RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System

(BGP)

National GPRA Developmental Report
Performance Measure List and Definitions

Version 18.0 patch 1
April 2018

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1.0   CRS 2018 National GPRA Developmental Report

The following performance measures will be reported in the Clinical Reporting System (CRS) 2018 National Government Performance and Results Act of 1993 (GPRA)/GPRA Modernization Act (GPRAMA) Report.

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

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

Table 1-1: Document notations

Notation	Location	Meaning
Section Symbol (§)	Preceding a measure	A GPRA Developmental measure. GPRA Developmental measures have the potential to become GPRA measures in the future.
Plus Symbol (+)	Preceding a measure	The measure is a new GPRA Developmental Measure for 2018.
Asterisk (*)	Anywhere in a code (CPT, POV, Edu,Etc.)	A 'wildcard' character indicating that the code given has one or more additional characters at this location.
Brackets ([])	In logic definitions	Contains the name of the taxonomy where the associated codes reside.

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 Visit
  - §Dental patients with Dental Exam
  - §All Treatment Completed

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- – 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
  - – 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

- PAP SMEAR RATES
  - – +§Pap smear in past 3 years or for age 30+, Pap & HPV on same day in past 5 years (No Refusals)
- MAMMOGRAM RATES
  - – +§Mammogram 52-74 (No Refusals)
- COLORECTAL CANCER SCREENING (HEDIS)
  - – §Fecal Occult Blood Test (FOB) or Fecal Immunochemical Test during Report Period, Flexible Sigmoidoscopy or CT colonography in past 5 years, Colonoscopy in past 10 years, or FIT-DNA in the past 3 years
- TOBACCO CESSATION
  - – +Tobacco Cessation Counseling or Smoking Cessation Aid
  - – +Quit Tobacco Use
  - – +§Tobacco Cessation Counseling, Smoking Cessation Aid, or Quit Tobacco Use

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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
  - +Chlamydia Testing for Patients Identified as Sexually Active (HEDIS)
- SEXUALLY TRANSMITTED INFECTION (STI) SCREENING
  - §Needed HIV Screen
  - HIV Screen Refusal

OTHER CLINICAL MEASURES

- CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES
  - +Concurrent Use of Opioids and Benzodiazepines
- OPTOMETRY
  - §Optic Nerve Head Evaluation

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> **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 FY2018 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 FY2018 Clinical Measures User Manual* for listing of these clinics.

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- 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 FY2018 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 FY2018 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.

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2.0   Performance Measure Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the CRS 2018 version 18.0 patch 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.* [SURVEILLANCE DIABETES]

- SNOMED data set PXRM DIABETES (Problem List only)

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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) [BGP HGBA1C CPTS]
    - 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.

2.1.1.6   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.

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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.* [SURVEILLANCE DIABETES] 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 [BGP HYPERTENSION SCREEN DXS] 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 [BGP SYSTOLIC BP CPTS] WITH Diastolic: CPT 3078F, 3079F, or 3080F [BGP DIASTOLIC BP CPTS]. 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., Chris Halliday, DDS, MPH

2.2.1.2   National Reporting

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

2.2.1.3   Denominators

1. GPRA Developmental Denominator: User Population patients.

2. GPRA Developmental: User Population patients with documented dental visit during the Report Period.

3. GPRA Developmental: User Population patients with dental exam during the Report Period.

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

2.2.1.4   Numerators

1. GPRA Developmental Numerator: Patients with documented dental visit during the Report Period (with Denominator 1).

   Note: This numerator does not include refusals.

2. GPRA Developmental: Patients with dental exam (with Denominator 2).

3. GPRA Developmental: Patients with all treatment completed (with Denominator 3).

4. Patients with documented pre-natal or nursing mother dental visit during the Report Period (with Denominator 4).

   Note: This numerator does not include refusals.

5. 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

Any of the following:

- IHS Dental Tracking code 0000, 0007, 0190

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- RPMS Dental codes 0110 through 0390, 0415 through 0471, 0601 through 0603, 0999 through 9974, 9999

- ADA CDT codes D0110 through D0390, D0415 through D9952, D9970 through D9974, D9999 [BGP DENTAL VISIT CPT CODES]

- Exam code 30

- POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21, Z13.84, Z29.3 [BGP DENTAL VISIT DXS]

Dental Exam

- RPMS Dental codes 0150, 0145

- ADA CDT D0150, D0145 [BGP DENTAL EXAM CPTS]

All Treatment Completed

- RPMS Dental code 9990

Pre-natal or Nursing Mother Dental Visit

- IHS Dental Tracking 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:

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– Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0 through V23.9, V24.*, V27.*, V28.81, V28.82, V28.89, V72.42, V89.01 through V89.09; ICD-10: O00.1 through O00.91, O09.00 through O10.019, O10.111 through O10.119, O10.211 through O10.219, O10.311 through O10.319, O10.411 through O10.419, O10.911 through O10.919, O11.1 through O15.03, O16.1 through O24.019, O24.111 through O24.119, O24.311 through O24.319, O24.41*, O24.811 through O24.819, O24.911 through O24.919, O25.10 through O25.13, O26.00 through O26.619, O26.711 through O26.719, O26.811 through O26.93, O28.*, O29.011 through O30.93, O31.* through O36.73X9, O36.812 through O48.*, O60.0*, O71.00 through O71.03, O88.011 through O88.019, O88.111 through O88.119, O88.211 through O88.219, O88.311 through O88.319, O88.811 through O88.819, O90.3, O91.011 through O91.019, O91.111 through O91.119, O91.211 through O91.219, O92.011 through O92.019, O92.11*, O92.20, O92.29, O98.011 through O98.019, O98.111 through O98.119, O98.211 through O98.219, O98.311 through O98.319, O98.411 through O98.419, O98.511 through O98.519, O98.611 through O98.619, O98.711 through O98.719, O98.811 through O98.819, O98.911 through O98.919, O99.011 through O99.019, O99.111 through O99.119, O99.210 through O99.213, O99.280 through O99.283, O99.310 through O99.313, O99.320 through O99.323, O99.330 through O99.333, O99.340 through O99.343, O99.350 through O99.353, O99.411 through O99.419, O99.511 through O99.519, O99.611 through O99.619, O99.711 through O99.719, O99.810, O99.820, O99.830, O99.840 through O99.843, O99.89, O9A.111 through O9A.119, O9A.211 through O9A.219, O9A.311 through O9A.319, O9A.411 through O9A.419, O9A.511 through O9A.519, Z33.1, Z33.3, Z34.*, Z36.* [BGP PREGNANCY DIAGNOSES 2]

– Procedure ICD-9: 72.*, 73.*, 74.* [BGP PREGNANCY ICD PROCEDURES]

– CPT 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828 [BGP PREGNANCY CPT CODES]

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.

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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 [BGP MISCARRIAGE/ABORTION DXS]
  - CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]

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 [BGP MISCARRIAGE/ABORTION DXS]
  - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260 through S2267 [BGP CPT ABORTION]
  - Procedure ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

Breastfeeding

- Any of the following during the Report Period:
  - POV ICD-9: V24.1; ICD-10: Z39.1 [BGP BREASTFEEDING DXS]
  - Breastfeeding patient education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N or containing SNOMED 169745008, 200430001, 405029003, 406213009, 413711008, 413712001

General Anesthesia

- RPMS Dental code 9220
- ADA CDT D9220 [BGP CPT DENT GEN ANESTHESIA]

Stainless Steel Crowns

- RPMS Dental codes 2930 or 2931
- ADA CDT D2930 or D2931 [BGP CPT DENTAL SSC]

2.2.1.6 Patient Lists

- List of patients with documented dental visit.
- List of patients without documented dental visit.

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- 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., Chris Halliday, DDS, MPH

2.2.2.2   National Reporting

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

2.2.2.3   Denominators

1. 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

Any of the following:

- IHS Dental Tracking code 0000, 0190

- RPMS Dental codes 0110 through 0390, 0415 through 0471, 0601 through 0603, 0999 through 9974, 9999

- ADA CDT codes D0110 through D0390, D0415 through D9952, D9970 through D9974, D9999 [BGP DENTAL VISIT CPT CODES]

- Exam code 30

- POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21, Z13.84, Z29.3 [BGP DENTAL VISIT DXS]

Intact Dental Sealant

- Any of the following documented during the Report Period:

  - RPMS Dental codes 1351, 1352, 1353

  - ADA CDT D1351, D1352, D1353

- OR any of the following documented during the past 3 years from the end of the Report Period:

  - IHS Dental Tracking code 0007

  If both RPMS Dental and ADA CDT codes are found on the same visit, only the RPMS Dental code will be counted. IHS Dental Tracking code 0007 will be counted regardless of whether another sealant code is submitted on the same visit or date of service.

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., Chris Halliday, DDS, MPH

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.

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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

Any of the following:

- IHS Dental Tracking code 0000, 0190

- RPMS Dental codes 0110 through 0390, 0415 through 0471, 0601 through 0603, 0999 through 9974, 9999

- ADA CDT codes D0110 through D0390, D0415 through D9952, D9970 through D9974, D9999 [BGP DENTAL VISIT CPT CODES]

- Exam code 30

- POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21, Z13.84, Z29.3 [BGP DENTAL VISIT DXS]

Topical Fluoride Application

Defined as any of the following:

- RPMS Dental codes 1201 (old code), 1203 (old code), 1204 (old code), 1205 (old code), 1206, 1208, 5986

- ADA CDT D1201 (old code), D1203 (old code), D1204 (old code), D1205 (old code), D1206, D1208, D5986, 99188 [BGP CPT TOPICAL FLUORIDE]

- POV ICD-9: V07.31; ICD-10: Z29.3 [BGP TOPICAL FLUORIDE DXS]

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

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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. Pregnant female Active Clinical patients with no documented miscarriage or abortion.

2. 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 in the past 20 months, including contraindications (with Denominator 1).

   > **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.

2. 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 1).

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

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

3. 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 1).

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

4. Patients with Tdap during the third trimester (with Denominator 2).

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:

- Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0 through V23.9, V24.*, V27.*, V28.81, V28.82, V28.89, V72.42, V89.01 through V89.09; ICD-10: O00.1 through O00.91, O09.00 through O10.019, O10.111 through O10.119, O10.211 through O10.219, O10.311 through O10.319, O10.411 through O10.419, O10.911 through O10.919, O11.1 through O15.03, O16.1 through O24.019, O24.111 through O24.119, O24.311 through O24.319, O24.41*, O24.811 through O24.819, O24.911 through O24.919, O25.10 through O25.13, O26.00 through O26.619, O26.711 through O26.719, O26.811 through O26.93, O28.*, O29.011 through O30.93, O31.* through O36.73X9, O36.812 through O48.*, O60.0*, O71.00 through O71.03, O88.011 through O88.019, O88.111 through O88.119, O88.211 through O88.219, O88.311 through O88.319, O88.811 through O88.819, O90.3, O91.011 through O91.019, O91.111 through O91.119, O91.211 through O91.219, O92.011 through O92.019, O92.11*, O92.20, O92.29, O98.011 through O98.019, O98.111 through O98.119, O98.211 through O98.219, O98.311 through O98.319, O98.411 through O98.419, O98.511 through O98.519, O98.611 through O98.619, O98.711 through O98.719, O98.811 through O98.819, O98.911 through O98.919, O99.011 through O99.019, O99.111 through O99.119, O99.210 through O99.213, O99.280 through O99.283, O99.310 through O99.313, O99.320 through O99.323, O99.330 through O99.333, O99.340 through O99.343, O99.350 through O99.353, O99.411 through O99.419, O99.511 through O99.519, O99.611 through O99.619, O99.711 through O99.719, O99.810, O99.820, O99.830, O99.840 through O99.843, O99.89, O9A.111 through O9A.119, O9A.211 through O9A.219, O9A.311 through O9A.319, O9A.411 through O9A.419, O9A.511 through O9A.519, Z33.1, Z33.3, Z34.*, Z36.* [BGP PREGNANCY DIAGNOSES 2]
- Procedure ICD-9: 72.*, 73.*, 74.* [BGP PREGNANCY ICD PROCEDURES]
- CPT 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828 [BGP PREGNANCY CPT CODES]

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.

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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 [BGP MISCARRIAGE/ABORTION DXS]
  - CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]

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 [BGP MISCARRIAGE/ABORTION DXS]
  - CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260 through S2267 [BGP CPT ABORTION]
  - Procedure ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

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

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, 168, 171, 185, 186

- POV ICD-9: V04.8 (old code), V04.81 *not* documented with 90663, 90664, 90666 through 90668, 90470, G9141 or G9142, or V06.6 *not* documented with 90663, 90664, 90666 through 90668, 90470, G9141 or G9142 [BGP FLU IZ DX V04.8]

- CPT 90630, 90653 through 90662, 90672 through 90674, 90682, 90685 through 90688, 90724 (old code), 90756, G0008, G8108 (old code) [BGP CPT FLU]

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 "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, O26.611, 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, O31.21X0, O31.21X1, O31.21X2, O31.21X3, O31.21X4, O31.21X5, O31.21X9, 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,

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O98.411, O98.511, O98.611, O98.711, O98.811, O98.911, O99.011, O99.111, O99.211, O99.281, O99.311, O99.321, O99.331, O99.341, O99.351, O99.411, O99.511, O99.611, O99.711, O99.841, O9A.111, O9A.211, O9A.311, O9A.411, O9A.511, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z34.01, Z34.81, Z34.91 [BGP PREGNANCY TRI 1 DXS]

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B) Second Trimester: POV ICD-10: O09.02, O09.12, O09.212, O09.292,
O09.32, O09.42, O09.512, O09.522, O09.612, O09.622, O09.72, O09.812,
O09.822, O09.892, O09.92, O10.012, O10.112, O10.212, O10.312, O10.412,
O10.912, O11.2, O12.02, O12.12, O12.22, O13.2, O14.02, O14.12, O14.22,
O14.92, O15.02, O16.2, O22.02, O22.12, O22.22, O22.32, O22.42, O22.52,
O22.8X2, O22.92, O23.02, O23.12, O23.22, O23.32, O23.42, O23.512, O23.522,
O23.592, O23.92, O24.012, O24.112, O24.312, O24.812, O24.912, O25.12,
O26.02, O26.12, O26.22, O26.32, O26.42, O26.52, O26.612, O26.712, O26.812,
O26.822, O26.832, O26.842, O26.852, O26.872, O26.892, O26.92, O29.012,
O29.022, O29.092, O29.112, O29.122, O29.192, O29.212, O29.292, O29.3X2,
O29.42, O29.5X2, O29.62, O29.8X2, O29.92, O30.002, O30.012, O30.022,
O30.032, O30.042, O30.092, O30.102, O30.112, O30.122, O30.192, O30.202,
O30.212, O30.222, O30.292, O30.802, O30.812, O30.822, O30.892, O30.92,
O31.02X0, O31.02X1, O31.02X2, O31.02X3, O31.02X4, O31.02X5, O31.02X9,
O31.12X0, O31.12X1, O31.12X2, O31.12X3, O31.12X4, O31.12X5, O31.12X9,
O31.22X0, O31.22X1, O31.22X2, O31.22X3, O31.22X4, O31.22X5, O31.22X9,
O31.32X0, O31.32X1, O31.32X2, O31.32X3, O31.32X4, O31.32X5, O31.32X9,
O31.8X20, O31.8X21, O31.8X22, O31.8X23, O31.8X24, O31.8X25, O31.8X29,
O34.02, O34.12, O34.32, O34.42, O34.512, O34.522, O34.532, O34.592, O34.62,
O34.72, O34.82, O34.92, O36.0120, O36.0121, O36.0122, O36.0123, O36.0124,
O36.0125, O36.0129, O36.0920, O36.0921, O36.0922, O36.0923, O36.0924,
O36.0925, O36.0929, O36.1120, O36.1121, O36.1122, O36.1123, O36.1124,
O36.1125, O36.1129, O36.1920, O36.1921, O36.1922, O36.1923, O36.1924,
O36.1925, O36.1929, O36.22X0, O36.22X1, O36.22X2, O36.22X3, O36.22X4,
O36.22X5, O36.22X9, O36.5120, O36.5121, O36.5122, O36.5123, O36.5124,
O36.5125, O36.5129, O36.5920, O36.5921, O36.5922, O36.5923, O36.5924,
O36.5925, O36.5929, O36.62X0, O36.62X1, O36.62X2, O36.62X3, O36.62X4,
O36.62X5, O36.62X9, O36.72X0, O36.72X1, O36.72X2, O36.72X3, O36.72X4,
O36.72X5, O36.72X9, O36.8121, O36.8122, O36.8123, O36.8124, O36.8125,
O36.8129, O36.8220, O36.8221, O36.8222, O36.8223, O36.8224, O36.8225,
O36.8229, O36.8920, O36.8921, O36.8922, O36.8923, O36.8924, O36.8925,
O36.8929, O36.92X0, O36.92X1, O36.92X2, O36.92X3, O36.92X4, O36.92X5,
O36.92X9, O40.2XX0, O40.2XX1, O40.2XX2, O40.2XX3, O40.2XX4,
O40.2XX5, O40.2XX9, O41.02X0, O41.02X1, O41.02X2, O41.02X3,
O41.02X4, O41.02X5, O41.02X9, O41.1020, O41.1021, O41.1022, O41.1023,
O41.1024, O41.1025, O41.1029, O41.1220, O41.1221, O41.1222, O41.1223,
O41.1224, O41.1225, O41.1229, O41.1420, O41.1421, O41.1422, O41.1423,
O41.1424, O41.1425, O41.1429, O41.8X20, O41.8X21, O41.8X22, O41.8X23,
O41.8X24, O41.8X25, O41.8X29, O41.92X0, O41.92X1, O41.92X2, O41.92X3,
O41.92X4, O41.92X5, O41.92X9, O42.012, O42.112, O42.912, O43.012,
O43.022, O43.102, O43.112, O43.122, O43.192, O43.212, O43.222, O43.232,
O43.812, O43.892, O43.92, O44.02, O44.12, O45.002, O45.012, O45.022,
O45.092, O45.8X2, O45.92, O46.002, O46.012, O46.022, O46.092, O46.8X2,

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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, O99.112, O99.212, O99.282, O99.312, O99.322, O99.332, O99.342, O99.352, O99.412, O99.512, O99.612, O99.712, O99.842, O9A.112, O9A.212, O9A.312, 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, Z34.02, Z34.82, Z34.92 [BGP PREGNANCY TRI 2 DXS]

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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, O13.3, O14.03, O14.13, O14.23, O14.93, 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, O26.93, 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, 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,

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O46.8X3, O46.93, O47.03, O60.03, O71.03, O88.013, O88.113, O88.213, O88.313, O88.813, O91.013, O91.113, O91.213, O92.013, O98.013, O98.113, O98.213, O98.313, O98.413, O98.513, O98.613, O98.713, O98.813, O98.913, O99.013, O99.113, O99.213, O99.283, O99.313, O99.323, O99.333, O99.343, O99.353, O99.413, O99.513, O99.613, O99.713, O99.843, O9A.113, O9A.213, O9A.313, O9A.413, O9A.513, 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.49, Z34.03, Z34.83, Z34.93 [BGP PREGNANCY TRI 3 DXS]

2.3.1.6 Patient Lists

- 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 Developmental: 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.

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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 [BGP CPT DTAP/DTP/TDAP]
- DTP
  - Immunization (CVX) codes 1, 22, 102
  - CPT 90701, 90711 (old code), 90720 [BGP CPT DTAP/DTP/TDAP]
- Tdap
  - Immunization (CVX) code 115
  - CPT 90715 [BGP CPT DTAP/DTP/TDAP]
- DT
  - Immunization (CVX) code 28
  - CPT 90702
- Td
  - Immunization (CVX) codes 9, 113, 138, 139
  - CPT 90714, 90718 [BGP CPT TDAP/TD]
- Diptheria
  - CPT 90719
- Tetanus
  - Immunization (CVX) codes 35, 112
  - CPT 90703
- Acellular Pertussis
  - Immunization (CVX) code 11
- OPV

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- – 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, 148
  - – CPT 90644 through 90648, 90697, 90698, 90720, 90721, 90737 (old code), 90748 [BGP HIB CPT]
- Hepatitis B
  - – Immunization (CVX) codes 8, 42 through 45, 51, 102, 104, 110, 132, 146, 189
  - – CPT 90636, 90697, 90723, 90731 (old code), 90739, 90740, 90743 through 90748, G0010, Q3021 (old code), Q3023 (old code) [BGP HEPATITIS CPTS]
- Varicella

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- – 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 [BGP PNEUMO IZ CPTS]
- Hepatitis A
  - – Immunization (CVX) codes 31, 52, 83, 84, 85, 104
  - – CPT 90632 through 90634, 90636, 90730 (old code) [BGP HEPATITIS A CPTS]
- 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, 168, 171, 185, 186
  - – CPT 90630, 90653 through 90658, 90659 (old code), 90660 through 90662, 90672 through 90674, 90682, 90685 through 90688, 90724 (old code), 90756, G0008, G8108 (old code) [BGP CPT FLU]

Contraindication Definitions

- Encephalopathy due to vaccination
  - – POV or Problem List entry where the status is not Deleted: ICD-9: 323.51; ICD-10: G04.32 [BGP ENCEPHALOPATHY DXS]
- Vaccine adverse-effect
  - – POV or Problem List entry where the status is not Deleted: ICD-9: E948.4 through E948.6; ICD-10: T50.A15* [BGP VACCINE ADVERSE EFFECT]
- Immunodeficiency
  - – POV or Problem List entry where the status is not Deleted: ICD-9: 279.*; ICD-10: D80.*, D81.0 through D81.7, D81.89, D81.9, D82.* through D84.*, D89.3, D89.8*, D89.9 [BGP IMMUNODEFICIENCY DXS]
- HIV
  - – 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 [BGP HIV/AIDS DXS]; SNOMED data set PXRM HIV (Problem List only)

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- Lymphoreticular cancer, multiple myeloma or leukemia

  – POV or Problem List entry where the status is not Deleted: ICD-9: 200.00 through 208.92; ICD-10: C81.00 through C86.6, C88.2 through C88.9, C90.00 through C93.*, C94.00 through C94.32, C94.80, C95.*, C96.0 through C96.4, C96.9, C96.A, C96.Z [BGP LYMPHO CANCER DXS]

- Severe combined immunodeficiency

  – POV or Problem List entry where the status is not Deleted: ICD-9: 279.2; ICD-10: D81.0 through D81.2, D81.9 [BGP SCID DXS]

- History of intussusception

  – POV or Problem List entry where the status is not Deleted: ICD-9: 560.0; ICD-10: K56.1 [BGP INTUSSUSCEPTION DXS]

Immunization Definitions

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

- DTaP IZ Definitions

  – Immunization (CVX) codes 20, 50, 102, 106, 107, 110, 120, 130, 132, 146
  – POV ICD-9: V06.1
  – CPT 90696 through 90698, 90700, 90721, 90723 [BGP CPT DTAP/DTP/TDAP]

- DTaP Contraindication Definition

  – Immunization Package contraindication of "Anaphylaxis"
  – Encephalopathy due to vaccination with a vaccine adverse-effect

- DTP IZ Definitions

  – Immunization (CVX) codes 1, 22, 102
  – POV ICD-9: V06.1, V06.2, V06.3 [BGP DTP IZ DXS]
  – CPT 90701, 90711 (old code), 90720 [BGP CPT DTAP/DTP/TDAP]

- DTP Contraindication Definition

  – Immunization Package contraindication of "Anaphylaxis"

- Tdap IZ Definitions

  – Immunization (CVX) code 115
  – CPT 90715 [BGP CPT DTAP/DTP/TDAP]

- Tdap contraindication definition

  – Immunization Package contraindication of "Anaphylaxis"

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- DT IZ Definitions

  – Immunization (CVX) code 28
  – POV ICD-9: V06.5 [BGP TD IZ DXS]
  – 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 [BGP TD IZ DXS]
  – CPT 90714, 90718 [BGP CPT TDAP/TD]

- Td Contraindication Definition

  – Immunization Package contraindication of "Anaphylaxis"

- Diphtheria IZ Definitions

  – POV ICD-9: V03.5 [BGP DIPHTHERIA IZ DXS]
  – CPT 90719

- Diphtheria Contraindication Definition

  – Immunization Package contraindication of "Anaphylaxis"

- Tetanus Definitions

  – Immunization (CVX) codes 35, 112
  – POV ICD-9: V03.7 [BGP TETANUS TOXOID IZ DXS]
  – CPT 90703

- Tetanus Contraindication Definition

  – Immunization Package contraindication of "Anaphylaxis"

- Acellular Pertussis Definitions

  – Immunization (CVX) code 11
  – POV ICD-9: V03.6 [BGP PERTUSSIS IZ DXS]

- 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"

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- IPV Definitions

  – Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146
  – POV ICD-9: V04.0, V06.3 [BGP IPV IZ DXS]
  – 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* [BGP OPV EVID DISEASE]
  – 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 [BGP MMR IZ DXS]
  – CPT 90707, 90710

- MMR Contraindication Definitions

  – Immunization Package contraindication of "Anaphylaxis", "Immune Deficiency", or "Neomycin Allergy"
  – Immunodeficiency
  – HIV
  – Lymphoreticular cancer, multiple myeloma or leukemia

- 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 [BGP MEASLES IZ DXS]

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- CPT 90705
- Measles Evidence of Disease Definition
    - POV or PCC Problem List (active or inactive) ICD-9: 055*; ICD-10: B05.* [BGP MEASLES EVIDENCE]
    - 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 [BGP MUMPS IZ DXS]
    - CPT 90704
- Mumps Evidence of Disease Definition
    - POV or PCC Problem List (active or inactive) ICD-9: 072*; ICD-10: B26.* [BGP MUMPS EVIDENCE]
- Mumps Contraindication Definition
    - Immunization Package contraindication of "Anaphylaxis"
- Rubella Definitions
    - Immunization (CVX) code 6
    - POV ICD-9: V04.3 [BGP RUBELLA IZ DXS]
    - CPT 90706
- Rubella Evidence of Disease Definitions
    - POV or PCC Problem List (active or inactive) ICD-9: 056*, 771.0; ICD-10: B06.* [BGP RUBELLA EVIDENCE]
    - 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, 148
        - POV ICD-9: V03.81 [BGP HIB IZ DXS]

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- CPT 90644 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, 189
  – CPT 90636, 90697, 90723, 90731 (old code), 90739, 90740, 90743 through 90748, G0010, Q3021 (old code), Q3023 (old code) [BGP HEPATITIS CPTS]
- 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.*, B18.0, B18.1, B19.1*, Z22.51 [BGP HEP EVIDENCE]
  – 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 [BGP VARICELLA IZ DXS]
  – 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.* [BGP VARICELLA EVIDENCE]
  – 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"
  – Immunodeficiency
  – HIV
  – Lymphoreticular cancer, multiple myeloma or leukemia
- Pneumococcal Definitions
  – Immunization (CVX) codes 33, 100, 109, 133, 152

- POV ICD-9: V06.6, V03.82 [BGP PNEUMO IZ DXS]
- CPT 90669, 90670, 90732, G0009, G8115 (old code), G9279 [BGP PNEUMO IZ CPTS]

- 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) [BGP HEPATITIS A CPTS]
- Hepatitis A Evidence of Disease Definitions
  - POV or PCC Problem List (active or inactive) ICD-9: 070.0, 070.1; ICD-10: B15.* [BGP HEPATITIS A EVIDENCE]
  - 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"
  - Severe combined immunodeficiency
  - History of intussusception
- Influenza Definitions
  - Immunizations (CVX) codes 15, 16, 88, 111, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 161, 166, 168, 171, 185, 186
  - POV ICD-9: V04.8 (old code), V04.81, V06.6 [BGP FLU IZ DXS]
  - CPT 90630, 90653 through 90658, 90659 (old code), 90660 through 90662, 90672 through 90674, 90682, 90685 through 90688, 90724 (old code), 90756, G0008, G8108 (old code) [BGP CPT FLU]

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- Influenza Contraindication Definition

    – Immunization Package contraindication of "Anaphylaxis"
    – Immunodeficiency
    – HIV
    – Lymphoreticular cancer, multiple myeloma or leukemia

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   Cancer Screening: Pap Smear Rates

2.4.1.1   Owner and Contact

CAPT Suzanne England, DNP, APRN

2.4.1.2   National Reporting

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

2.4.1.3   Denominators

1. Female Active Clinical patients ages 24 through 64 without a documented history of hysterectomy.

   > **Note:** 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.

2. GPRA Developmental: Female User Population patients ages 24 through 64 without a documented history of hysterectomy.

   > **Note:** 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.

3. Female User Population patients ages 30 through 64 without documented history of hysterectomy.

2.4.1.4   Numerators

> **Note:** The numerators in this section do *not* include refusals.

1. GPRA Developmental: Patients with a Pap smear documented in the past 3 years, or if 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 on the same day in the past 5 years.

2. Patients with a Pap Smear documented 3-5 years ago, and an HPV DNA documented on the same day in the past 5 years. (With Denominator 3)

2.4.1.5   Definitions

Age

Age of the patient is calculated at the beginning of the Report Period. 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.

Hysterectomy

Defined as any of the following ever:

- Procedure ICD-9: 68.4 through 68.9; ICD-10: 0UTC*ZZ [BGP HYSTERECTOMY PROCEDURES]

- CPT 51925, 56308 (old code), 58150, 57540, 57545, 57550, 57555, 57556, 58152, 58200 through 58294, 58548, 58550 through 58554, 58570 through 58573, 58951, 58953 through 58954, 58956, 59135 [BGP HYSTERECTOMY CPTS]

- 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 [BGP HYSTERECTOMY DXS]

    – 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, Z12.4 [BGP PAP SMEAR DXS]

- CPT 88141 through 88154, 88160 through 88167, 88174 through 88175, G0123, G0124, G0141, G0143 through G0145, G0147, G0148, P3000, P3001, Q0091 Screening Pap Smear [BGP CPT PAP]

- Women's Health procedure called Pap Smear and where the result does not have "ERROR/DISREGARD"

- LOINC taxonomy

- Site-populated taxonomy BGP GPRA 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.

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- Lab HPV

- POV ICD-9: V73.81, 079.4, 795.05, 795.09, 795.15, 795.19, 796.75, 796.79; ICD-10: B97.7, R85.618, R85.81, R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51 [BGP HPV DXS]

- CPT 87620 through 87622 (old codes), 87623 through 87625, G0476 [BGP HPV CPTS]

- 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

2.4.1.6   Patient Lists

- List of female patients with a Pap smear documented in the past 3 years or Pap+HPV in past 5 years.

- List of female patients without a Pap smear documented in the past 3 years or Pap+HPV in past 5 years.

2.4.2   Cancer Screening: Mammogram Rates

2.4.2.1   Owner and Contact

CAPT Suzanne England, DNP, APRN

2.4.2.2   National Reporting

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

2.4.2.3   Denominators

> **Note:** For both definitions in this section, the patients must be at least 52 years of age as of the beginning of the Report Period and less than 75 years of age as of the end of the Report Period.

1. Female Active Clinical patients ages 52 through 74 years, without a documented bilateral mastectomy or two separate unilateral mastectomies.

2. GPRA Developmental: Female User Population patients ages 52 through 74 years, without a documented bilateral mastectomy or two separate unilateral mastectomies.

2.4.2.4   Numerators

1. GPRA Developmental: Patients who had a Mammogram documented in the past 2 years.

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

2.4.2.5   Definitions

Age

Age of the patient is calculated at the beginning of the Report Period. For all denominators, patients must be at least the minimum age as of the beginning of the Report Period. For the 52 through 74 denominators, the patients must be less than 75 years of age as of the end of the Report Period.

Bilateral Mastectomy

- CPT 19300.50 through 19307.50 OR 19300 through 19307 with modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, with modifier of 50 or 09950 [BGP MASTECTOMY CPTS]

- Procedure ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HBV0ZZ, 0HCV0ZZ, 0HTV0ZZ [BGP MASTECTOMY PROCEDURES]

- Diagnosis (POV or Problem List entry where the status is not Deleted):

  – ICD-10: Z90.13 [BGP MASTECTOMY DXS]
  – 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 one 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 [BGP RIGHT MASTECTOMY DXS]

–   SNOMED data set PXRM BGP RIGHT MASTECTOMY (Problem List only)

- Procedure ICD-10: 07T50ZZ, 07T80ZZ, 0HBT0ZZ, 0HCT0ZZ, 0HTT0ZZ [BGP UNI RIGHT MASTECTOMY PROCS]

Left Mastectomy

- Diagnosis (POV or Problem List entry where the status is not Deleted):

–   ICD-10: Z90.12 [BGP LEFT MASTECTOMY DXS]

–   SNOMED data set PXRM BGP LEFT MASTECTOMY (Problem List only)

- Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 0HTU0ZZ [BGP UNI LEFT MASTECTOMY PROCS]

Mastectomy on Unknown Side

- CPT 19300 through 19307, or old codes 19180, 19200, 19220, 19240 [BGP UNI MASTECTOMY CPTS]

- Procedure ICD-9: 85.41, 85.43, 85.45, 85.47 [BGP UNI MASTECTOMY PROCEDURES]

Mammogram

- Radiology or CPT 77052 through 77059, 77065 through 77067, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202 [BGP CPT MAMMOGRAM]

- POV ICD-9: V76.11, V76.12, 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 [BGP MAMMOGRAM DXS]

- Procedure ICD-9: 87.36, 87.37; ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ [BGP MAMMOGRAM PROCEDURES]

- Women's Health procedure called Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does *not* have "ERROR/DISREGARD"

2.4.2.6   Patient Lists

- List of female patients with a Mammogram documented in the past 2 years.

- List of female patients without a Mammogram documented in the past 2 years.

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2.4.3   HEDIS Colorectal Cancer Screening

> **Note:** Based on the Healthcare Effectiveness Data and
> Information Set (HEDIS) 2017 recommendations and
> which uses the HEDIS codes for the different types of
> screening. This definition is different from the GPRA
> definition for the numerator.

2.4.3.1   Owner and Contact

Epidemiology Program: Don Haverkamp

2.4.3.2   National Reporting

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

2.4.3.3   Denominators

1. GPRA Developmental: Active Clinical patients ages 50 through 75 without a
   documented history of colorectal cancer or total colectomy. Broken down by
   gender.

2.4.3.4   Numerators

1. GPRA Developmental: Patients who have had any CRC screening, defined as any
   of the following:

   A. FOBT or FIT during the Report Period

   B. Flexible sigmoidoscopy or CT colonography in the past 5 years

   C. Colonoscopy in the past 10 years

   D. FIT-DNA in the past 3 years

2.4.3.5   Definitions

Denominator Exclusions

Any diagnosis ever of one of the following:

- 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, V10.06; ICD-10: C18.*,
      C19, C20, C21.2, C21.8, C78.5, Z85.030, Z85.038, Z85.048 [BGP
      COLORECTAL CANCER DXS]

- SNOMED data set PXRM COLORECTAL CANCER (Problem List only)
  - CPT G0213 through G0215 (old codes), G0231 (old code) [BGP COLORECTAL CANCER CPTS]
- Total Colectomy
  - CPT 44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210 through 44212 [BGP TOTAL COLECTOMY CPTS]
  - Procedure ICD-9: 45.8*; ICD-10: 0DTE*ZZ [BGP TOTAL COLECTOMY PROCS]

Colorectal Cancer Screening

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

- FOBT or FIT
  - CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code) [BGP FOBT CPTS]
  - LOINC taxonomy
  - Site-populated taxonomy BGP GPRA FOB TESTS
- Flexible Sigmoidoscopy
  - Procedure ICD-9: 45.24; ICD-10: 0DJD8ZZ [BGP SIG PROCS]
  - CPT 45330 through 45347, 45349, 45350, G0104 [BGP SIG CPTS]
- CT Colonography
  - CPT 74261 through 74263
- Colonoscopy

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       – 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, 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, 0DBM8ZZ, 0DBN3ZX, 0DBN4ZX, 0DBN7ZX, 0DBN8ZX, 0DBN8ZZ, 0DJD8ZZ [BGP COLO PROCS]

       – CPT 44388 through 44394, 44397, 44401 through 44408, 45355, 45378 through 45393, 45398, G0105, G0121, G9252, G9253 [BGP COLO CPTS]

- FIT-DNA
  - CPT 81528, G0464
  - LOINC taxonomy
  - Site-populated taxonomy BGP FIT-DNA TESTS

2.4.3.6   Patient Lists

- List of patients 50 through 75 years of age with CRC screening (HEDIS definition).

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

2.4.4   Tobacco Cessation (GPRA Dev)

2.4.4.1   Owner: Contact

Chris Lamer, PharmD, Epidemiology Program: Dayle Knutson

2.4.4.2   National Reporting

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

2.4.4.3   Denominators

1. GPRA Developmental: User Population patients identified as current tobacco users or tobacco users in cessation.

2. Active clinical patients identified as current tobacco users or tobacco users in cessation.

2.4.4.4   Numerators

1. GPRA Developmental: Patients who received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the Report Period.

2. Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid anytime during the Report Period.

3. Patients identified as having quit their tobacco use anytime during the Report Period.

2.4.4.5   Definitions

Denominator

Current Tobacco Users or Tobacco Users in Cessation:

CRS will search first for all health factors documented in the Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP) and TOBACCO (ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)) categories during the Report Period.

If health factor(s) are found and at least one of them is one of the health factors listed below, the patient is counted as a current tobacco user or tobacco user in cessation. The patient is not counted as receiving cessation counseling.

Tobacco User Health Factors (TUHFs):

- Cessation-Smoker
- Cessation-Smokeless
- Cessation ENDS user
- Current Smoker
- Current Smokeless
- Current Smoker and Smokeless
- Current ENDS user

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- Current Smoker, status unknown

- Current Smoker, every day

- Current Smoker, some day

- Heavy Tobacco Smoker

- Light Tobacco Smoker

If no TUHF listed above was found during the specified timeframe, CRS will then search for the most recent health factor in each of the TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP) and TOBACCO (ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)) categories documented during an EXPANDED timeframe of any time prior to the Report Period. For example, a patient with the most recent health factor being documented five years prior to the Report Period.

> **Note:** If multiple health factors of the same category were documented on the same date and if any of them are TUHFs, all of the health factors of the same category will be considered as TUHFs.

If a health factor is found during the expanded timeframe and is a TUHF, the patient will be considered a current tobacco user or tobacco user in cessation.

If a TUHF is not found, the patient is considered a non-tobacco user and will not be included in the denominator.

A patient is considered a smoker if any of the following health factors are found: Cessation-Smoker, Current Smoker, Current Smoker and Smokeless, Current Smoker, status unknown, Current Smoker, every day, Current Smoker, some day, Heavy Tobacco Smoker, Light Tobacco Smoker.

A patient is considered a smokeless user if any of the following health factors are found: Cessation-Smokeless, Current Smokeless, Current Smoker and Smokeless.

A patient is considered an ENDS user if any of the following health factors are found: Cessation ENDS user, Current ENDS user.

Tobacco Cessation Counseling

Any of the following documented anytime during the Report Period:

- Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00 through 649.04, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402, G8453, or SNOMED data set PXRM BGP TOBACCO TOPICS.

- Clinic code 94 (tobacco cessation clinic)

- Dental code 1320

- CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402, G8453

Prescription for Tobacco Cessation Aid

Any of the following documented anytime during the Report Period:

- Prescription for medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy that does not have a comment of RETURNED TO STOCK

- Prescription for any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", "NICOTINE NASAL SPRAY" that does not have a comment of RETURNED TO STOCK

- CPT 4001F

Quit Tobacco Use

In order to meet the Quit Tobacco Use numerator, the patient must quit all forms of tobacco for which s/he is a user.

If the patient is a smoker, the last documented health factor in the TOBACCO (SMOKING) category must be Previous Smoker or Previous (former) smoker.

If the patient is a smokeless user, the last documented health factor in the TOBACCO (SMOKELESS – CHEWING/DIP) category must be Previous Smokeless or Previous (former) smokeless.

If the patient is an ENDS user, the last documented health factor in the TOBACCO (ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)) category must be Previous (former) ENDS user.

2.4.4.6   Patient Lists

- List of tobacco users with documented tobacco cessation intervention or who quit their tobacco use.

- List of tobacco users without documented tobacco cessation intervention and did not quit their tobacco use.

- List of tobacco users with documented tobacco cessation intervention.

- List of tobacco users without documented tobacco cessation intervention.

- List of tobacco users who quit tobacco use.

- List of tobacco users who did not quit tobacco use.

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

Kelli Begay

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 with no current diagnosis of pregnancy. 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.

Pregnancy Definition

Any of the following:

- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period

- At least one visit during the Report Period, where the primary provider is not a Community Health Representative (CHR) (Provider code 53) with any of the following:

– Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0 through V23.9, V24.*, V27.*, V28.81, V28.82, V28.89, V72.42, V89.01 through V89.09; ICD-10: O00.1 through O00.91, O09.00 through O10.019, O10.111 through O10.119, O10.211 through O10.219, O10.311 through O10.319, O10.411 through O10.419, O10.911 through O10.919, O11.1 through O15.03, O16.1 through O24.019, O24.111 through O24.119, O24.311 through O24.319, O24.41*, O24.811 through O24.819, O24.911 through O24.919, O25.10 through O25.13, O26.00 through O26.619, O26.711 through O26.719, O26.811 through O26.93, O28.*, O29.011 through O30.93, O31.* through O36.73X9, O36.812 through O48.*, O60.0*, O71.00 through O71.03, O88.011 through O88.019, O88.111 through O88.119, O88.211 through O88.219, O88.311 through O88.319, O88.811 through O88.819, O90.3, O91.011 through O91.019, O91.111 through O91.119, O91.211 through O91.219, O92.011 through O92.019, O92.11*, O92.20, O92.29, O98.011 through O98.019, O98.111 through O98.119, O98.211 through O98.219, O98.311 through O98.319, O98.411 through O98.419, O98.511 through O98.519, O98.611 through O98.619, O98.711 through O98.719, O98.811 through O98.819, O98.911 through O98.919, O99.011 through O99.019, O99.111 through O99.119, O99.210 through O99.213, O99.280 through O99.283, O99.310 through O99.313, O99.320 through O99.323, O99.330 through O99.333, O99.340 through O99.343, O99.350 through O99.353, O99.411 through O99.419, O99.511 through O99.519, O99.611 through O99.619, O99.711 through O99.719, O99.810, O99.820, O99.830, O99.840 through O99.843, O99.89, O9A.111 through O9A.119, O9A.211 through O9A.219, O9A.311 through O9A.319, O9A.411 through O9A.419, O9A.511 through O9A.519, Z33.1, Z33.3, Z34.*, Z36.* [BGP PREGNANCY DIAGNOSES 2]

– Procedure ICD-9: 72.*, 73.*, 74.* [BGP PREGNANCY ICD PROCEDURES]

– CPT 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828 [BGP PREGNANCY CPT CODES]

– Miscarriage or abortion (see definitions below)

Pharmacy-only visits (clinic code 39) will not count toward this visit. If the patient has more than one pregnancy-related visit during the Report Period, CRS will use the first visit in the Report Period.

- **Miscarriage definition:**

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  – POV ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]

  – CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]

- **Abortion definition:**

  – POV ICD-9: 635*, 636* 637*; ICD-10: O00.* through O03.89, O04.*, Z33.2 [BGP MISCARRIAGE/ABORTION DXS]

  – CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260 through S2267 [BGP CPT ABORTION]

  – Procedure ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

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 [BGP BMI DXS]

Counseling for Nutrition

- CPT 97802-97804, G0270, G0271, G0447, S9449, S9452, S9470 [BGP CPT NUTRITION COUNSELING]

- POV ICD-9: V65.3; ICD-10: Z71.3 [BGP DIETARY SURVEILLANCE DXS]

- Patient Education codes ending "-N" or "-MNT" (or old code "-DT" (Diet)) or containing V65.3, Z71.3, 97802 through 97804, G0270, G0271, G0447, S9449, S9452, S9470

Counseling for Physical Activity

- CPT G0447, S9451 [BGP CPT PHYSICAL ACTIVITY]

- POV ICD-9: V65.41; ICD-10 Z71.82 [BGP EXERCISE COUNSELING DXS]

- Patient education codes ending "-EX" (Exercise) or containing V65.41, Z71.82, G0447, or S9451

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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

Richard Haverkate, MPH

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.

2. Male User Population patients ages 25 through 45 with no recorded HIV diagnosis prior to the Report Period.

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.

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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 [BGP HIV/AIDS DXS]
    - SNOMED data set PXRM HIV (Problem List only)

HIV Screening

- CPT 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806, 80081 [BGP CPT HIV TESTS]

- 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.

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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 [BGP HIV/AIDS DXS]

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 [BGP CD4 CPTS]

- 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.

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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 [BGP HEPATITIS C DXS]
    - 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 [BGP HEP C CONF CPTS]
- 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.

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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, 21 through 24.

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

3. Female Active Clinical patients ages 16 through 24 who are identified as sexually active with no hospice indicator during the Report Period. Broken down by age groups: 16 through 20, 21 through 24.

4. Female User Population patients ages 16 through 24 who are identified as sexually active with no hospice indicator during the Report Period. Broken down by age groups: 16 through 20, 21 through 24.

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

Hospice

- CPT 99377, 99378, G9473 through G9479, G9687 [BGP CPT HOSPICE]

- SNOMED codes 170935008, 183919006, 183920000, 183921001, 284546000, 305336008, 305911006, 385763009, 385765002, 444933003, 445449000, 444933003, 428361000124107, 428371000124100

Sexually Active

Any of the following during the Report Period:

- POV ICD-9: 042, 054.10 through 054.12, 054.19, 078.11, 078.88, 079.4, 079.51 through 079.53, 079.88, 079.98, 091.* through 097.*, 098.0 through 098.11, 098.15 through 098.31, 098.35 through 098.89, 099.*, 131.*, 302.76, 339.82, 614.*, 615.*, 622.3, 623.4, 625.0, 626.7, 628.*, 795.*, 796.7*, 996.32, V01.6, V02.7, V02.8, V08, V15.7, V24.*, V25.*, V26.0 through V26.51, V26.81 through V26.9, V27.*, V45.5*, V61.5 through V61.7, V69.2, V72.31 through V72.42, V73.8*, V74.5, V76.2 ; ICD-10: A34, A51.* through A53.*, A54.00 through A54.1, A54.21, A54.24 through A54.9, A55 through A58, A59.00 through A59.01, A59.03 through A59.9, A60.00, A60.03 through A60.9, A63.*, A64, B20, B97.33 through B97.35, B97.7, F52.6, F53, G44.82, N70.*, N71.*, N93.0, N94.1, N96, N97.*, O94, T38.4*, T83.3*, Z20.2, Z21, Z22.4, Z30.* through Z34.*, Z36, Z37.*, Z39.*, Z3A.*, Z64.0 through Z64.1, Z72.51 through Z72.53, Z79.3, Z92.0, Z97.5, Z98.51 [BGP SEXUAL ACTIVITY DXS]

- Procedure codes ICD-9: 69.01, 69.02, 69.51, 69.52, 69.7, 72.*, 73.*, 74.*, 75.*, 88.78, 97.24, 97.71, 97.73 [BGP SEXUAL ACTIVITY PROCEDURES]

- CPT 11975 through 11977, 57022, 57170, 58300, 58301, 58600, 58605, 58611, 58615, 58970 through 58976, 59000 through 59899, 76801, 76805, 76811, 76813, 76815 through 76828, 76941, 76945, 76946, 80055, 80081, 82105, 82106, 82143, 82731, 83632, 83661 through 83664, 84163, 84704, 86592, 86593, 86631, 86632, 87110, 87164, 87166, 87270, 87320, 87490 through 87492, 87590 through 87592, 87620 through 87622, 87624, 87625, 87660, 87661, 87800, 87801, 87808, 87810, 87850, 88141 through 88155, 88164 through 88175, 88235, 88267, 88269, G0101, G0123, G0124, G0141 through G0148, G0475, G0476, H1000, H1001, H1003 through H1005, P3000, P3001, Q0091, S0199, S4981, S8055

- Dispensed prescription contraceptives

- Pregnancy, miscarriage or abortion

- Pregnancy test with no prescription for isotretinoin or x-ray on the date of the pregnancy test or the 6 days after the pregnancy test.

Pregnancy Definition

Any of the following:

- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period

- At least one visit during the Report Period, where the primary provider is not a Community Health Representative (CHR) (Provider code 53) with any of the following:

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– Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0 through V23.9, V24.*, V27.*, V28.81, V28.82, V28.89, V72.42, V89.01 through V89.09; ICD-10: O00.1 through O00.91, O09.00 through O10.019, O10.111 through O10.119, O10.211 through O10.219, O10.311 through O10.319, O10.411 through O10.419, O10.911 through O10.919, O11.1 through O15.03, O16.1 through O24.019, O24.111 through O24.119, O24.311 through O24.319, O24.41*, O24.811 through O24.819, O24.911 through O24.919, O25.10 through O25.13, O26.00 through O26.619, O26.711 through O26.719, O26.811 through O26.93, O28.*, O29.011 through O30.93, O31.* through O36.73X9, O36.812 through O48.*, O60.0*, O71.00 through O71.03, O88.011 through O88.019, O88.111 through O88.119, O88.211 through O88.219, O88.311 through O88.319, O88.811 through O88.819, O90.3, O91.011 through O91.019, O91.111 through O91.119, O91.211 through O91.219, O92.011 through O92.019, O92.11*, O92.20, O92.29, O98.011 through O98.019, O98.111 through O98.119, O98.211 through O98.219, O98.311 through O98.319, O98.411 through O98.419, O98.511 through O98.519, O98.611 through O98.619, O98.711 through O98.719, O98.811 through O98.819, O98.911 through O98.919, O99.011 through O99.019, O99.111 through O99.119, O99.210 through O99.213, O99.280 through O99.283, O99.310 through O99.313, O99.320 through O99.323, O99.330 through O99.333, O99.340 through O99.343, O99.350 through O99.353, O99.411 through O99.419, O99.511 through O99.519, O99.611 through O99.619, O99.711 through O99.719, O99.810, O99.820, O99.830, O99.840 through O99.843, O99.89, O9A.111 through O9A.119, O9A.211 through O9A.219, O9A.311 through O9A.319, O9A.411 through O9A.419, O9A.511 through O9A.519, Z33.1, Z33.3, Z34.*, Z36.* [BGP PREGNANCY DIAGNOSES 2]

– Procedure ICD-9: 72.*, 73.*, 74.* [BGP PREGNANCY ICD PROCEDURES]

– CPT 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828 [BGP PREGNANCY CPT CODES]

Pharmacy-only visits (clinic code 39) will not count toward the visit.

Miscarriage Definition:

• Any of the following: POV ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]

• CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]

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Abortion Definition:

Any of the following:

- POV ICD-9: 635*, 636* 637*; ICD-10: O00.* through O03.89, O04.*, Z33.2 [BGP MISCARRIAGE/ABORTION DXS]

- CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260 through S2267 [BGP CPT ABORTION]

- Procedure ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

Pregnancy Test

- CPT 81025, 84702, 84703

Prescription Contraceptives

Medication taxonomy BGP HEDIS CONTRACEPTION MEDS.

- Medications are: Desogestrel-ethinyl estradiol, Dienogest-estradiol multiphasic, Drospirenone-ethinyl estradiol, Drospirenone-ethinyl estradiol-levomefolate biphasic, Ethinyl estradiol-ethynodiol, Ethinyl estradiol-etonogestrel, Ethinyl estradiol-folic acid-levonorgestrel, Ethinyl estradiol-levonorgestrel, Ethinyl estradiol-norelgestromin, Ethinyl estradiol-norethindrone, Ethinyl estradiol-norgestimate, Ethinyl estradiol-norgestrel, Etonogestrel, Levonorgestrel, Medroxyprogesterone, Mestranol-norethindrone, Norethindrone, Diaphragm, Nonxynol 9

Isotretinoin Medications

Medication taxonomy BGP HEDIS ISOTRETINOIN MEDS.

- Medications are: Isotretinoin

X-Ray

- Radiology or CPT 70010-76499

Chlamydia Test

- POV ICD-9: V73.88, V73.98 [BGP CHLAMYDIA SCREEN DXS]

- CPT 86631, 86632, 87110, 87270, 87320, 87490 through 87492, 87810, 3511F, G9228 [BGP CHLAMYDIA CPTS]

- Site-populated taxonomy BGP GPRA CHLAMYDIA TESTS

- LOINC taxonomy

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Refusal

Refusal of Lab or CPT code 86631, 86632, 87110, 87270, 87320, 87490-92, 87810, 3511F, G9228 [BGP CHLAMYDIA CPTS] 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.

- List of Active Clinical patients who are sexually active with documented Chlamydia screening.

- List of Active Clinical patients who are sexually active without documented Chlamydia screening.

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.

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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 [BGP HIV/AIDS DXS]

- 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

Date	Visit	Total Incidents
August 1, 2017	Patient screened for Chlamydia	0
August 8, 2017	Patient diagnosed with Chlamydia	1
October 15, 2017	Patient diagnosed with Chlamydia	2
October 25, 2017	Follow-up for Chlamydia	2
November 15, 2017	Patient diagnosed with Chlamydia	2
March 1, 2018	Patient diagnosed with Chlamydia	3

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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, 87389 through 87391, 87534 through 87539, 87806, 80081 [BGP CPT HIV TESTS]

- Site-populated taxonomy BGP HIV TEST TAX

- LOINC taxonomy

HIV Screening Refusal

Refusal of Lab or CPT code 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806, 80081 [BGP CPT HIV TESTS] 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   Concurrent Use of Opioids and Benzodiazepines

2.7.1.1   Owner and Contact

Chris Lamer, PharmD

2.7.1.2   National Reporting

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

2.7.1.3   Denominators

1. Active Clinical patients ages 18 and older who had two or more prescriptions for opioids with total days' supply of 15 or more and no cancer or hospice indicator during the Report Period.

2.7.1.4   Numerators

1. Patients who received two or more prescriptions for benzodiazepines with concurrent use of opioids and benzodiazepines for 30 or more cumulative days.

2.7.1.5   Definitions

Denominator

To be included in the denominator, patients must have at least two prescriptions for opioids on two unique dates of service at any time during the Report Period. The sum of the days' supply must be 15 or more days during the Report Period.

Opioid Medications

Medication taxonomy BGP PQA OPIOID MEDS.

- Medications are (excludes injectable formulations): buprenorphine (excludes single-agent and combination buprenorphine products used to treat opioid use disorder), butorphanol, codeine, dihydrocodeine, fentanyl (excludes Ionsys (fentanyl transdermal patch), hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, opium, oxycodone, oxymorphone, pentazocine, tapentadol, tramadol). Medications must not have a comment of RETURNED TO STOCK. Note: Outside medications and e-prescribed medications (prescription number begins with "X" or days' supply is zero) will not be included in these measures.

Hospice

- CPT 99377, 99378, G9473 through G9479, G9687 [BGP CPT HOSPICE]

- SNOMED codes 170935008, 183919006, 183920000, 183921001, 284546000, 305336008, 305911006, 385763009, 385765002, 444933003, 445449000, 444933003, 428361000124107, 428371000124100

Cancer

- POV ICD-9: 140.* through 172.*, 174.* through 209.3*, 209.7*, 235.* through 239.*; ICD-10: C00.* through C43.*, C4A.*, C45.0 through C96.*, D37.* through D49.*, Q85.0* [BGP PQA CANCER DXS]

Numerator

To be included in the numerator, patients must have at least two prescriptions for benzodiazepines on two unique dates of service at any time during the Report Period, with concurrent use of opioids and benzodiazepines for 30 or more cumulative days.

Concurrent use is identified using the dates of service and days' supply of a patient's opioid and benzodiazepine prescriptions. The days of concurrent use is the sum of the number of days during the treatment period with overlapping days' supply for an opioid and a benzodiazepine.

Benzodiazepine medications

Medication taxonomy BGP PQA BENZODIAZ OP MEDS.

- Medications are (excludes injectable formulations): alprazolam, chlordiazepoxide, clobazam, clonazepam, clorazepate, diazepam, estazolam, flurazepam, lorazepam, midazolam, oxazepam, quazepam, temazepam, triazolam). Medications must not have a comment of RETURNED TO STOCK. Note: Outside medications and e-prescribed medications (prescription number begins with "X" or days' supply is zero) will not be included in these measures.

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2.7.1.6 Patient Lists

- List of Active Clinical pts 18+ with 2 or more prescriptions for opioids with 30 or more days of concurrent use of benzodiazepines.

- List of Active Clinical pts 18+ with 2 or more prescriptions for opioids without 30 or more days of concurrent use of benzodiazepines.

2.7.2 Optometry

2.7.2.1 Owner and Contact

Dr. Dawn Clary

2.7.2.2 National Reporting

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

2.7.2.3 Denominators

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

2.7.2.4 Numerators

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

2.7.2.5 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* [BGP OPEN ANGLE GLAUCOMA DXS]
    – SNOMED data set PXRM OPEN ANGLE GLAUCOMA (Problem List only)

Optic nerve head evaluation

- CPT: 2027F [BGP OPTIC NERVE HEAD EVAL CPT]

2.7.2.6   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.

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List of Acronyms

Acronym	Term Meaning
AI/AN	American Indian/Alaska Native
AMI	Acute Myocardial Infarction
BH	Behavioral Health
BHS	Behavioral Health System
BMI	Body Mass Index
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CD4	Cluster Difference 4
CPT	Current Procedural Terminology
CRC	Colorectal Cancer
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
CVX	Vaccine Code
DCBE	Double Contrast Barium Enema
DM	Diabetes Mellitus
DNKA	Did Not Keep Appointment
DPST	Demo/Test Patient Search Template
EDD	Earliest Due Date
EGA	Estimated Gestational Age
ER	Emergency Room
ETDRS	Early Treatment Diabetic Retinopathy Study
EX	Exercise
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test
FY	Fiscal Year
GPRA	Government Performance and Results Act of 1993
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICD	International Classification of Diseases
IHS	Indian Health Service
IMM	Immunization
IPV/DV	Intimate Partner Violence/Domestic Violence

Acronym	Term Meaning
IVD	Ischemic Vascular Disease
LDL	Low-Density Lipoprotein
LOINC	Logical Observations Identifiers, Names, Codes
NMI	Not Medically Indicated
OMB	Office of Management and Budget
PCC	Patient Care Component
PCI	Percutaneous Coronary Interventions
POV	Purpose of Visit
PRC	Purchased and Referred Care
RPMS	Resource and Patient Management System
STI	Sexually Transmitted Infection
TIA	Transient Ischemic Attack
USPSTF	United States Preventive Service Task Force

Contact Information

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