2.7.1 Visit Statistics

#### 2.7.1.1 Owner: Contact

National GPRA Steering Committee

#### 2.7.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

#### 2.7.1.3 Denominators

2. All Active Clinical patients.
3. Active Clinical patients ages 2 through 18 years.
4. Active Clinical patients ages 5 years and older.
5. Active Clinical patients ages 12 through 18 years.
6. Active Clinical patients ages 12 through 75 years.
7. Female Active Clinical patients ages 15 through 40 years.
8. Female Active Clinical patients ages 15 through 44 years.
9. Active Clinical patients ages 18 years and older.
10. Active Clinical patients ages 65 years and older.
11. Active Clinical patients identified as current tobacco users prior to the Report Period.

#### 2.7.1.4 Numerators

1. Patients who do not have a qualifying visit during the Report Period.
2. Patients who qualify as Active Clinical patients with Urgent Care as their only core clinic.

### 2.7.1.5 Definitions

#### Qualifying Visits

- Service Category A, H, O, R, S; and
- Not Clinic code 42 (Mail), 51 (Telephone Call), 52 (Chart Review), 53 (Follow-up Letter).

#### Current Tobacco Users

Any of the following documented prior to the report period:

- Health Factors (looks at the last documented in the Tobacco, TOBACCO (SMOKING) and TOBACCO (SMOKELESS–CHEWING/DIP) categories): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless, Current Smoker, status unknown, Current smoker, every day, Current smoker, some day
- Last documented Tobacco-related Diagnoses (POV or active Problem List) 305.1, 305.10 through 305.12 (old codes), 649.00 through 649.04
- Last documented CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code)

If any of the above are found, the patient is considered a tobacco user.

#### Urgent Care Visits

Clinic code 80

### 2.7.1.6 Patient Lists

- List of Active Clinical patients with no qualifying visit during the Report Period.
- List of Active Clinical patients with Urgent Care as their only core clinic.

## List of Acronyms

<b>AI/AN</b>	American Indian/Alaska Native
<b>BH</b>	Behavioral Health
<b>BHS</b>	Behavioral Health System
<b>BMI</b>	Body Mass Index
<b>BP</b>	Blood Pressure
<b>CABG</b>	Coronary Artery Bypass Graft
<b>CPT</b>	Current Procedural Terminology
<b>CRC</b>	Colorectal Cancer
<b>CRS</b>	Clinical Reporting System
<b>CVD</b>	Cardiovascular Disease
<b>CVX</b>	Vaccine Code
<b>DCBE</b>	Double Contrast Barium Enema
<b>DM</b>	Diabetes Mellitus
<b>DNKA</b>	Did Not Keep Appointment
<b>DPST</b>	Demo/Test Patient Search Template
<b>ER</b>	Emergency Room
<b>ETDRS</b>	Early Treatment Diabetic Retinopathy Study
<b>FIT</b>	Fecal Immunochemical Test
<b>FOBT</b>	Fecal Occult Blood Test

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<b>FY</b>	Fiscal Year
<b>GPRA</b>	Government Performance and Results Act of 1993
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICD</b>	International Classification of Diseases
<b>IHS</b>	Indian Health Service
<b>IMM</b>	Immunization
<b>IPV/DV</b>	Intimate Partner Violence/Domestic Violence
<b>LDL</b>	Low-Density Lipoprotein
<b>LOINC</b>	Logical Observations Identifiers, Names, Codes
<b>NMI</b>	Not Medically Indicated
<b>OMB</b>	Office of Management and Budget
<b>PCC</b>	Patient Care Component
<b>PCI</b>	Percutaneous Coronary Interventions
<b>POV</b>	Purpose of Visit
<b>RPMS</b>	Resource and Patient Management System
<b>STI</b>	Sexually Transmitted Infection



## Contact Information

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