IHS Clinical Reporting System

(BGP)

National GPRA Developmental Report
Performance Measure List and Definitions

Version 17.1
March 2017
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1.0 CRS 2017 National GPRA Developmental Report

The following performance measures will be reported in the Clinical Reporting System (CRS) 2017 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

<table>
<thead>
<tr>
<th>Notation</th>
<th>Location</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section Symbol (§)</td>
<td>Preceding a measure</td>
<td>A GPRA Developmental measure. GPRA Developmental measures have the potential to become GPRA measures in the future.</td>
</tr>
<tr>
<td>Plus Symbol (+)</td>
<td>Preceding a measure</td>
<td>The measure is a new GPRA Developmental Measure for 2017.</td>
</tr>
<tr>
<td>Asterisk (*)</td>
<td>Anywhere in a code (CPT, POV, Edu, Etc.)</td>
<td>A 'wildcard' character indicating that the code given has one or more additional characters at this location.</td>
</tr>
</tbody>
</table>

**DIABETES GROUP**
- **GLYCEMIC CONTROL**
  - +§Good Glycemic Control (A1c less than (<) 8)
- **BLOOD PRESSURE CONTROL**
  - §Controlled BP (less than (<) 140/90 or less than (<) 150/90 if patient is age 60 or older)

**DENTAL GROUP**
- **ACCESS TO DENTAL SERVICE**
  - §Dental patients with Dental Exam
  - §All Treatment Completed
  - Pre-natal or Nursing Mother Dental Visit
  - Visits with General Anesthesia
− Visits with General Anesthesia and Stainless Steel Crowns

• DENTAL SEALANTS
  − § Dental patients with Dental Sealants

• TOPICAL FLUORIDE
  − § Dental patients with Topical Fluoride

IMMUNIZATIONS

• ADULT IMMUNIZATIONS
  − 1 Tdap/Td past 10 years
  − 1 Tdap ever
  − 1 Influenza
  − 1 Zoster
  − 1 Pneumococcal
  − 1:1:1 (Tdap/Td, Tdap, Influenza)
  − 1:1 (Tdap/Td, Tdap)
  − 1:1:1:1 (Tdap/Td, Tdap, Influenza, Zoster)
  − 1:1:1 (Tdap/Td, Tdap, Zoster)
  − 1:1:1:1:1 (Tdap/Td, Tdap, Influenza, Zoster, Pneumococcal)
  − 1:1:1:1 (Tdap/Td, Tdap, Zoster, Pneumococcal)
  − Pneumococcal/Pneumo Conjugate
  − Pneumococcal Conjugate only
  − Pregnant patients with Tdap
  − Pregnant patients with Influenza
  − Pregnant patients with Tdap and Influenza
  − Pregnant patients with visit and Tdap during 3rd trimester

• CHILDHOOD IMMUNIZATIONS (19 THROUGH 35 MONTHS)
  − 1 Hepatitis A
  − 2 to 3 Rotavirus
  − 2 Influenza
  − § Active Immunization Patients with 4:3:1:3*:3:1:3 (No Refusals)
  − 3 Pneumococcal

CANCER SCREENING

• CANCER SCREENING (50 THROUGH 75 YEARS OF AGE)
- §Fecal Occult Blood Test (FOB) 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

**CARDIOVASCULAR DISEASE-RELATED**
- **WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY**
  - §Comprehensive Assessment (BMI, Nutrition Counseling, Physical Activity Counseling)
  - BMI Documented
  - Nutrition Counseling
  - Physical Activity Counseling

**STD GROUP**
- **HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING**
  - §HIV Screening (no refusals)
  - HIV Screening in past 5 years (no refusals)
  - +HIV Screening ever for Male User Population ages 25-45
  - §HIV Screens for User Population with no prior HIV diagnosis
  - HIV+ with CD4 count

- **HEPATITIS C SCREENING**
  - Hepatitis C Screening (Ab Test)
  - Positive Ab Result Ever
  - Hepatitis C Diagnosis Ever
  - Hepatitis C Confirmation Test
  - Ever Cured
  - Currently Cured

- **CHLAMYDIA TESTING**
  - Chlamydia Testing
  - +Chlamydia Test Refusal

- **SEXUALLY TRANSMITTED INFECTION (STI) SCREENING**
  - §Needed HIV Screen
  - +HIV Screen Refusal
OTHER CLINICAL MEASURES

- **OPTOMETRY**
  - §Optic Nerve Head Evaluation

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

**Note:** Definitions for all GPRA Developmental performance measures topics included in CRS begin in Section 2.0.

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 3 years prior to the end of the Report Period. 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 FY2017 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 Purchased and Referred Care (PRC) catchment area.

1.1.3.2 Local Reports

• Must have two visits to medical clinics in the past 3 years prior to the end of the Report Period. 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 FY2017 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 3 years prior to the end of the Report 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 PRC catchment area.

1.1.4.2 Local Reports

• Must have been seen at least once in the 3 years prior to the end of the Report 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 or behavioral health clinics in the past 3 years prior to the end of the Report Period. 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 FY2017 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 Purchased and Referred Care (PRC) catchment area.

1.1.5.2 Local Reports

• Must have two visits to medical or behavioral health clinics in the past 3 years prior to the end of the Report Period. 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 FY2017 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.
2.0 **Performance Measure Topics and Definitions**

The following sections define the performance measure topics and their definitions that are included in the CRS 2017 version 17.1 National GPRA Developmental Report.

2.1 **Diabetes Group**

2.1.1 **Diabetes: Glycemic Control**

2.1.1.1 **Owner and Contact**

Diabetes Program: Dr. Ann Bullock

2.1.1.2 **National Reporting**

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.1.1.3 **Denominators**

1. GPRA Developmental: Active Diabetic patients; defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits in the past year, and either two diabetes mellitus (DM)-related visits ever or DM entry on the Problem List.

2.1.1.4 **Numerators**

1. GPRAMA: Good control: A1c less than (<) 8.

2.1.1.5 **Definitions**

**Diabetes**

First DM POV recorded in the V POV file or Problem List Entry with Date of Onset or Date Entered prior to the Report Period:

- ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.*
- SNOMED data set PXRM DIABETES (Problem List only)

**A1c**

Searches for most recent A1c test with a result during the Report Period. If more than one A1c test is found on the same day or the same visit and one test has a result and the other does not, the test with the result will be used. If both tests have a result, the last test done on the visit will be used.
If an A1c test with a result is not found, CRS searches for the most recent A1c test without a result.

- A1c defined as any of the following:
  - Current Procedural Terminology (CPT) 83036, 83037, 3044F to 3046F, 3047F (old code)
  - Logical Observations Identifiers, Names, Codes (LOINC) taxonomy
  - Site-populated taxonomy DM AUDIT HGB A1C TAX
- CPT 3044F represents A1c less than (<) 7 and will be included in the A1c less than (<) 8 numerator.

### 2.1.6 Patient Lists

- List of diabetic patients with good Glycemic control (A1c less than (<) 8).
- List of diabetic patients without good Glycemic control (A1c greater than or equal to (>=) 8).

### 2.1.2 Diabetes: Blood Pressure Control

#### 2.1.2.1 Owner and Contact

Diabetes Program: Dr. Ann Bullock

#### 2.1.2.2 National Reporting

NATIONAL (included in National GPRA/GPRAMA Report; reported to OMB and Congress)

#### 2.1.2.3 Denominators

1. **GPRA**: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever.

2. Active Diabetic patients under age 60.

3. Active Diabetic patients ages 60 and older.
2.1.2.4 Numerators

1. GPRA Developmental: Patients with controlled blood pressure, defined as less than 140/90, i.e., the mean systolic value is less than (<) 140 and the mean diastolic value is less than (<) 90 or, if patient is 60 and over, with blood pressure less than 150/90, i.e., the mean systolic value is less than (<) 150 and the mean diastolic value is less than (<) 90.

2. Patients with blood pressure less than (<) 140/90, i.e., the mean systolic value is less than (<) 140 and the mean diastolic value is less than (<) 90.

3. Patients with blood pressure less than (<) 150/90, i.e., the mean systolic value is less than (<) 150 and the mean diastolic value is less than (<) 90.

2.1.2.5 Definitions

Diabetes
First DM Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* recorded in the V POV file prior to the Report Period.

Exclusions
When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded:

- Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation)
  - Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), 79 (Triage), C1 (Neurosurgery), or D4 (Anesthesiology)

BP Documented
CRS uses mean of last 3 BPs documented during the Report Period. If 3 BPs are not available, uses mean of last 2 BPs, or one BP if there is only one documented. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) BPs and dividing by 3 (or 2).

If CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F through 3080F or POV ICD-9: V81.1 documented during the Report Period.
Controlled BP
CRS uses a mean, as described previously where BP is less than (<) 140/90 or less than (<) 150/90 for patients ages 60 and older. If both the mean systolic and diastolic values do not meet the criteria for controlled, then the value is considered not controlled.

BP Documented and Controlled BP
If CRS is not able to calculate a mean BP from blood pressure measurements, it will search for the most recent of any of the following codes documented during the Report Period:

- CPT G9273; OR
- Systolic: CPT 3074F, 3075F, or 3077F WITH Diastolic: CPT 3078F, 3079F, or 3080F. The systolic and diastolic values do not have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used.
- The following combinations represent BP less than (<) 140/90 and will be included in the Controlled BP numerator: CPT 3074F or 3075F and 3078F or 3079F, OR G9273. All other combinations will not be included in the Controlled BP numerator.

2.1.2.6 Patient Lists
- List of diabetic patients with blood pressure less than (<) 140/90, or less than (<) 150/90 for patients age 60 and older.
- List of diabetic patients with blood pressure greater than or equal to (>=) 140/90, or greater than or equal to (>=) 150/90 for patients age 60 and older.

2.2 Dental Group

2.2.1 Access to Dental Service

2.2.1.1 Owner and Contact
Dental Program: Timothy L. Lozon, D.D.S., Tim Ricks, DMD

2.2.1.2 National Reporting
NATIONAL (included in IHS Performance Report; not reported to OMB and Congress)
2.2.1.3 Denominators


3. Pregnant or breastfeeding female User Population patients with no documented miscarriage or abortion.

2.2.1.4 Numerators

1. GPRA Developmental: Patients with dental exam. (With Denominator 1)

2. GPRA Developmental: Patients with all treatment completed. (With Denominator 2)

3. Patients with documented pre-natal or nursing mother dental visit during the Report Period. (With Denominator 3)

Note: This numerator does not include refusals.

4. Count only (no percentage comparison to denominator). For patients younger than age 6 meeting the User Population definition, the total number of encounters with general anesthesia during the Report Period.

A. Count only (no percentage comparison to denominator). For patients younger than age 6 meeting the User Population definition, the total number of encounters with general anesthesia and stainless steel crowns (SSCs) documented on the same visit during the Report Period.

2.2.1.5 Definitions

Documented Dental Visit

For non-PRC visits, searches for any of the following:

- Dental ADA code 0000, 0190, 0191
- CPT code D0190, D0191
- Exam code 30
- POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21

For PRC visits, searches for any visit with an ADA code. PRC visit defined as Type code of C in Visit file.
Dental Exam
- Dental ADA codes 0120, 0150, 0145
- CPT D0120, D0150, D0145

All Treatment Completed
- Dental ADA code 9990

Pre-natal or Nursing Mother Dental Visit
- IHS Dental codes 9340, 9341

Pregnancy
Any of the following:
- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period.
- At least two visits during the past 20 months, where the primary provider is not a CHR (Provider code 53) with any of the following:

Procedure ICD-9: 72.*, 73.*, 74.*

CPT 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828

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. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period.

The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit or the date the Currently Pregnant field was set to "Yes".
**Miscarriage**
- Occurring after the second pregnancy POV and during the past 20 months
  - POV ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9
  - CPT 59812, 59820, 59821, 59830

**Abortion**
- Occurring after the second pregnancy POV and during the past 20 months
  - POV ICD-9: 635*, 636*, 637*; ICD-10: O00.* through O03.89, O04.*, Z33.2
  - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260 through S2267
  - Procedure ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z

**Breastfeeding**
- Any of the following during the Report Period:
  - POV ICD-9: V24.1; ICD-10: Z39.1

**General Anesthesia**
- Dental ADA code 9220
- CPT D9220

**Stainless Steel Crowns**
- Dental ADA codes 2930 or 2931
- CPT D2930 or D2931

### 2.2.1.6 Patient Lists
- List of User Pop patients with dental visit during the Report Period with dental exam.
- List of User Pop patients with dental visit during the Report Period with no dental exam.
- 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.
• List of User Pop patients less than 6 years with general anesthesia.
• List of User Pop patients less than 6 years with general anesthesia and stainless steel crowns.

2.2.2 Dental Sealants

2.2.2.1 Owner and Contact
Dental Program: Timothy L. Lozon, D.D.S., Tim Ricks, DMD

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

2.2.2.3 Denominators
1. GPRA Developmental: User Population patients ages 2 through 15 with documented dental visit during the Report Period.

2.2.2.4 Numerators
1. GPRA Developmental: Patients with at least one or more intact dental sealants.

2.2.2.5 Definitions

Documented Dental Visit
For non-PRC visits, searches for any of the following:
• Dental ADA code 0000, 0190, 0191
• CPT code D0190, D0191
• Exam code 30
• POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21
For PRC visits, searches for any visit with an ADA code. PRC visit defined as Type code of C in Visit file.

Intact Dental Sealant
• Any of the following documented during the Report Period:
  – Dental ADA codes 1351, 1352, 1353
  – CPT D1351, D1352, D1353
• OR any of the following documented during the past 3 years from the end of the Report Period, as long as it is not documented on the same visit as any of the above codes:
  − Dental ADA code 0007
If both ADA and CPT codes are found on the same visit, only the ADA will be counted.

2.2.2.6 Patient Lists
• List of User Pop patients 2-15 with dental visit during the Report Period with intact dental sealant.
• List of User Pop patients 2-15 with dental visit during the Report Period without intact dental sealant.

2.2.3 Topical Fluoride

2.2.3.1 Owner and Contact
Dental Program: Timothy L. Lozon, D.D.S., Tim Ricks, DMD

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

2.2.3.3 Denominators
1. GPRA Developmental: User Population patients ages 1 through 15 with documented dental visit during the Report Period.

2.2.3.4 Numerators
1. GPRA Developmental: Patients who received one or more topical fluoride applications during the Report Period.

2.2.3.5 Definitions

Documented Dental Visit
For non-PRC visits, searches for any of the following:
• Dental ADA code 0000, 0190, 0191
• CPT code D0190, D0191
• Exam code 30
• POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21

For PRC visits, searches for any visit with an ADA code. PRC visit defined as Type code of C in Visit file.

**Topical Fluoride Application**

Defined as any of the following:

- Dental ADA codes 1201 (old code), 1203 (old code), 1204 (old code), 1205 (old code), 1206, 1208, 5986
- CPT D1201 (old code), D1203 (old code), D1204 (old code), D1206, D1208, D5986, 99188
- POV ICD-9: V07.31

### 2.2.3.6 Patient Lists

- List of User Pop patients 1-15 with dental visit during the Report Period with topical fluoride application.
- List of User Pop patients 1-15 with dental visit during the Report Period without topical fluoride application.

### 2.3 Immunization Group

#### 2.3.1 Adult Immunizations

**2.3.1.1 Owner and Contact**

Epidemiology Program: Amy Groom, MPH

**2.3.1.2 National Reporting**

NATIONAL (included in National GPRA/GPRAMA Report; reported to OMB and Congress)

**2.3.1.3 Denominators**

1. Active Clinical patients ages 19 through 59.
2. Active Clinical patients ages 60 through 64.
3. GPRA: Active Clinical patients ages 65 and older.
4. GPRA Developmental Denominator: Active Clinical patients ages 19 and older.
5. Pregnant female Active Clinical patients with no documented miscarriage or abortion.

6. Pregnant female Active Clinical patients with no documented miscarriage or abortion who had a visit during the third trimester.

### 2.3.1.4 Numerators

1. Patients who have received 1 dose of Tdap or Td in the past 10 years, including contraindications. (With Denominators 1 through 3)

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

2. Patients who have received 1 dose of Tdap ever, including contraindications. (With Denominators 1 through 3)

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

3. Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period. (With Denominators 1 through 3)

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

4. Patients who have received 1 dose of Zoster ever, including contraindications. (With Denominators 2 through 3)

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

5. Patients who have received the 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period), including contraindications. (With Denominator 1)

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

6. Patients who have received the 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever), including contraindications. (With Denominator 1)

   **Note:** The only refusals included in this numerator are NMI refusals.
7. Patients who have received the 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever), including contraindications. (With Denominator 2)

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

8. Patients who have received the 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever), including contraindications. (With Denominator 2)

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

9. Patients who have received the 1:1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever, 1 up-to-date Pneumococcal Polysaccharide vaccine (PPSV23)/Pneumococcal conjugate), including contraindications. (With Denominator 3)

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

10. Patients who have received the 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever, 1 up-to-date Pneumococcal Polysaccharide vaccine (PPSV23)/Pneumococcal conjugate), including contraindications. (With Denominator 3)

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

11. Patients with Pneumococcal Polysaccharide vaccine (PPSV23) or contraindication documented ever and, if patient is older than 65 years, either a dose of PPSV23 after the age of 65 or a dose of PPSV23 in the past 5 years or a dose of pneumococcal conjugate vaccine in the last year. (With Denominator 3)

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

A. Patients with Pneumococcal Polysaccharide vaccine (PPSV23) or contraindication documented ever and, if patient is older than 65 years, either a dose of PPSV23 after the age of 65 or a dose of PPSV23 in the past 5 years.

**Note:** The only refusals included in this numerator are NMI refusals.
B. Patients with a dose of pneumococcal conjugate vaccine in the last year.

12. GPRA Developmental Numerator: Patients who have received all age-appropriate immunization combinations. (With Denominator 4)

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

13. Patients who have received 1 dose of Tdap in the past 20 months, including contraindications. (With Denominator 5)

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

A. Patients with a contraindication or a documented NMI (not medically indicated) refusal.

B. Patients with Tdap during the first trimester.

C. Patients with Tdap during the second trimester.

D. Patients with Tdap during the third trimester.

E. Patients with Tdap during unknown trimester.

14. Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period. (With Denominator 5)

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

A. Patients with a contraindication or a documented NMI (not medically indicated) refusal.

15. Patients who have received 1 dose of Tdap in the past 20 months and an influenza vaccine documented during the Report Period, including contraindications. (With Denominator 5)

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

16. Patients with Tdap during the third trimester. (With Denominator 6)
2.3.1.5 Definitions

Pregnancy

Any of the following:

- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period
- At least two visits during the past 20 months, where the primary provider is not a CHR (Provider code 53) with any of the following:
  - Procedure ICD-9: 72.*, 73.*, 74.*
  - CPT 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828
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. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period.

The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit or the date the Currently Pregnant field was set to "Yes".

**Miscarriage**
- Occurring after the second pregnancy POV and during the past 20 months
  - POV ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9
  - CPT 59812, 59820, 59821, 59830

**Abortion**
- Occurring after the second pregnancy POV and during the past 20 months
  - POV ICD-9: 635*, 636*, 637*; ICD-10: O00.* through O03.89, O04.*, Z33.2
  - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260 through S2267
  - Procedure ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z

**Age-appropriate Immunization Combinations**
- Ages 19-59: 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
- Ages 60-64: 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever)
- Ages 65+: 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever, 1 up-to-date Pneumococcal Polysaccharide vaccine (PPSV23)/Pneumo conjugate)

**Pneumococcal Polysaccharide (PPSV23) Vaccine**
Any of the following documented any time before the end of the Report Period:
- Immunization (CVX) codes 33, 109
- POV ICD-9: V03.82
- CPT 90732, G0009, G8115 (old code), G9279
**Pneumococcal Contraindication**
Any of the following documented any time before the end of the Report Period:
- Contraindication in the Immunization Package of “Anaphylaxis”
- PCC NMI Refusal

**Pneumococcal Conjugate**
Any of the following documented any time before the end of the Report Period:
- Immunization (CVX) codes 100, 133, 152
- CPT 90669, 90670

**Tdap Immunization:**
Any of the following documented during the applicable time frame. For pregnant patients, the Tdap must have occurred in the past 20 months and must be on or after a pregnancy visit:
- Immunization (CVX) code: 115
- CPT 90715

**Tdap Contraindication**
Any of the following documented any time before the end of the Report Period:
- Immunization Package contraindication of “Anaphylaxis”
- PCC NMI Refusal

**Td Immunization**
Any of the following documented in the past 10 years:
- Immunization (CVX) code 9, 113, 138, 139
- POV ICD-9: V06.5
- CPT 90714, 90718

**Td Contraindication**
Any of the following documented any time before the end of the Report Period:
- Immunization Package contraindication of “Anaphylaxis”
- PCC NMI Refusal

**Influenza Vaccine**
Any of the following during the Report Period:
- Immunization (CVX) codes 15, 16, 88, 111, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 161, 166, 171
- POV ICD-9: V04.8 (old code), V04.81 not documented with 90663, 90664, 90666 through 90668, G9141 or G9142, or V06.6 not documented with 90663, 90664, 90666 through 90668, 90470, G9141 or G9142
- CPT 90630, 90654 through 90662, 90672 through 90674, 90685 through 90688, 90724 (old code), G0008, G8108 (old code)

**Contraindication to Influenza Vaccine**
Any of the following documented at any time before the end of the Report Period:
- Contraindication in the Immunization Package of “Egg Allergy” or “Anaphylaxis”
- PCC NMI Refusal

**Zoster Vaccine**
Any of the following documented ever:
- Immunization (CVX) codes 121
- CPT 90736

**Contraindication to Zoster Vaccine**
Any of the following documented at any time before the end of the Report Period:
- Contraindication in the Immunization Package of “Immune Deficiency” or “Anaphylaxis”
- PCC NMI Refusal

**Trimesters**
Trimesters will be calculated based on the patient's due date, assuming a 40-week pregnancy, or by the trimester specified in an ICD-10 POV code. For the purposes of these measures, trimesters are defined as: (1) 1st Trimester = 0-13 weeks, (2) 2nd Trimester = 14-26 weeks, (3) 3rd Trimester = 27-40 weeks.

CRS will determine the trimester (if possible) in the following order:
1) Look at the Current Definitive EDD field in the BJPN PRENATAL PROBLEMS file for a date during the Report Period or up to 8 months after the Report Period.
2) Look at the Definitive EDD field in the Reproductive Factors file for a date during the Report Period or up to 8 months after the Report Period.
3) Look for an Estimated Gestational Age (EGA) in the V Measurement file that was entered in the past 20 months. The due date will be calculated using the following formula:
   Due Date = 40 weeks - EGA (in weeks) + Date EGA was entered
The calculated due date must be after the beginning of the Report Period.

4) Look for an ICD-10 POV code that specifies trimester. The POV code must be within 7 days of the Tdap date of visit.
A) First Trimester: POV ICD-10: O09.01, O09.11, O09.211, O09.291, O09.31, O09.41, O09.511, O09.521, O09.611, O09.621, O09.71, O09.811, O09.821, O09.891, O09.91, O10.011, O10.111, O10.211, O10.311, O10.411, O10.911, O11.1, O12.01, O12.11, O12.21, O13.1, O16.1, O22.01, O22.11, O22.21, O22.31, O22.41, O22.51, O22.8X1, O22.91, O23.01, O23.11, O23.21, O23.31, O23.41, O23.511, O23.521, O23.591, O23.91, O24.011, O24.111, O24.311, O24.811, O24.911, O25.11, O26.01, O26.11, O26.21, O26.31, O26.41, O26.51, O26.61, O26.711, O26.811, O26.821, O26.831, O26.841, O26.851, O26.891, O26.91, O29.011, O29.021, O29.091, O29.111, O29.121, O29.191, O29.211, O29.291, O29.3X1, O29.41, O29.5X1, O29.61, O29.8X1, O29.91, O30.001, O30.011, O30.021, O30.031, O30.041, O30.091, O30.101, O30.111, O30.121, O30.191, O30.201, O30.211, O30.221, O30.291, O30.801, O30.811, O30.821, O30.891, O30.91, O31.01X0, O31.01X1, O31.01X2, O31.01X3, O31.01X4, O31.01X5, O31.01X9, O31.11X0, O31.11X1, O31.11X2, O31.11X3, O31.11X4, O31.11X5, O31.11X9, O31.12X0, O31.12X1, O31.12X2, O31.12X3, O31.12X4, O31.12X5, O31.12X9, O31.31X0, O31.31X1, O31.31X2, O31.31X3, O31.31X4, O31.31X5, O31.31X9, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O34.01, O34.11, O34.31, O34.41, O34.511, O34.521, O34.531, O34.591, O34.61, O34.71, O34.81, O34.91, O36.0110, O36.0111, O36.0112, O36.0113, O36.0114, O36.0115, O36.0119, O36.0910, O36.0911, O36.0912, O36.0913, O36.0914, O36.0915, O36.0919, O36.1110, O36.1111, O36.1112, O36.1113, O36.1114, O36.1115, O36.1119, O36.1910, O36.1911, O36.1912, O36.1913, O36.1914, O36.1915, O36.1919, O36.21X0, O36.21X1, O36.21X2, O36.21X3, O36.21X4, O36.21X5, O36.21X9, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.71X9, O36.8210, O36.8211, O36.8212, O36.8213, O36.8214, O36.8215, O36.8219, O36.8910, O36.8911, O36.8912, O36.8913, O36.8914, O36.8915, O36.8919, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.1011, O41.1012, O41.1013, O41.1014, O41.1015, O41.1019, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O41.1215, O41.1219, O41.1410, O41.1411, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.8X10, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O42.011, O42.111, O42.911, O43.011, O43.021, O43.101, O43.111, O43.121, O43.191, O43.211, O43.221, O43.231, O43.811, O43.891, O43.91, O44.01, O44.11, O45.001, O45.011, O45.021, O45.091, O45.8X1, O45.91, O46.001, O46.011, O46.021, O46.091, O46.8X1, O46.91, O88.011, O88.111, O88.211, O88.311, O88.811, O91.011, O91.111, O91.211, O92.011, O98.011, O98.111, O98.211, O98.311,
O98.411, O98.511, O98.611, O98.711, O98.811, O98.911, O99.011, O99.111,
O9A.511, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z34.01, Z34.81,
Z34.91
O46.92, O47.02, O60.02, O71.02, O88.012, O88.112, O88.212, O88.312,
O88.812, O91.012, O91.112, O91.212, O92.012, O98.012, O98.112, O98.212,
O98.312, O98.412, O98.512, O98.612, O98.712, O98.812, O98.912, O99.012,
O9A.412, O9A.512, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19,
Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z3A.27, Z3A.28,
Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37,
Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.43, Z3A.44, Z3A.45, Z3A.46,
Z3A.56, Z3A.57, Z3A.58, Z3A.59, Z3A.60, Z3A.61, Z3A.62, Z3A.63, Z3A.64,
Z3A.65, Z3A.66, Z3A.67, Z3A.68, Z3A.69, Z3A.70, Z3A.71, Z3A.72, Z3A.73,
C) Third Trimester: POV ICD-10: O09.03, O09.13, O09.213, O09.293, O09.33, O09.43, O09.513, O09.523, O09.613, O09.623, O09.73, O09.813, O09.823, O09.893, O09.93, O10.013, O10.113, O10.213, O10.313, O10.413, O10.913, O11.3, O12.03, O12.13, O12.23, O12.33, O12.43, O12.913, O15.03, O16.3, O22.03, O22.13, O22.23, O22.33, O22.43, O22.53, O22.8X3, O22.93, O23.03, O23.13, O23.23, O23.33, O23.43, O23.513, O23.523, O23.593, O23.93, O24.013, O24.113, O24.313, O24.813, O24.913, O25.13, O26.03, O26.13, O26.23, O26.33, O26.43, O26.53, O26.613, O26.713, O26.813, O26.823, O26.833, O26.843, O26.853, O26.873, O26.893, O29.013, O29.023, O29.093, O29.113, O29.123, O29.193, O29.213, O29.293, O29.3X3, O29.43, O29.5X3, O29.63, O29.8X3, O29.93, O30.003, O30.013, O30.023, O30.033, O30.043, O30.093, O30.103, O30.113, O30.123, O30.193, O30.203, O30.213, O30.223, O30.293, O30.803, O30.813, O30.823, O30.893, O30.93, O31.03X0, O31.03X1, O31.03X2, O31.03X3, O31.03X4, O31.03X5, O31.03X9, O31.13X0, O31.13X1, O31.13X2, O31.13X3, O31.13X4, O31.13X5, O31.13X9, O31.23X0, O31.23X1, O31.23X2, O31.23X3, O31.23X4, O31.23X5, O31.23X9, O31.33X0, O31.33X1, O31.33X2, O31.33X3, O31.33X4, O31.33X5, O31.33X9, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39, O33.03, O33.093, O33.13X0, O33.13X1, O33.13X2, O33.13X3, O33.13X4, O33.13X5, O33.13X9, O34.03, O34.13, O34.33, O34.43, O34.513, O34.523, O34.533, O34.593, O34.63, O34.73, O34.83, O34.93, O36.0130, O36.0131, O36.0132, O36.0133, O36.0134, O36.0135, O36.0139, O36.0930, O36.0931, O36.0932, O36.0933, O36.0934, O36.0935, O36.0939, O36.1130, O36.1131, O36.1132, O36.1133, O36.1134, O36.1135, O36.1139, O36.1930, O36.1931, O36.1932, O36.1933, O36.1934, O36.1935, O36.1939, O36.23X0, O36.23X1, O36.23X2, O36.23X3, O36.23X4, O36.23X5, O36.23X9, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5930, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4, O36.73X5, O36.73X9, O36.8130, O36.8131, O36.8132, O36.8133, O36.8134, O36.8135, O36.8139, O36.8230, O36.8231, O36.8232, O36.8233, O36.8234, O36.8235, O36.8239, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O41.1030, O41.1031, O41.1032, O41.1033, O41.1034, O41.1035, O41.1039, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.1235, O41.1239, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O42.013, O42.113, O42.913, O43.013, O43.023, O43.103, O43.113, O43.123, O43.193, O43.213, O43.223, O43.233, O43.813, O43.893, O43.93, O44.03, O44.13, O45.003, O45.013, O45.023, O45.093, O45.8X3, O45.93, O46.003, O46.013, O46.023, O46.093,

2.3.1.6 Patient Lists

- List of Active Clinical patients 19 through 59 with 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, and 1 influenza during the Report Period).
- List of Active Clinical patients 19 through 59 without 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, and 1 influenza during the Report Period).
- List of Active Clinical patients 19-59 with 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever).
- List of Active Clinical patients 19-59 without 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever).
- List of Active Clinical patients 60 through 64 with 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, and 1 Zoster ever).
- List of Active Clinical patients 60 through 64 without 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, and 1 Zoster ever).
- List of Active Clinical patients 60-64 with 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever).
- List of Active Clinical patients 60-64 without 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever).
- List of Active Clinical patients 65 years and older with 1:1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever, and 1 up-to-date PPSV23).
- List of Active Clinical patients 65 years and older without 1:1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever, and 1 up-to-date PPSV23).
• List of Active Clinical patients 65 years and older with 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever, 1 PPSV23/pneumo conjugate).
• List of Active Clinical patients 65 years and older without 1:1:1:1 combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever, 1 PPSV23/pneumo conjugate).
• List of Active Clinical patients 65 years and older with PPSV23/pneumo conjugate.
• List of Active Clinical patients 65 years and older without PPSV23/pneumo conjugate.
• List of Active Clinical patients 19+ years with age-appropriate immunizations.
• List of Active Clinical patients 19+ years without age-appropriate immunizations.
• List of pregnant AC patients with Tdap documented in the past 20 months.
• List of pregnant AC patients without Tdap documented in the past 20 months.
• List of pregnant AC patients with Influenza documented during the Report Period.
• List of pregnant AC patients without Influenza documented during the Report Period.
• List of pregnant AC patients with Tdap documented in the past 20 months and Influenza documented during the Report Period.
• List of pregnant AC patients without Tdap documented in the past 20 months and Influenza documented during the Report Period.
• List of pregnant AC patients with a visit during the third trimester with Tdap documented during the third trimester.
• List of pregnant AC patients with a visit during the third trimester without Tdap documented during the third trimester.

2.3.2 Childhood Immunizations

2.3.2.1 Owner and Contact
Epidemiology Program: Amy Groom, MPH

2.3.2.2 National Reporting
NATIONAL (included in IHS Performance Report; not reported to OMB and Congress)
2.3.2.3 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 Report 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.

2.3.2.4 Numerators

1. Patients who have received 1 dose 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 2 or 3 doses of Rotavirus vaccine ever, including contraindications.

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

3. Patients who have received 2 doses of Influenza ever, including contraindications.

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

4. GPRA Developmental: Patients who have received the 4:3:1:3*:3:1:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hepatitis B, 1 Varicella, 3 Pneumococcal), including contraindications and evidence of disease.

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

5. Patients who have received 3 doses of Pneumococcal conjugate vaccine ever, including contraindications.

**Note:** The only refusals included in this numerator are NMI refusals.
2.3.2.5 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
- 4 Doses of DTaP
  - 4 DTaP or DTP or Tdap
  - 1 DTaP or DTP or Tdap and 3 DT or Td
  - 1 DTaP or DTP or Tdap and 3 each of Diphtheria and Tetanus
  - 4 DT and 4 Acellular Pertussis
  - 4 Td and 4 Acellular Pertussis
  - 4 each of Diphtheria, Tetanus, and Acellular Pertussis
- 3 Doses of Polio
  - 3 OPV
  - 3 IPV
  - Combination of OPV and IPV totaling 3 doses
- 1 Dose of MMR
  - MMR
  - 1 M/R and 1 Mumps
  - 1 R/M and 1 Measles
  - 1 each of Measles, Mumps, and Rubella
- 3 or 4 doses of HIB, depending on the vaccine administered
• 3 doses of Hep B
• 1 dose of Varicella
• 3 doses of Pneumococcal
• 1 dose of Hep A
• 2 or 3 doses of Rotavirus, depending on the vaccine administered
• 2 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. 2 or 3 Rotavirus): To count toward the numerator with the smaller number of doses, all 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 2 doses, all 2 doses must be included in the 2-dose series codes listed in the Rotavirus definition. A patient with a mix of 2-dose and 3-dose series codes will need 3 doses to count toward the numerator. An exception to this is for the HIB vaccine: if the first 2 doses are part of the 3-dose series, then the patient only needs 3 doses (even if the third dose is included in the 4-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 1, only 1 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 1, only 1 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.

**NMI 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, 102, 106, 107, 110, 120, 130, 132, 146
  – CPT 90696 through 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, 138, 139
  – CPT 90714, 90718

• Diptheria
  – 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 through 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, 90646, 90648, 90697, 90698, 90720, 90721, 90737 (old code), 90748

- **Hepatitis B**
  - Immunization (CVX) codes 8, 42 through 45, 51, 102, 104, 110, 132, 146
  - CPT 90636, 90697, 90723, 90731 (old code), 90739, 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, 152
  - CPT 90669, 90670, 90732, G0009, G8115 (old code), G9279
- 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, 149, 150, 151, 153, 155, 158, 161, 166, 171
  - CPT 90630, 90654 through 90658, 90660 through 90662, 90672 through 90674, 90685 through 90688, 90724 (old code), G0008, G8108 (old code)

**Immunization Definitions**

<table>
<thead>
<tr>
<th>Note:</th>
<th>In the definitions for all immunizations shown below, the Immunization Program Numerators will include only CVX and CPT codes.</th>
</tr>
</thead>
</table>

- DTaP IZ Definitions
  - Immunization (CVX) codes 20, 50, 102, 106, 107, 110, 120, 130, 132, 146
  - POV ICD-9: V06.1
  - CPT 90696 through 90698, 90700, 90721, 90723
- DTaP Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”
- DTP IZ Definitions
  - Immunization (CVX) codes 1, 22, 102
  - POV ICD-9: V06.1, V06.2, V06.3
  - CPT 90701, 90711 (old code), 90720
- 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 ICD-9: V06.5
  – CPT 90702
• DT Contraindication Definition
  – Immunization Package contraindication of “Anaphylaxis”
• Td IZ Definitions
  – Immunization (CVX) codes 9, 113, 138, 139
  – POV ICD-9: V06.5
  – CPT 90714, 90718
• Td Contraindication Definition
  – Immunization Package contraindication of “Anaphylaxis”
• Diphtheria IZ Definitions
  – POV ICD-9: V03.5
  – CPT 90719
• Diphtheria Contraindication Definition
  – Immunization Package contraindication of “Anaphylaxis”
• Tetanus Definitions
  – Immunization (CVX) codes 35, 112
  – POV ICD-9: V03.7
  – CPT 90703
• Tetanus Contraindication Definition
  – Immunization Package contraindication of “Anaphylaxis”
• Acellular Pertussis Definitions
  – Immunization (CVX) code 11
  – POV ICD-9: V03.6
• 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 ICD-9: V04.0, V06.3  
  – CPT 90696 through 90698, 90711 (old code), 90713, 90723

• IPV Evidence of Disease Definitions  
  – POV or PCC Problem List (active or inactive) ICD-9: 730.70 through 730.79; ICD-10: M89.6*  
  – SNOMED data set PXRM BGP POLIO (Problem List only)

• IPV contraindication definition:  
  – Immunization Package contraindication of “Anaphylaxis” or “Neomycin Allergy”

• MMR Definitions  
  – Immunization (CVX) codes 3, 94  
  – POV ICD-9: V06.4  
  – CPT 90707, 90710

• 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 ICD-9: V04.2  
  – CPT 90705
• Measles Evidence of Disease Definition
  – POV or PCC Problem List (active or inactive) ICD-9: 055*; ICD-10: B05.*
  – SNOMED data set PXRM BGP MEASLES (Problem List only)
• Measles Contraindication Definition
  – Immunization Package contraindication of “Anaphylaxis”
• Mumps Definitions
  – Immunization (CVX) code 7
  – POV ICD-9: V04.6
  – CPT 90704
• Mumps Evidence of Disease Definition
  – POV or PCC Problem List (active or inactive) ICD-9: 072*; ICD-10: B26.*
• Mumps Contraindication Definition
  – Immunization Package contraindication of “Anaphylaxis”
• Rubella Definitions
  – Immunization (CVX) code 6
  – POV ICD-9: V04.3
  – CPT 90706
• Rubella Evidence of Disease Definitions
  – POV or PCC Problem List (active or inactive) ICD-9: 056*, 771.0; ICD-10: B06.*
  – SNOMED data set PXRM BGP RUBELLA (Problem List only)
• Rubella Contraindication Definition
  – Immunization Package contraindication of “Anaphylaxis”
• HiB Definitions
  – 3-dose series:
    • Immunization (CVX) codes 49, 51
    • CPT 90647, 90748
  – 4-dose series:
    • Immunization (CVX) codes 17, 22, 46 through 48, 50, 102, 120, 132, 146
    • POV ICD-9: V03.81
- CPT 90645 through 90646, 90648, 90697, 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, 90697, 90723, 90731 (old code), 90739, 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) ICD-9: V02.61, 070.2*, 070.3*; ICD-10: B16.*, B19.1*, Z22.51
  - SNOMED data set PXRM BGP HEPATITIS B (Problem List only)

- Hepatitis B contraindication definition
  - Immunization Package contraindication of “Anaphylaxis”

- Varicella Definitions
  - Immunization (CVX) codes 21, 94
  - POV ICD-9: V05.4
  - CPT 90710, 90716

- Varicella Evidence of Disease Definitions
  - POV or PCC Problem List (active or inactive) ICD-9: 052*, 053*; ICD-10: B01.* through B02.*
  - SNOMED data set PXRM BGP VARICELLA (Problem List only)
  - 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, 100, 109, 133, 152
  - POV ICD-9: V06.6, V03.82
  - CPT 90669, 90670, 90732, G0009, G8115 (old code), G9279

- 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) ICD-9: 070.0, 070.1; ICD-10: B15.*
  - SNOMED data set PXRM BGP HEPATITIS A (Problem List only)

- Hepatitis A Contraindication Definition
  - Immunization Package contraindication of “Anaphylaxis”

- Rotavirus Definitions
  - 2 dose series
    - Immunization (CVX) codes 119
    - CPT 90681
  - 3 dose series
    - Immunization (CVX) codes 74, 116, 122
    - POV ICD-9: 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, 149, 150, 151, 153, 155, 158, 161, 166, 171
  - POV ICD-9: V04.8 (old code), V04.81, V06.6
  - CPT 90630, 90654 through 90658, 90659 (old code), 90660 through 90662, 90672 through 90674, 90685 through 90688, 90724 (old code), G0008, G8108 (old code)

- Influenza Contraindication Definition
  - Immunization Package contraindication of “Egg Allergy” or “Anaphylaxis”

### 2.3.2.6 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 1 dose of the Hep A vaccine.

• List of Active Immunization Package patients ages 19 through 35 months who have not received 1 dose of the Hep A vaccine.

• List of Active Immunization Package patients ages 19 through 35 months who received 2 or 3 doses of the rotavirus vaccine.

• List of Active Immunization Package patients ages 19 through 35 months who have not received 2 or 3 doses of the rotavirus vaccine.

• List of Active Immunization Package patients ages 19 through 35 months who received 2 doses of the influenza vaccine.

• List of Active Immunization Package patients ages 19 through 35 months who have not received 2 doses of the influenza vaccine.

• List of Active Immunization Package patients ages 19 through 35 months who received the 4:3:1:3*:3:1:3 combination (4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, and 3 Pneumococcal).

• List of Active Immunization Package patients ages 19 through 35 months who have not received the 4:3:1:3*:3:1:3 combination (4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, and 3 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

2.4 Cancer Screening Group

2.4.1 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.

2.4.1.1 Owner and Contact

Epidemiology Program: Don Haverkamp
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 Developmental: Active Clinical patients ages 50 through 75 years. Broken down by gender.

2.4.1.4 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 5 years and FOB or FIT in the past 3 years
   C. Colonoscopy in the past 10 years

2.4.1.5 Definitions
Colorectal Cancer Screening
The most recent of any of the following during applicable timeframes:
- FOBT or FIT
  - POV ICD-9: V76.51 Colon screening; ICD-10: Z12.11
  - 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 ICD-9: 45.24; ICD-10: 0DJD8ZZ
  - CPT 45330 through 45345, G0104
- Colonoscopy
– Procedure ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43; ICD-10: 0D5E4ZZ, 0D5E8ZZ, 0D5F4ZZ, 0D5F8ZZ, 0D5G4ZZ, 0D5G8ZZ, 0D5H4ZZ, 0D5H8ZZ, 0D5K4ZZ, 0D5K8ZZ, 0D5L4ZZ, 0D5L8ZZ, 0D5M4ZZ, 0D5M8ZZ, 0D5N4ZZ, 0D5N8ZZ, 0D9E3ZX, 0D9E4ZX, 0D9E7ZX, 0D9E8X, 0D9F3ZX, 0D9F4ZX, 0D9F7ZX, 0D9F8ZX, 0D9G3ZX, 0D9G4ZX, 0D9G7ZX, 0D9G8ZX, 0D9H3ZX, 0D9H4ZX, 0D9H7ZX, 0D9H8ZX, 0D9K3ZX, 0D9K4ZX, 0D9K7ZX, 0D9K8ZX, 0D9L3ZX, 0D9L4ZX, 0D9L7ZX, 0D9L8ZX, 0D9M3ZX, 0D9M4ZX, 0D9M7ZX, 0D9M8ZX, 0D9N3ZX, 0D9N4ZX, 0D9N7ZX, 0D9N8ZX, 0DBE3ZX, 0DBE4ZX, 0DBE7ZX, 0DBE8ZX, 0DBE8ZZ, 0DBF3ZX, 0DBF4ZX, 0DBF7ZX, 0DBF8ZX, 0DBF8ZZ, 0DBG3ZX, 0DBG4ZX, 0DBG7ZX, 0DBG8ZX, 0DBG8ZZ, 0DBH3ZX, 0DBH4ZX, 0DBH7ZX, 0DBH8ZX, 0DBH8ZZ, 0DBK3ZX, 0DBK4ZX, 0DBK7ZX, 0DBK8ZX, 0DBK8ZZ, 0DBL3ZX, 0DBL4ZX, 0DBL7ZX, 0DBL8ZX, 0DBL8ZZ, 0DBM3ZX, 0DBM4ZX, 0DBM7ZX, 0DBM8ZX, 0DBN3ZX, 0DBN4ZX, 0DBN7ZX, 0DBN8ZX, 0DBN8ZZ, 0JD8ZZ

CPT 44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121, G9252, G9253

2.4.1.6 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).

2.4.2 Comprehensive Cancer Screening

2.4.2.1 Owner and Contact

Epidemiology Program: Don Haverkamp, Carolyn Aoyama

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 Developmental: Active Clinical patients ages 24 through 75 years who are eligible for cervical cancer, breast cancer, or colorectal cancer screening.

   A. Active Clinical female patients ages 24 through 75 years.
B. Active Clinical male patients ages 50 through 75 years.

### 2.4.2.4 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.

### 2.4.2.5 Definitions

#### Cervical Cancer Screening

To be eligible for this screening:

- Patients must be female Active Clinical ages 24 through 64 years and not have a documented history of hysterectomy.

- Patients must be at least 24 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 3 years, or if the patient is 30 to 64 years of age, either a Pap Smear documented in the past 3 years or a Pap Smear and an HPV DNA documented in the past 5 years.

#### Hysterectomy

Any of the following ever:

- Procedure ICD-9: 68.4 through 68.9; ICD-10: 0UT9*ZZ

- 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 entry where the status is not Deleted):
  - ICD-9: 618.5, 752.43, V88.01, V88.03; ICD-10: N99.3, Z12.72, Z90.710, Z90.712, Q51.5
  
  - SNOMED data set PXRM BGP HYSTERECTOMY DX (Problem List only)

- Women's Health procedure called Hysterectomy

#### Pap Smear

- Lab Pap Smear
• POV ICD-9: 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*; ICD-10: R87.61*, R87.810, R87.820, Z01.42
• CPT 88141 through 88154, 88160 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

HPV DNA

Note: CRS will only search for a documented HPV DNA if the patient had a Pap Smear 3 to 5 years ago.

• Lab HPV
• POV ICD-9: V73.81, 079.4, 796.75, 795.05, 795.15, 796.79, 795.09, 795.19; ICD-10: B97.7, R85.618, R85.81, R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51
• CPT 87620 through 87622 (old codes), 87623 through 87625
• Women’s Health procedure called HPV Screen and where the result does NOT have “ERROR/DISREGARD”
• Women's Health procedure called Pap Smear and where the HPV field equals Yes
• LOINC taxonomy
• Site-populated taxonomy BGP HPV 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 2 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
- Procedure ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HBV0ZZ, 0HCV0ZZ, 0HTV0ZZ
- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-10: Z90.13
  - SNOMED data set PXRM BGP BILAT MASTECTOMY (Problem List only)

**Two Separate Unilateral Mastectomies**

Requires either of the following:

- Must have one code that indicates a right mastectomy and 1 code that indicates a left mastectomy
- Must have two separate occurrences on two different dates of service for one code that indicates a mastectomy on unknown side and one code that indicates either a right or left mastectomy, or two codes that indicate a mastectomy on unknown side

**Right Mastectomy**

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-10: Z90.11
  - SNOMED data set PXRM BGP RIGHT MASTECTOMY (Problem List only)
- Procedure ICD-10: 07T50ZZ, 07T80ZZ, 0HBT0ZZ, 0HCT0ZZ, 0HTT0ZZ

**Left Mastectomy**

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-10: Z90.12
  - SNOMED data set PXRM BGP LEFT MASTECTOMY (Problem List only)
- Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 0HTU0ZZ

**Mastectomy on Unknown Side**

- CPT 19300 through 19307, or old codes 19180, 19200, 19220, 19240
- Procedure ICD-9: 85.41, 85.43, 85.45, 85.47
Screening Mammogram

- Radiology or CPT 77052 through 77059, 77065 through 77067, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202
- POV ICD-9: 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; ICD-10: R92.0, R92.1, R92.8, Z12.31
- Procedure ICD-9: 87.36 Xerography of breast, 87.37 Other Mammography; ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ
- Women's Health procedure called 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 5 years
- Colonoscopy in the past 10 years

Colorectal Cancer

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-9: 153.*, 154.0, 154.1, 197.5, V10.05; ICD-10: C18.*, C19, C20, C78.5, Z85.030, Z85.038
  - SNOMED data set PXRM COLORECTAL CANCER (Problem List only)
- CPT G0213 through G0215 (old codes), G0231 (old code)

Total Colectomy

- Procedure ICD-9: 45.8*; ICD-10: 0DTE*ZZ
- 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 ICD-9: 45.24; ICD-10: 0DJD8ZZ
- CPT 45330 through 45345, G0104

**Colonoscopy**
- Procedure ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43; ICD-10: 0D5E4ZZ, 0D5E8ZZ, 0D5F4ZZ, 0D5F8ZZ, 0D5G4ZZ, 0D5G8ZZ, 0D5H4ZZ, 0D5H8ZZ, 0D5K4ZZ, 0D5K8ZZ, 0D5L4ZZ, 0D5L8ZZ, 0D5M4ZZ, 0D5M8ZZ, 0D5N4ZZ, 0D5N8ZZ, 0D9E3ZX, 0D9E4ZX, 0D9E7ZX, 0D9E8ZX, 0D9F3ZX, 0D9F4ZX, 0D9F7ZX, 0D9F8ZX, 0D9G3ZX, 0D9G4ZX, 0D9G7ZX, 0D9G8ZX, 0D9H3ZX, 0D9H4ZX, 0D9H7ZX, 0D9H8ZX, 0D9K3ZX, 0D9K4ZX, 0D9K7ZX, 0D9K8ZX, 0D9L3ZX, 0D9L4ZX, 0D9L7ZX, 0D9L8ZX, 0D9M3ZX, 0D9M4ZX, 0D9M7ZX, 0D9M8ZX, 0D9N3ZX, 0D9N4ZX, 0D9N7ZX, 0D9N8ZX, 0DBE3ZX, 0DBE4ZX, 0DBE7ZX, 0DBE8ZX, 0DBF3ZX, 0DBF4ZX, 0DBF7ZX, 0DBF8ZX, 0DBF8ZZ, 0DBG3ZX, 0DBG4ZX, 0DBG7ZX, 0DBG8ZX, 0DBG8ZZ, 0DBH3ZX, 0DBH4ZX, 0DBH7ZX, 0DBH8ZX, 0DBH8ZZ, 0DBK3ZX, 0DBK4ZX, 0DBK7ZX, 0DBK8ZX, 0DBK8ZZ, 0DBL3ZX, 0DBL4ZX, 0DBL7ZX, 0DBL8ZX, 0DBL8ZZ, 0DBM3ZX, 0DBM4ZX, 0DBM7ZX, 0DBM8ZX, 0DBM8ZZ, 0DBN3ZX, 0DBN4ZX, 0DBN7ZX, 0DBN8ZX, 0DBN8ZZ, 0DJD8ZZ
- CPT 44388 through 44394, 44397, 45355, 45378 through 45387, 45391, 45392, G0105, G0121, G9252, G9253

### 2.4.2.6 Patient Lists
- List of patients 24 through 75 years of age with comprehensive cancer screening.
- List of patients 24 through 75 years of age without comprehensive cancer screening.

### 2.5 Cardiovascular Disease Related Group

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

#### 2.5.1.1 Owner and Contact
Alberta Becenti 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: 3 through 11, 12 through 17.

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 5 years, not required to be on the same day. For over 50 years of age, height and weight within last 2 years not required to be recorded on same day.
- POV ICD-9: V85*; ICD-10: Z68.20-Z68.54

Counseling for nutrition
- CPT 97802-97804, G0270, G0271, G0447, S9449, S9452, S9470
- POV ICD-9: V65.3; ICD-10: Z71.3
- 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 ICD-9: 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 and 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.
3. 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. (With Denominators 1 and 2)

   **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 who were screened for HIV in the past 5 years. (With Denominator 1)

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

3. Patients who were screened for HIV at any time before the end of the Report Period. (With Denominator 2)

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

4. 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.

5. Patients with CD4 count within 90 days of initial HIV diagnosis. (With Denominator 3)

   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 entry where the status is not Deleted:
  - ICD-9: 042, 042.0 through 044.9 (old codes), 079.53, V08, 795.71; ICD-10: B20, B97.35, R75, Z21, O98.711 through O98.73
  - SNOMED data set PXRM HIV (Problem List only)

**HIV Screening**

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

For the number of HIV screens provided to User Population patients numerator (count only), a maximum of 1 HIV screen per patient per day will be counted.

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 ICD-9: 042, 042.0–044.9 (old codes), 079.53, V08, 795.71; ICD-10: B20, B97.35, R75, Z21, O98.711 through O98.73

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,” “NonReactive,” “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, G9214
• 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 13-64 with documented HIV test in past 5 years.
• List of User Population patients 13-64 without documented HIV test in past 5 years.
• List of Male User Population patients 25-45 with positive HIV result.
• List of Male User Population patients 25-45 without positive HIV result.
• List of Male User Population patients 25-45 with documented HIV test ever.
• List of Male User Population patients 25-45 without documented HIV test ever.
• List of User Population patients with documented HIV test.
• List of HIV+ User Population patients 13-64 with CD4 count.
• List of HIV+ User Population patients 13-64 without CD4 count.

2.6.2 Hepatitis C Screening

2.6.2.1 Owner and Contact
Brigg Reilley

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

2.6.2.3 Denominators
1. User Population patients born between 1945 and 1965 with no recorded Hepatitis C diagnosis.

2. User Population patients with documented positive Ab result or Hep C diagnosis ever. Broken down by age group of patients born between 1945 and 1965.

3. User Population patients with positive Ab result or Hep C diagnosis and with positive Hepatitis C confirmation result ever. Broken down by age group of patients born between 1945 and 1965.
2.6.2.4 Numerators

1. Patients screened for Hepatitis C ever (Ab test). (With Denominator 1)
   A. Patients with a positive result.
   B. Patients with a negative result.

2. Patients with documented positive Ab result ever. (With Denominator 2)

3. Patients with documented Hep C diagnosis ever. (With Denominator 2)

4. Patients who were given a Hepatitis C confirmation test. (With Denominator 2)
   A. Patients with a positive result.
   B. Patients with a negative result.

5. Patients who ever had a negative confirmation test 12 weeks or greater after a positive confirmation test (cured). (With Denominator 3)

6. A. Patients who had a negative confirmation test 12 weeks or greater after their most recent positive confirmation test (currently cured). (With Denominator 3)

2.6.2.5 Definitions

Hepatitis C Diagnosis
Any of the following documented any time prior to the end of the Report Period:
- POV or Problem List entry where the status is not Inactive or Deleted:
  - ICD-9: 070.41, 070.44, 070.51, 070.54, 070.70 through 070.71, V02.62;
    ICD-10: B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52
  - SNOMED data set PXRM HEPATITIS C (Problem List only)

Hepatitis C Screening (Ab Test)
- CPT 86803
- LOINC taxonomy
- Site-populated taxonomy BGP HEP C TEST TAX

Hepatitis C Confirmation Test
Any of the following documented any time prior to the end of the Report Period:
- CPT 86804, 87520, 87521, 87522, G9203, G9207, G9209
- LOINC taxonomy
- Site-populated taxonomy BGP HEP C CONF TEST TAX
If patient has more than 1 confirmatory test, CRS will first look for a test with a positive result, and if none is found, then will look for a test with a negative result. If there is no test with a result, CRS will use the first test documented.

For patients ever cured numerator, there must be 12 or more weeks between a positive and negative confirmation test result.

**Positive Ab Test Result**
Defined as a result starting with ">" or containing "Pos", "React", or "Detec".

**Negative Ab Test Result**
Defined as result starting with "<", or containing "Neg", "Non", "Not", or "None".

**Positive Confirmation Test Result**
Defined as any number greater than zero, a result starting with ">" or "<", or containing "Pos", "React", or "Detec".

**Negative Confirmation Test Result**
Defined as a result containing "Neg", "Non", "Not", or "None".

### 2.6.2.6 Patient Lists

- List of patients born between 1945 and 1965 with no prior Hepatitis C diagnosis who were ever screened for Hepatitis C.
- List of patients born between 1945 and 1965 with no prior Hepatitis C diagnosis or screening who were ever screened for Hepatitis C.
- List of patients with Hep C screening and positive result.
- List of patients with Hep C screening and negative result.
- List of patients with positive Ab result.
- List of patients with Hep C diagnosis.
- List of patients with Hep C Dx/positive Ab result who were given Hep C confirmatory test.
- List of patients with Hep C Dx/positive Ab result who were not given Hep C confirmatory test.
- List of patients with Hep C confirmatory test and positive result.
- List of patients with Hep C confirmatory test and negative result.
- List of patients with positive confirmatory test who were ever cured.
- List of patients with positive confirmatory test who were never cured.
• List of patients with positive confirmatory test who are currently cured.
• List of patients with positive confirmatory test who are not currently cured.

2.6.3 Chlamydia Testing

2.6.3.1 Owner and Contact
Epidemiology Program: Andria Apostolou, PhD, MPH

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

2.6.3.3 Denominators
1. Female Active Clinical patients ages 16 through 25 years. Broken down by age groups: 16 through 20, 21 through 25.
2. Female User Population patients ages 16 through 25 years. Broken down by age groups: 16 through 20, 21 through 25.

2.6.3.4 Numerators
1. Patients tested for Chlamydia trachomatis during the Report Period.

Note: This numerator does not include refusals.

2. Patients with documented refusal during the Report Period.

2.6.3.5 Definitions

Chlamydia
• POV ICD-9: V73.88, V73.98
• CPT 86631, 86632, 87110, 87270, 87320, 87490 through 87492, 87810, 3511F, G9228
• Site-populated taxonomy BGP GPRA CHLAMYDIA TESTS
• LOINC taxonomy

Refusal
Refusal of Lab or CPT code 86631, 86632, 87110, 87270, 87320, 87490-92, 87810, 3511F, G9228 during the Report Period.
2.6.3.6 **Patient Lists**
- List of Active Clinical patients with documented Chlamydia screening.
- List of Active Clinical patients without documented Chlamydia screening.
- List of Active Clinical patients with documented Chlamydia screening refusal.

2.6.4 **STI Screening**

2.6.4.1 **Owner and Contact**
Andria Apostolou, PhD, MPH

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

2.6.4.3 **Numerators**
1. GPRA Developmental: Number of needed HIV/AIDS screenings performed from 1 month prior to the date of first STI diagnosis of each incident through 2 months after.

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

2. Patients with documented HIV screening refusal during the Report Period.

2.6.4.4 **Definitions**

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

- **Chlamydia:** ICD-9: 079.88, 079.98, 099.41, 099.50 through 099.59; ICD-10: A56.*, A74.81 through A74.9
- **Gonorrhea:** ICD-9: 098.0 through 098.89; ICD-10: A54.*, O98.2*
- **HIV/AIDS:** ICD-9: 042, 042.0 through 044.9, 079.53, 795.71, V08; ICD-10: B20, B97.35, R75, Z21, O98.711 through O98.73
- **Syphilis:** ICD-9: 090.0 through 093.9, 094.1 through 097.9; ICD-10: A51.* through A53.*
Logic for Identifying Patients Diagnosed with Key STI (numerator #1)

Any patient with 1 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 is an example of a patient with multiple incidents of single STI.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Visit</th>
<th>Total Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 1, 2016</td>
<td>Patient screened for Chlamydia</td>
<td>0</td>
</tr>
<tr>
<td>August 8, 2016</td>
<td>Patient diagnosed with Chlamydia</td>
<td>1</td>
</tr>
<tr>
<td>October 15, 2016</td>
<td>Patient diagnosed with Chlamydia</td>
<td>2</td>
</tr>
<tr>
<td>October 25, 2016</td>
<td>Follow-up for Chlamydia</td>
<td>2</td>
</tr>
<tr>
<td>November 15, 2016</td>
<td>Patient diagnosed with Chlamydia</td>
<td>2</td>
</tr>
<tr>
<td>March 1, 2017</td>
<td>Patient diagnosed with Chlamydia</td>
<td>3</td>
</tr>
</tbody>
</table>

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 HIV screening tests denominator, the count will be derived from the number of separate non-HIV STI incidents. HIV screening tests are recommended for the following key STIs: Chlamydia, Gonorrhea, Syphilis.
“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).

- Only one screening for HIV 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 is needed for HIV/AIDS.

- 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 1 month prior to the relevant STI diagnosis date through 2 months after the STI incident.

**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

**HIV Screening Refusal**

Refusal of Lab or CPT code 86689, 86701-86703, 87390-87391, 87534-87539 during the Report Period.

**2.6.4.5 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 or who had a prior HIV diagnosis.

- List of Active Clinical patients diagnosed with an STI with HIV screening refusal.
2.7 Other Clinical Measures Group

2.7.1 Optometry

2.7.1.1 Owner and Contact
Dr. Dawn Clary

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

2.7.1.3 Denominators
1. GPRA Developmental (NQF 0086): Active Clinical patients ages 18 and older with a diagnosis of primary open-angle glaucoma during the Report Period.

2.7.1.4 Numerators
1. GPRA Developmental (NQF 0086): Patients with an optic nerve head evaluation during the Report Period.

2.7.1.5 Definitions

Primary open-angle glaucoma
- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
  - ICD-9: 365.10-365.12, 365.15; ICD-10: H40.10* - H40.12*, H40.15*
  - SNOMED data set PXRM OPEN ANGLE GLAUCOMA (Problem List only)

Optic nerve head evaluation
- CPT: 2027F

2.7.1.6 Patient Lists
- List of Active Clinical patients 18 and older with primary open-angle glaucoma and optic nerve head evaluation.
- List of Active Clinical patients 18 and older with primary open-angle glaucoma and no optic nerve head evaluation.
2.7.2 Visit Statistics

2.7.2.1 Owner and Contact
National GPRA Steering Committee

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

2.7.2.3 Denominators
1. Active Clinical patients.
2. Active Clinical patients ages 2 through 18 years.
3. Active Clinical patients ages 5 years and older.
4. Active Clinical patients ages 12 through 18 years.
5. Active Clinical patients ages 12 through 75 years.
6. Female Active Clinical patients ages 14 through 46 years.
7. Active Clinical patients ages 18 years and older.
8. Active Clinical patients ages 65 years and older.
9. Active Clinical patients identified as current tobacco users prior to the Report Period.

2.7.2.4 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. (With Denominator 1)

2.7.2.5 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, someday, Heavy Tobacco Smoker, Light Tobacco Smoker

- Last documented Tobacco-related Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
  - ICD-9: 305.1, 305.10 through 305.12 (old codes), 649.00 through 649.04; ICD-10: F17.2*0, F17.2*3, F17.2*8, F17.2*9, O99.33*, Z72.0
  - SNOMED data set PXRM BGP CURRENT TOBACCO (Problem List only)

- Last documented CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code), G9276

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

**Urgent Care Visits**

Clinic code 80

**2.7.2.6 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

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Term Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI/AN</td>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td>AMI</td>
<td>Acute Myocardial Infarction</td>
</tr>
<tr>
<td>BH</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>BHS</td>
<td>Behavioral Health System</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>BP</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>CABG</td>
<td>Coronary Artery Bypass Graft</td>
</tr>
<tr>
<td>CD4</td>
<td>Cluster Difference 4</td>
</tr>
<tr>
<td>CPT</td>
<td>Current Procedural Terminology</td>
</tr>
<tr>
<td>CRC</td>
<td>Colorectal Cancer</td>
</tr>
<tr>
<td>CRS</td>
<td>Clinical Reporting System</td>
</tr>
<tr>
<td>CVD</td>
<td>Cardiovascular Disease</td>
</tr>
<tr>
<td>CVX</td>
<td>Vaccine Code</td>
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<tr>
<td>DCBE</td>
<td>Double Contrast Barium Enema</td>
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<tr>
<td>DM</td>
<td>Diabetes Mellitus</td>
</tr>
<tr>
<td>DNKA</td>
<td>Did Not Keep Appointment</td>
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<tr>
<td>DPST</td>
<td>Demo/Test Patient Search Template</td>
</tr>
<tr>
<td>EDD</td>
<td>Earliest Due Date</td>
</tr>
<tr>
<td>EGA</td>
<td>Estimated Gestational Age</td>
</tr>
<tr>
<td>ER</td>
<td>Emergency Room</td>
</tr>
<tr>
<td>ETDRS</td>
<td>Early Treatment Diabetic Retinopathy Study</td>
</tr>
<tr>
<td>EX</td>
<td>Exercise</td>
</tr>
<tr>
<td>FIT</td>
<td>Fecal Immunochemical Test</td>
</tr>
<tr>
<td>FOBT</td>
<td>Fecal Occult Blood Test</td>
</tr>
<tr>
<td>FY</td>
<td>Fiscal Year</td>
</tr>
<tr>
<td>GPRA</td>
<td>Government Performance and Results Act of 1993</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
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<td>ICD</td>
<td>International Classification of Diseases</td>
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<tr>
<td>IHS</td>
<td>Indian Health Service</td>
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<tr>
<td>IMM</td>
<td>Immunization</td>
</tr>
<tr>
<td>IPV/DV</td>
<td>Intimate Partner Violence/Domestic Violence</td>
</tr>
<tr>
<td>Acronym</td>
<td>Term Meaning</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>IVD</td>
<td>Ischemic Vascular Disease</td>
</tr>
<tr>
<td>LDL</td>
<td>Low-Density Lipoprotein</td>
</tr>
<tr>
<td>LOINC</td>
<td>Logical Observations Identifiers, Names, Codes</td>
</tr>
<tr>
<td>NMI</td>
<td>Not Medically Indicated</td>
</tr>
<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>PCC</td>
<td>Patient Care Component</td>
</tr>
<tr>
<td>PCI</td>
<td>Percutaneous Coronary Interventions</td>
</tr>
<tr>
<td>POV</td>
<td>Purpose of Visit</td>
</tr>
<tr>
<td>PRC</td>
<td>Purchased and Referred Care</td>
</tr>
<tr>
<td>RPMS</td>
<td>Resource and Patient Management System</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>TIA</td>
<td>Transient Ischemic Attack</td>
</tr>
<tr>
<td>USPSTF</td>
<td>United States Preventive Service Task Force</td>
</tr>
</tbody>
</table>
Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (888) 830-7280 (toll free)
Web: http://www.ihs.gov/helpdesk/
Email: support@ihs.gov