



RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System

(BGP)

National GPRA Developmental Report Performance Measure List and Definitions

Version 19.0
February 2019

Office of Information Technology (OIT)
Division of Information Technology

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1.0 CRS 2019 National GPRA Developmental Report

The following performance measures will be reported in the Clinical Reporting System (CRS) 2019 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 2019.
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

- BLOOD PRESSURE CONTROL
 - §Controlled BP (less than (<) 140/90 or less than (<) 150/90 if patient is age 60 or older)

Dental Group

- ACCESS TO DENTAL SERVICE
 - §Dental patients with Dental Exam
 - §All Treatment Completed
 - Pre-natal or Nursing Mother Dental Visit
 - Visits with General Anesthesia

- DENTAL SEALANTS
 - §Dental patients with Dental Sealants
- TOPICAL FLUORIDE
 - §Dental patients with Topical Fluoride
 - +Count of Topical Fluoride Applications
- CARIES RISK ASSESSMENT
 - +Caries Risk Assessment

Immunizations

- ADULT IMMUNIZATIONS
 - +1 PPSV23
 - +1:1 (Tdap/Td, Tdap)
 - +1:1:1* (Tdap/Td, Tdap, 1 Zoster/2 Shingrix)
 - +1:1:2 (Tdap/Td, Tdap, 2 Shingrix)
 - +1:1:1*:1* (Tdap/Td, Tdap, 1 Zoster/2 Shingrix, up-to-date PPSV23/PCV13)
 - + All Age-appropriate 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
- ADOLESCENT IMMUNIZATIONS
 - +1:1:2* (Tdap/Td, Meningococcal, 2 or 3 HPV)
 - +1:1 (Tdap/Td, Meningococcal)
 - +1 Tdap
 - +1 Meningococcal
 - +2 or 3 HPV

Cancer Screening

- 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

Behavioral Health

- SUICIDE RISK ASSESSMENT
 - +Suicide Risk Assessment

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
- PHYSICAL ACTIVITY ASSESSMENT
 - +Physical Activity Assessment
 - +Exercise Education
 - +Exercise Goal
- CARDIOVASCULAR DISEASE AND BLOOD PRESSURE CONTROL
 - +BP Documented
- APPROPRIATE MEDICATION THERAPY AFTER A HEART ATTACK
 - +Beta-Blocker
 - +ASA
 - +ACEI/ARB
 - +Statin
 - +All Meds

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 aged 25–45
 - §HIV Screens for User Population with no prior HIV diagnosis
 - HIV+ with CD4 count

- HIV QUALITY OF CARE
 - +CD4 only
 - +Viral Load only
 - +Both CD4 and Viral Load
 - +Any Tests
 - +Antiretroviral Medication
- 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

- PROPORTION OF DAYS COVERED BY MEDICATION THERAPY
 - +PDC \geq 80%
 - +Gap \geq 30 days
 - +PDC \geq 90%
- MEDICATION THERAPY MANAGEMENT SERVICES
 - +Medication Therapy Management
- CONCURRENT USE OF OPIOIDS AND BENZODIAZEPINES
 - Concurrent Use of Opioids and Benzodiazepines
- USE OF BENZODIAZEPINE SEDATIVE HYPNOTIC MEDICATIONS IN THE ELDERLY
 - +Benzodiazepine Sedative Hypnotic Medications
- OPTOMETRY
 - §Optic Nerve Head Evaluation

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 three 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 FY2019 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 three 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 FY2019 Clinical Measures User Manual* for listing of these clinics.

- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

1.1.4 User Population

1.1.4.1 National GPRA/GPRAMA Reporting

- Must have been seen at least once in the three years prior to the end of the 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 three 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 three 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 FY2019 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 three 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 FY2019 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

2.0 Performance Measure Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the CRS 2019 version 19.0 National GPRA Developmental Report.

2.1 Diabetes Group

2.1.1 Diabetes: Blood Pressure Control

2.1.1.1 Owner and Contact

Diabetes Program: Dr. Ann Bullock

2.1.1.2 National Reporting

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

2.1.1.3 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 *or* DM entry on the Problem List.
2. Active Diabetic patients under age 60.
3. Active Diabetic patients aged 60 and older.

2.1.1.4 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.

2.1.1.5 Definitions

Diabetes

First DM Purpose of Visit 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 PXRMI DIABETES (Problem List only)

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 three BPs documented during the Report Period. If three BPs are not available, uses mean of last two 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 three (or two) systolic values and dividing by 3 (or 2). The mean diastolic value is calculated by adding the diastolic values from the last three (or two) 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 aged 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.

2.1.1.6 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 (\geq) 140/90, or greater than or equal to (\geq) 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. Ricks, DMD, MPH; Nathan P. Mork, 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: User Population patients with documented dental visit during the Report Period.
2. GPRA Developmental: User Population patients with dental exam during the Report Period.
3. Pregnant or breastfeeding female User Population patients with no documented miscarriage or abortion.

2.2.1.4 Numerators

1. GPRA Developmental: Patients with dental exam (with Denominator 1).
2. GPRA Developmental: Patients with all treatment completed (with Denominator 2).
3. Patients with documented pre-natal or nursing mother dental visit during the Report Period (with Denominator 3).

Note: This numerator does not include refusals.

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

2.2.1.5 Definitions

Documented Dental Visit

Any of the following:

- IHS Dental Tracking code 0000, 0007, 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]

Dental Exam

- RPMS Dental codes 0120, 0150, 0145
- ADA CDT D0120, 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:
 - 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.

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 (old code), 9222
- ADA CDT D9220 (old code), D9222 [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.
- List of User Population patients with dental visit during the Report Period with dental exam.
- List of User Population patients with dental visit during the Report Period with no dental exam.
- List of User Population patients with dental exam and all treatment completed.
- List of User Population 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 Population patients younger than 6 years of age with general anesthesia.
- List of User Population patients younger than 6 years of age with general anesthesia and stainless-steel crowns.

2.2.2 Dental Sealants

2.2.2.1 Owner and Contact

Dental Program: Timothy L. Ricks, DMD, MPH; Nathan P. Mork, 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 aged 2–15 years 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 three 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 Population patients aged 2–15 years with dental visit during the Report Period with intact dental sealant.
- List of User Population patients aged 2–15 years 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. Ricks, DMD, MPH; Nathan P. Mork, 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 aged 1–15 years with documented dental visit during the Report Period.

2.2.3.4 Numerators

1. GPRA Developmental: Patients who received one or more topical fluoride applications during the Report Period.
2. Count only: For patients meeting the User Population definition, the total number of appropriate topical fluoride applications based on a maximum of four per patient per year.

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]

A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.

2.2.3.6 Patient Lists

- List of User Population patients aged 1–15 years with dental visit during the Report Period with topical fluoride application.
- List of User Population patients aged 1–15 years with dental visit during the Report Period without topical fluoride application.
- List of patients who received at least one topical fluoride application during Report Period.

2.2.4 Caries Risk Assessment

2.2.4.1 Owner and Contact

Dental Program: Timothy L. Ricks, DMD, MPH; Nathan P. Mork, DDS, MPH

2.2.4.2 National Reporting

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

2.2.4.3 Denominators

1. User Population patients with a dental exam. Broken down by age groups: 0 through 2, 3 through 5, 6 through 9, 10 through 12, 13 through 15, 16 through 21, 22 through 34, 35 through 44, 45 through 54, 55 through 64, 65 through 74, and 75 and older

2.2.4.4 Numerators

1. Patients with a caries risk assessment.

2.2.4.5 Definitions

Dental Exam

- RPMS Dental codes 0120, 0150, 0145
- ADA CDT D0120, D0150, D0145 [BGP DENTAL EXAM CPTS]

Caries Risk Assessment

- RPMS Dental codes 0601, 0602, 0603

- ADA CDT D0601, D0602, D0603

2.2.4.6 Patient Lists

- List of User Population patients with dental exam during the Report Period with caries risk assessment.
- List of User Population patients with dental exam during the Report Period without caries risk assessment.

2.3 Immunization Group

2.3.1 Adult Immunizations

2.3.1.1 Owner and Contact

Epidemiology Program: Jillian Doss-Walker, 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. User Population Diabetic patients, defined as User Population patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List.
2. User Population patients aged 18–64 years and considered high risk for pneumococcal.
3. User Population patients aged 19–49 years.
4. User Population patients aged 50–64 years.
5. User Population patients aged 60–64 years.
6. User Population patients aged 65 years and older.
7. User Population patients aged 19 years and older.
8. Pregnant female Active Clinical patients with no documented miscarriage or abortion.

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

2.3.1.4 Numerators

Note: The only refusals included in all numerators are documented NMI refusals.

1. Patients with Pneumococcal Polysaccharide vaccine (PPSV23) vaccine or contraindication documented ever and, if patient is older than 65 years, either a dose of PPSV23 after the age of 65 years or a dose of PPSV23 in the past 5 years.
2. Patients who have received the 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever), including contraindications.
3. Patients who have received the 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever), including contraindications.
4. Patients who have received the 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 doses of Shingrix ever), including contraindications.
5. Patients who have received the 1:1:1*:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever, 1 up-to-date Pneumococcal Polysaccharide vaccine [PSV23]/Pneumo conjugate [PCV13]), including contraindications.
6. Patients who have received all age-appropriate immunization combinations.
7. Patients who have received 1 dose of Tdap in the past 20 months, including contraindications (with Denominator 8).
 - 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.
8. 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 8).
 - A. Patients with a contraindication or a documented NMI (not medically indicated) refusal.

9. 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 8).
10. Patients with Tdap during the third trimester (with Denominator 9).

2.3.1.5 Definitions

Diabetes

First DM Purpose of Visit 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 PXRMI DIABETES (Problem List only)

Persons Considered High Risk for Pneumococcal

Those who have two or more visits in the past three years with a POV or Problem diagnosis of any of the following [BGP HIGH RISK PNEUMO DXS]:

- HIV Infection: ICD-9: 042, 042.0 through 043.9 (old codes), 044.9 (old code), 079.53, V08; ICD-10: B20, B52, B97.35, Z21
- Diabetes: ICD-9: 250.00 through 250.93; ICD-10: E08.2*, E09.2*, E10.* through E13.*
- Chronic Alcoholism: ICD-9: 303.90, 303.91; ICD-10: F10.20, F10.22 through F10.29
- Congestive Heart Failure: ICD-9: 428.0 through 428.9, 429.2; ICD-10: I50.1, I50.20, I50.22 through I50.30, I50.32 through I50.40, I50.42 through I50.9
- Emphysema: ICD-9: 492.0 through 492.8; ICD-10: J43.*
- Asthma: ICD-9: 493.00 through 493.91; ICD-10: J45.21 through J45.902
- Bronchiectasis, CLD, COPD: ICD-9: 494. through 496.; ICD-10: J44.*, J47.*
- Pneumoconiosis: ICD-9: 501. through 505.; ICD-10: J60 through J64, J66.8 through J67.6, J67.8 through J67.9
- Chronic Liver Disease: ICD-9: 571.0 through 571.9; ICD-10: K70.11 through K70.41, K73.0 through K74.5, K74.69, K75.81
- Nephrotic Syndrome: ICD-9: 581.0 through 581.9; ICD-10: N02.*, N04.*, N08
- Renal Failure: ICD-9: 585.6, 585.9; ICD-10: N18.6 through N19
- Injury to Spleen: ICD-9: 865.00 through 865.19

- Transplant: ICD-9: 996.80 through 996.89; ICD-10: T86.00 through T86.819, T86.83*, T86.850 through T86.899, Z48.21 through Z48.280, Z48.290, Z94.0 through Z94.4, Z94.6, Z94.81 through Z94.84, Z95.3, Z95.4
- Kidney Transplant: ICD-9: V42.0 through V42.89
- Chemotherapy: ICD-9: V58.1; ICD-10: Z51.11, Z51.12
- Chemotherapy Follow-up: ICD-9: V67.2; ICD-10: Z08

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.

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]

Age-appropriate Immunization Combinations

- Ages 19–49: 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
- Ages 50–64: 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever)

- Ages 65 and older: 1:1:1*:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever, 1 up-to-date Pneumococcal Polysaccharide vaccine [PPSV23]/Pneumo conjugate [PCV13])

Up-to-date Pneumococcal Polysaccharide vaccine (PPSV23)/Pneumo conjugate (PCV13) is defined as: Patients who received A) a dose of PCV13 on or after age 19 years or a contraindication to PCV13 *or* who received a dose of PPSV23 in the past year *and* B) a dose of PPSV23 on or after age 65 years *or* a dose of PPSV23 in the past 5 years or a contraindication to PPSV23 *or* who received a dose of PCV13 in the past year.

Pneumococcal Polysaccharide (PPSV23) Vaccine

Any of the following documented any time before the end of the Report Period:

- Immunization (CVX) codes 33, 109
- POV ICD-9: V03.82 [BGP PNEUMO IZ DXS]
- CPT 90732, G0009, G8115 (old code), G9279 [BGP PNEUMO IZ CPT DEV]

Pneumococcal Conjugate (PCV13)

Any of the following documented any time before the end of the Report Period:

- Immunization (CVX) codes 100, 133, 152
- CPT 90669, 90670 [BGP PNEUMO CONJUGATE CPTS]

Pneumococcal Contraindication

Any of the following documented any time before the end of the Report Period:

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

Tdap Immunization:

Any of the following documented during the applicable time frame. For pregnant patients, the Tdap must have occurred in the past 20 months and must be on or after a pregnancy visit:

- Immunization (CVX) code: 115
- CPT 90715

Tdap Contraindication

Any of the following documented any time before the end of the Report Period:

- Immunization Package contraindication of “Anaphylaxis”
- PCC NMI Refusal

Td Immunization

Any of the following documented in the past 10 years:

- Immunization (CVX) code 9, 113, 138, 139
- POV ICD-9: V06.5 [BGP TD IZ DXS]
- CPT 90714, 90718 [BGP CPT TDAP/TD]

Td Contraindication

Any of the following documented any time before the end of the Report Period:

- Immunization Package contraindication of “Anaphylaxis”
- PCC NMI Refusal

Zostavax Vaccine

Any of the following documented in the past 5 years:

- Immunization (CVX) codes 121, 188
- CPT 90736 [BGP ZOSTER IZ CPTS]

Contraindication to Zoster Vaccine

Any of the following documented at any time before the end of the Report Period:

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

Shingrix Vaccine

Any of the following documented ever (the two doses must be at least two months apart):

- Immunization (CVX) codes 187
- CPT 90750 [BGP ZOSTER SHINGRIX CPTS]

Contraindication to Shingrix Vaccine

Any of the following documented at any time before the end of the Report Period:

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

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 [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:

$$\text{Due Date} = 40 \text{ weeks} - \text{EGA (in weeks)} + \text{Date EGA was entered}$$

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, 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]

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, 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]

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, 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 diabetic patients with PPSV23 vaccination, contraindication, or NMI refusal.
- List of diabetic patients without PPSV23 vaccination, contraindication, or NMI refusal.
- List of patients aged 18–64 years considered high risk for pneumococcal with PPSV23 vaccination, contraindication, or NMI refusal.
- List of patients aged 18–64 years considered high risk for pneumococcal without PPSV23 vaccination, contraindication, or NMI refusal.
- List of patients aged 19–49 years with 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever).
- List of patients aged 19–49 years without 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever).
- List of patients aged 50–64 years with 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever).
- List of patients aged 50–64 years without 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever).
- List of patients aged 50–64 years with 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 doses of Shingrix ever).
- List of patients aged 50–64 years without 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 doses of Shingrix ever).
- List of patients aged 60–64 years with 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever).

- List of patients aged 60–64 years without 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever).
- List of patients aged 65 years and older with 1:1:1*:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever, 1 up-to-date PPSV23/PCV13).
- List of patients aged 65 years and older without 1:1:1*:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever, 1 up-to-date PPSV23/PCV13).
- List of User Population patients aged 19 years and older with age-appropriate immunizations.
- List of User Population patients aged 19 years and older without age-appropriate immunizations.
- List of pregnant AC patients with Tdap documented in the past 20 months.
- List of pregnant AC patients without Tdap documented in the past 20 months.
- List of pregnant AC patients with Influenza documented during the Report Period.
- List of pregnant AC patients without Influenza documented during the Report Period.
- List of pregnant AC patients with Tdap documented in the past 20 months and Influenza documented during the Report Period.
- List of pregnant AC patients without Tdap documented in the past 20 months and Influenza documented during the Report Period.
- List of pregnant AC patients with a visit during the third trimester with Tdap documented during the third trimester.
- List of pregnant AC patients with a visit during the third trimester without Tdap documented during the third trimester.

2.3.2 Childhood Immunizations

2.3.2.1 Owner and Contact

Epidemiology Program: Jillian Doss-Walker, 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 aged 19–35 months at end of Report Period.
2. GPRA Developmental: User Population patients active in the Immunization Package who are aged 19–35 months at end of Report Period.

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

2.3.2.4 Numerators

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

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

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

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

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

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

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

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

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

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

2.3.2.5 Definitions

Patient Age

Since the age of the patient is calculated at the beginning of the Report Period, the age range will be adjusted to 7–23 months at the beginning of the Report Period, which makes the patient between the ages of 19–35 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]
- Diphtheria
 - CPT 90719
- Tetanus
 - Immunization (CVX) codes 35, 112
 - CPT 90703
- Acellular Pertussis
 - Immunization (CVX) code 11
- OPV

- Immunization (CVX) codes 2, 89
- CPT 90712
- IPV
 - Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146
 - CPT 90696 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, 193
 - CPT 90636, 90697, 90723, 90731 (old code), 90739, 90740, 90743 through 90748, G0010, Q3021 (old code), Q3023 (old code) [BGP HEPATITIS CPTS]
- Varicella

- Immunization (CVX) codes 21, 94
- CPT 90710, 90716
- Pneumococcal
 - Immunization (CVX) codes 33, 100, 109, 152
 - CPT 90669, 90670, 90732, G0009, G8115 (old code), G9279 [BGP PNEUMO IZ CPTS]
- Hepatitis A
 - Immunization (CVX) codes 31, 52, 83, 84, 85, 104, 193
 - 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]
 - SNOMED data set PXRMBGP IPC IZ ENCEPHAL
- 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]
 - SNOMED data set PXRMBGP IPC IMMUNE DIS
- 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 PXR M BGP IPC HIV (Problem List only)

- 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]
- SNOMED data set PXR M BGP IPC LYMPH CANCER

- 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]
- SNOMED data set PXR M BGP IPC SCID

- 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]
- SNOMED data set PXR M BGP IPC INTUSSUS

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”
- 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”
- 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 PXRMBGP 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]
 - 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 PXR M BGP IPC MEASLES EVID (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]
 - SNOMED data set PXR M BGP IPC MUMPS EVID (Problem List only)
- 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 PXRMBGP IPC RUBELLA EVID (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]
 - 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, 193
 - 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 PXRMBGP IPC HEP B EVID (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 PXRMBGP IPC VZV EVID (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: 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, 193
 - 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 PXRMBGP IPC HEP A EVID (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 [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]
- 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 aged 19–35 months who received 1 dose of the Hep A vaccine.
- List of Active Immunization Package patients aged 19–35 months who have not received 1 dose of the Hep A vaccine.
- List of Active Immunization Package patients aged 19–35 months who received 2 or 3 doses of the rotavirus vaccine.
- List of Active Immunization Package patients aged 19–35 months who have not received 2 or 3 doses of the rotavirus vaccine.
- List of Active Immunization Package patients aged 19–35 months who received 2 doses of the influenza vaccine.
- List of Active Immunization Package patients aged 19–35 months who have not received 2 doses of the influenza vaccine.

- List of Active Immunization Package patients aged 19–35 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 aged 19–35 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.

2.3.3 Adolescent Immunizations

2.3.3.1 Owner: Contact

Epidemiology Program: Jillian Doss-Walker, MPH

2.3.3.2 National Reporting

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

2.3.3.3 Denominators

1. User Population patients aged 13–17 years.
2. Male User Population patients aged 13–17 years.
3. Female User Population patients aged 13–17 years.

2.3.3.4 Numerators

1. Patients who have received the 1:1:2* combination (i.e., 1 Tdap or Td, 1 Meningococcal, 2 or 3 HPV), including contraindications.

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

2. Patients who have received the 1:1 combination (i.e., 1 Tdap or Td, 1 Meningococcal), including contraindications.

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

3. Patients who have received 1 dose of Tdap ever, including contraindications.

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

4. Patients who have received 1 dose of meningococcal ever, including contraindications.

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

5. Patients who have received 2 or 3 doses of HPV ever, including contraindications.

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

2.3.3.5 Definitions

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.

Dosage and Types of Immunizations

- 1 dose of Td or Tdap
- 1 dose of Meningococcal
- 2 or 3 doses of HPV – to qualify for two doses, the patient must have the first dose prior to their 15th birthday, and the two doses must be separated by a minimum of five months.

Not Medically Indicated Refusal, Contraindication, and Evidence of Disease Information

NMI refusals and contraindications for individual immunizations will also count toward meeting the definition, as defined in the following section.

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

- For immunizations where the required number of doses is greater than one, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI refusal for HPV, the patient will be included in the numerator.
- For immunizations where required number of doses is greater than one, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HPV, the patient will be included in the numerator.

NMI Refusal Definitions

PCC Refusal type NMI for any of the following codes:

- Tdap
 - Immunization (CVX) codes 115
 - CPT 90715
- Td
 - Immunization (CVX) codes 9, 113, 138, 139
 - CPT 90714, 90718
- Meningococcal
 - Immunization (CVX) codes 32, 108, 114, 136, 147, 148
 - CPT 90644, 90733, 90734
- HPV
 - Immunization (CVX) codes 62, 118, 137, 165
 - CPT 90649, 90650, 90651

Immunization Definitions

- Tdap
 - Immunization (CVX) code 115
 - CPT 90715
- Tdap Contraindication
 - Immunization Package contraindication of “Anaphylaxis”
- Td
 - Immunization (CVX) code 9, 113, 138, 139
 - POV ICD-9: V06.5 [BGP TD IZ DXS]
 - CPT 90714, 90718
- Td Contraindication
 - Immunization Package contraindication of “Anaphylaxis”
- Meningococcal
 - Immunization (CVX) codes 32, 108, 114, 136, 147, 148
 - CPT 90644, 90733, 90734
- Meningococcal Contraindication
 - Immunization Package contraindication of “Anaphylaxis”
- HPV
 - Immunization (CVX) codes 62, 118, 137, 165

- CPT 90649, 90650, 90651
- HPV Contraindication
 - Immunization Package contraindication of “Anaphylaxis”

2.3.3.6 Patient Lists

- List of User Population patients aged 13–17 years with 1:1:2* combination (i.e., 1 Tdap or Td, 1 Meningococcal, 2 or 3 HPV).
- List of User Population patients aged 13–17 years without 1:1:2* combination (i.e., 1 Tdap or Td, 1 Meningococcal, 2 or 3 HPV). 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 1 HPV, no IZ will be listed for HPV.
- List of User Population patients aged 13–17 years with 1:1 combination (i.e., 1 Tdap or Td, 1 Meningococcal).
- List of User Population patients aged 13–17 years without 1:1 combination (i.e., 1 Tdap or Td, 1 Meningococcal).
- List of User Population patients aged 13–17 years with 1 Tdap ever.
- List of User Population patients aged 13–17 years without 1 Tdap ever.
- List of User Population patients aged 13–17 years with 1 Meningococcal ever.
- List of User Population patients aged 13–17 years without 1 Meningococcal ever.
- List of User Population patients aged 13–17 years with 2 or 3 doses of HPV ever.
- List of User Population patients aged 13–17 years without 2 or 3 doses of HPV ever. If a patient did not have all doses, the IZ will not be listed.

2.4 Cancer Screening Group

2.4.1 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.

2.4.1.1 Owner and Contact

Epidemiology Program: Don Haverkamp

2.4.1.2 National Reporting

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

2.4.1.3 Denominators

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

2.4.1.4 Numerators

1. GPRA Developmental: Patients who have had any CRC screening, defined as any of the following:
 - A. FOBT or FIT during the Report Period
 - B. Flexible sigmoidoscopy or CT colonography in the past 5 years
 - C. Colonoscopy in the past 10 years
 - D. FIT-DNA in the past 3 years

2.4.1.5 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 PXRМ 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
 - 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

2.4.1.6 Patient Lists

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

2.5 Behavioral Health Group

2.5.1 Suicide Risk Assessment

2.5.1.1 Owner and Contact

Pamela End of Horn, IHS Division of Behavioral Health (DBH)

2.5.1.2 National Reporting

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

2.5.1.3 Denominators

1. User Population patients aged 12 years and older who were seen in the ER for suicidal ideation.

2.5.1.4 Numerators

1. Patients with documented suicide risk assessment.

2.5.1.5 Definitions

ER

Clinic code 30

Suicidal ideation

Any of the following during the Report Period:

- POV ICD-9: 300.9, V62.84; ICD-10: R45.851
- BHS Problem code 39

Numerator

For the patient to be included in the numerator, a suicide risk assessment must be documented for each visit to the ER for suicidal ideation during the report period.

Suicide Risk Assessment

Exam code 43

2.5.1.6 Patient Lists

- List of User Population patients seen in the ER with suicide ideation who have a documented suicide risk assessment.
- List of User Population patients seen in the ER with suicide ideation who do not have a documented suicide risk assessment.

2.6 Cardiovascular Disease Related Group

2.6.1 Weight Assessment and Counseling for Nutrition and Physical Activity

2.6.1.1 Owner and Contact

Kelli Begay

2.6.1.2 National Reporting

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

2.6.1.3 Denominators

1. Active Clinical patients aged 3–17 with no current diagnosis of pregnancy. Broken down by gender and age groups: 3–11 and 12–17.

2.6.1.4 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.

2.6.1.5 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

- 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 patients aged 18 years 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

2.6.1.6 Patient Lists

- List of Active Clinical patients 3–17 years of age with comprehensive assessment.
- List of Active Clinical patients 3–17 years of age without comprehensive assessment.

2.6.2 Physical Activity Assessment

2.6.2.1 Owner: Contact

Patient Education Program: Chris Lamer, PharmD

Nutrition Program: Alberta Becenti

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 aged 5 years and older.
2. Numerator 1 (User Population Patients assessed for physical activity during the Report Period).

2.6.2.4 Numerators

1. Patients assessed for physical activity during the Report Period (with Denominators 1 and 3).
 - A. Patients from Numerator 1 who have received exercise education following their physical activity assessment (with Denominators 2 and 4).
 - B. Patients from Numerator 1 who have set at least one exercise goal following their physical activity assessment (with Denominators 2 and 4).

2.6.2.5 Definitions

Physical Activity Assessment

Any health factor for category Activity Level documented during the Report Period.

Exercise Education

- POV ICD-9: V65.41 exercise counseling; ICD-10 Z71.82 [BGP EXERCISE COUNSELING DXS]
- Patient education codes ending “-EX” (Exercise) or containing V65.41 or Z71.82

Exercise Goal

- Patient Goal with Goal Type of “Physical Activity” and Goal Status of “Goal Set.”

2.6.2.6 Patient Lists

- List of User Population patients 5 years of age and older who had a physical activity assessment.
- List of User Population patients 5 years of age and older who did not have a physical activity assessment.
- List of User Population patients 5 years of age and older who had a physical activity assessment and received exercise education.
- List of User Population patients 5 years of age and older who had a physical activity assessment and did not receive exercise education.
- List of User Population patients 5 years of age and older who had a physical activity assessment and set at least one exercise goal.
- List of User Population patients 5 years of age and older who had a physical activity assessment and did not set at least one exercise goal.

2.6.3 Cardiovascular Disease and Blood Pressure Control

2.6.3.1 Owner: Contact

Dr. Dena Wilson; Chris Lamer, PharmD; and Mark Veazie

2.6.3.2 National Reporting

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

2.6.3.3 Denominators

1. Active Clinical patients aged 18 years and older.
2. Active coronary heart disease (CHD) patients, defined as Active Clinical patients diagnosed with CHD prior to the Report Period, *and* at least two visits during the Report Period, *and* either two CHD-related visits ever *or* CHD entry on the Problem List.

2.6.3.4 Numerators

1. Patients with blood pressure values documented during the Report Period.

2.6.3.5 Definitions

CHD

Problem List entries must have Date of Onset or Date Entered prior to the Report Period:

- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted) ICD-9: 410.0 through 413.*, 414.0 through 414.9, 429.2; ICD-10: I20.0 through I22.8, I24.0 through I25.83, I25.89, I25.9, Z95.5 [BGP CHD DXS]
- One or more Coronary Artery Bypass Graft (CABG) or Percutaneous Coronary Interventions (PCI) procedures, defined as any of the following:
 - CABG Procedure
 - Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
 - POV ICD-9: V45.81; ICD-10: Z95.1 [BGP CABG DXS]
 - SNOMED data set PXRMBGP CABG (Problem List only)
 - CPT 33510 through 33514, 33516 through 33519, 33521 through 33523, 33530, 33533 through 33536, 33572, 35500, 35600, S2205 through S2209 [BGP CABG CPTS]
 - Procedure ICD-9: 36.1*, 36.2*; ICD-10: 02100**, 021049*, 02104A*, 02104J*, 02104K*, 02104Z*, 02110**, 021149*, 02114A*, 02114J*, 02114K*, 02114Z*, 02120**, 021249*, 02124A*, 02124J*, 02124K*, 02124Z*, 02130**, 021349*, 02134A*, 02134J*, 02134K*, 02134Z* [BGP CABG PROCS]
 - PCI Procedure
 - Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- POV ICD-9: V45.82; ICD-10: Z95.5, Z98.61 [BGP PCI DXS]
- SNOMED data set PXRMBGP PCI (Problem List only)
- CPT 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980 (old code), 92982 (old code), 92995 (old code), G0290, C9600, C9602, C9604, C9606, C9607 [BGP PCI CPTS]
- Procedure ICD-9: 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06 through 36.07; ICD-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734** [BGP PCI CM PROCS]

BP Values (All Numerators)

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)

CRS uses a mean of the last three BPs documented during the Report Period. If three BPs are not available, CRS uses the mean of the last two 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 three (or two) systolic values and dividing by 3 (or 2). The mean diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

For the Blood Pressure (BP) documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F through 3080F, G9273, G9274 [BGP BP MEASURED CPT, BGP SYSTOLIC BP CPTS, BGP DIASTOLIC BP CPTS] or POV ICD-9: V81.1 [BGP HYPERTENSION SCREEN DXS] documented during the Report Period.

2.6.3.6 Patient Lists

- List of Active Clinical patients aged 18 years and older who had their blood pressure assessed.
- List of Active Clinical patients aged 18 years and older who have not had their blood pressure assessed.
- List of Active Clinical patients who have CHD who had their blood pressure assessed.

- List of Active Clinical patients who have CHD who have not had their blood pressure assessed.

2.6.4 Appropriate Medication Therapy after a Heart Attack

2.6.4.1 Owner: Contact

Dr. Dena Wilson; Chris Lamer, PharmD; and Mark Veazie

2.6.4.2 National Reporting

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

2.6.4.3 Denominators

1. Active Clinical patients aged 35 years and older discharged for an Acute Myocardial Infarction (AMI) during the first 51 weeks of the Report Period and were not readmitted for any diagnosis within seven days of discharge.

2.6.4.4 Numerators

Note: These numerators do *not* include refusals.

1. Patients with active prescription for or who have a contraindication or previous adverse reaction to beta blockers.
2. Patients with active prescription for or who have a contraindication or previous adverse reaction to Aspirin (acetylsalicylic acid [ASA]) or other anti-platelet agent.
3. Patients with active prescription for or who have a contraindication or previous adverse reaction to ACEIs or ARBs.
4. Patients with active prescription for or who have a contraindication or previous adverse reaction to statins.
5. Patients with active prescriptions for all post-AMI medications (i.e., beta blocker, ASA or anti-platelet, ACEI or ARB, *and* statin) or who have a contraindication or previous adverse reaction.

2.6.4.5 Definitions

AMI

POV ICD-9: 410.0*-410.9*, 412, 429.79; ICD-10: I21.*, I22.*, I23.*, I25.2 [BGP AMI DXS PAMT] with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report Period, CRS will include only the first discharge.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator:

- Patients with Discharge Type of Irregular (AMA), Transferred, or contains “Death”
- Patients readmitted for any diagnosis within seven days of discharge
- Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), T (Status Post)
- Patients with a Provider Narrative beginning with “Consider”, “Doubtful”, “Maybe,” “Possible,” “Perhaps,” “Rule Out,” “R/O,” “Probable,” “Resolved,” “Suspect,” “Suspicious,” “Status Post”

To Be Included in the Numerators

A patient must meet one of the two conditions that follow:

- An active prescription (not discontinued as of discharge date plus seven days and does not have a comment of RETURNED TO STOCK) that was prescribed prior to admission, during the inpatient stay, or within seven days after discharge. An “Active” prescription is defined as:

$$\text{Days Prescribed} > (\text{Discharge Date} + 7 \text{ days}) - \text{Order Date}$$

- Have a contraindication or previous adverse reaction to the indicated medication.

Contraindications or previous ADR or allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a contraindication or ADR or allergy will be counted toward meeting the numerator.

Note: If a medication was started and then discontinued, CRS will recalculate the number of Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example:

- Rx Date: November 15, 2019
- Discontinued Date: November 19, 2019

Recalculated number of Days Prescribed:
November 19, 2019 – November 15, 2019 = 4

Numerator Logic

In the logic that follows, “ever” is defined as anytime through the end of the Report Period.

Beta Blocker Numerator Logic

Beta Blocker Medications and Combinations

Defined with medication taxonomy BGP PQA BETA BLOCKER MEDS:

- acebutolol, atenolol (+/- chorthalidone), betaxolol, bisoprolol (+/- hydrochlorothiazide), carvedilol, labetalol, metoprolol (+/- hydrochlorothiazide), metoprolol tartrate, nadolol (+/- bendroflumethiazide), nebivolol (+/- valsartan), penbutolol sulfate, pindolol, propranolol (+/-hydrochlorothiazide), timolol maleate

Contraindications to Beta Blockers

Defined as any of the following occurring ever unless otherwise noted:

- **Asthma.** Two diagnoses (POV) of ICD-9: 493*; ICD-10: J45.* [BGP ASTHMA DXS] on different visit dates
- **Hypotension.** One diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-9: 458*; ICD-10: I95.* [BGP HYPOTENSION DXS]
 - SNOMED data set PXRMBGP HYPOTENSION (Problem List only)
- **Heart block greater than 1 degree.** One diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-9: 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, 426.7; ICD-10: I44.1, I44.2, I45.2, I45.3, I45.6 [BGP CMS 2/3 HEART BLOCK DXS]
 - SNOMED data set PXRMBGP OVER 1 DEG HEART BLK (Problem List only)
- **Sinus bradycardia.** One diagnosis (POV or Problem List entry where the status is not Deleted):

- ICD-9: 427.81; ICD-10: I49.5, R00.1 [BGP SINUS BRADYCARDIA DXS]
- SNOMED data set PXRMBGP SINUS BRADYCARDIA (Problem List only)
- **COPD.** Two diagnoses on different visit dates of ICD-9: 491.0, 491.1, 491.2*, 491.8, 491.9, 493.2*, 496, 506.4; ICD-10: J41.*, J42, J44.*, J68.4, J68.8 [BGP COPD DXS], or a combination of any of these codes, such as one visit with 491.20 and one with 496
- NMI refusal for any beta blocker at least once during hospital stay through seven days after discharge date
- CPT G8011 (Clinician documented that AMI patient was not an eligible candidate for beta-blocker at arrival) (old code), G9190 (Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons)) at least once during hospital stay through seven days after discharge date

Adverse Drug Reaction or Documented Beta-Blocker Allergy

Defined as any of the following occurring ever:

- POV ICD-9: 995.0 through 995.3 [BGP ASA ALLERGY 995.0-995.3] *and* E942.0 [BGP ADV EFF CARD RHYTH]
- Beta block* entry in ART
- Beta block*, bblock* or b block* contained within Problem List (where status is not Deleted) or in Provider Narrative field for any POV ICD-9: 995.0 through 995.3, V14.8; ICD-10: Z88.8 [BGP ASA ALLERGY 995.0-995.3 and BGP HX DRUG ALLERGY NEC]
- Problem List entry where the status is not Deleted of SNOMED data set PXRMBGP ADR BETA BLOCKER

ASA or Other Anti-Platelet Numerator Logic

ASA Medication Codes

- Defined with medication taxonomy DM AUDIT ASPIRIN DRUGS

Other Anti-Platelet Medication Codes

- Defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy, any medication with VA Drug Class BL700.

Contraindications to ASA or Other Anti-Platelets

Defined as any of the following occurring ever unless otherwise noted:

- Patients with active prescription for Warfarin (Coumadin) at time of arrival or prescribed at discharge, using site-populated BGP CMS WARFARIN MEDS taxonomy
- Hemorrhage diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-9: 459.0; ICD-10: R58 [BGP HEMORRHAGE DXS]
 - SNOMED data set PXRMBGP HEMORRHAGE (Problem List only)
- NMI refusal for any aspirin at least once during hospital stay through seven days after discharge date
- CPT G8008 (Clinician documented that AMI patient was not an eligible candidate to receive aspirin at arrival) (old code) at least once during hospital stay through seven days after discharge date

Adverse Drug Reaction, Documented ASA, or Other Anti-Platelet Allergy

Defined as any of the following occurring ever:

- POV ICD-9: 995.0 through 995.3 [BGP ASA ALLERGY 995.0-995.3] *and* E935.3 [BGP ADV EFF SALICYLATES]; ICD-10: T39.015* or T39.095* [BGP ADV EFF SALICYLATES 10]
- Aspirin entry in ART
- ASA or aspirin contained within Problem List (where status is not Deleted) or in Provider Narrative field for any POV ICD-9: 995.0 through 995.3, V14.8; ICD-10: Z88.8 [BGP ASA ALLERGY 995.0-995.3 and BGP HX DRUG ALLERGY NEC]
- Problem List entry where the status is not Deleted of SNOMED data set PXRMBGP ADR ASA

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) Medication Codes

Defined with medication taxonomy BGP HEDIS ACEI MEDS:

- **ACEI medications:** (benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolopril).
- **Antihypertensive Combinations:** (amlodipine-benazepril, amlodipine-perindopril, benazepril-hydrochlorothiazide, captopril-hydrochlorothiazide, enalapril-hydrochlorothiazide, fosinopril-hydrochlorothiazide, hydrochlorothiazide-lisinopril, hydrochlorothiazide-moexipril, hydrochlorothiazide-quinapril, trandolapril-verapamil).

Contraindications to ACEI Defined as any of the Following

- **Pregnancy:** See the definition that follows
- **Breastfeeding:** Defined as POV ICD-9: V24.1; ICD-10: Z39.1 [BGP BREASTFEEDING DXS] or 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 during the Report Period
- **Diagnosis Ever for Moderate or Severe Aortic Stenosis**
 - POV or Problem List entry where the status is not Deleted:
 - ICD-9: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22 [BGP CMS AORTIC STENOSIS DXS]
 - SNOMED data set PXRMBGP MOD SEV AORTIC STEN (Problem List only)
- **NMI refusal** for any ACEI at least once during hospital stay through seven days after discharge date.

Adverse Drug Reaction or Documented ACEI Allergy

Defined as any of the following occurring ever:

- POV ICD-9: 995.0 through 995.3 [BGP ASA ALLERGY 995.0-995.3] *and* E942.6 [BGP ADV EFF ANTIHYPERTEN AGT]; ICD-10: T46.4X5* [BGP ADV EFF ANTIHYPER 10]
- Ace inhibitor or ACEI entry in ART
- Ace i* or ACEI contained within Problem List (where status is not Deleted) or in Provider Narrative field for any POV ICD-9: 995.0 through 995.3, V14.8; ICD-10: Z88.8 [BGP ASA ALLERGY 995.0-995.3 and BGP HX DRUG ALLERGY NEC]
- Problem List entry where the status is not Deleted of SNOMED data set PXRMBGP ADR ACEI

ARB Medication Codes

Defined with medication taxonomy BGP HEDIS ARB MEDS:

- **ARB medications:** Angiotensin II Inhibitors (azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan)

- **Antihypertensive Combinations:** aliskiren-valsartan, amlodipine-hydrochlorothiazide-olmesartan, amlodipine-hydrochlorothiazide-valsartan, amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan, azilsartan-chlorthalidone, candesartan-hydrochlorothiazide, eprosartan-hydrochlorothiazide, hydrochlorothiazide-irbesartan, hydrochlorothiazide-losartan, hydrochlorothiazide-olmesartan, hydrochlorothiazide-telmisartan, hydrochlorothiazide-valsartan, sacubitril-valsartan

Contraindications to ARB

Defined as any of the following:

- **Pregnancy:** See the definition that follows
- **Breastfeeding:** Defined as POV V24.1; ICD-10: Z39.1 [BGP BREASTFEEDING DXS] or 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 during the Report Period
- **Diagnosis ever for moderate or severe aortic stenosis**
 - POV or Problem List entry where the status is not Deleted:
 - ICD-9: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, 747.22 [BGP CMS AORTIC STENOSIS DXS]
 - SNOMED data set PXRMBGP MOD SEV AORTIC STEN (Problem List only)
- **NMI refusal** for any ARB at least once during hospital stay through seven days after discharge date.

Adverse Drug Reaction or Documented ARB Allergy

Defined as any of the following occurring ever:

- POV ICD-9: 995.0 through 995.3 [BGP ASA ALLERGY 995.0-995.3] *and* E942.6 [BGP ADV EFF ANTIHYPERTEN AGT]
- Angiotensin Receptor Blocker or ARB entry in ART
- Angiotensin Receptor Blocker or ARB contained within Problem List (where status is not Deleted) or in Provider Narrative field for any POV ICD-9: 995.0 through 995.3, V14.8; ICD-10: Z88 [BGP ASA ALLERGY 995.0-995.3 and BGP HX DRUG ALLERGY NEC]
- Problem List entry where the status is not Deleted of SNOMED data set PXRMBGP ADR ARB

Statins Numerator Logic

Statin Medications and Combination Products

Defined with medication taxonomy BGP PQA STATIN MEDS:

- atorvastatin (+/- amlodipine, ezetimibe), fluvastatin, lovastatin (+/- niacin), pitavastatin, pravastatin, rosuvastatin, simvastatin (+/- ezetimibe, niacin, sitagliptin)

Contraindications to Statins

Defined as any of the following:

- **Pregnancy:** See the definition that follows
- **Breastfeeding:** Defined as POV ICD-9: V24.1; ICD-10: Z39.1 [BGP BREASTFEEDING DXS] or 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 during the Report Period
- **Acute Alcoholic Hepatitis:** Defined as POV or Problem List entry where the status is not Deleted during the Report Period:
 - ICD-9: 571.1; ICD-10: K70.10, K70.11 [BGP ALCOHOL HEPATITIS DXS]
 - SNOMED data set PXRMBGP ACUTE ETOH HEPATITIS (Problem List only)
- **NMI refusal** for any statin at least once during hospital stay through seven days after discharge date.

Adverse Drug Reaction or Documented Statin Allergy

Defined as any of the following:

- ALT or AST greater than three times the Upper Limit of Normal (ULN) (i.e., Reference High) on two or more consecutive visits during the Report Period
- Creatine Kinase (CK) levels greater than 10 times ULN or CK greater than 10,000 IU/L during the Report Period
- Myopathy or Myalgia, defined as any of the following during the Report Period:
 - POV or Problem List entry where the status is not Deleted:
 - ICD-9: 359.0 through 359.9, 729.1, 710.5, 074.1; ICD-10: G71.14, G71.19, G72.0, G72.2, G72.89, G72.9, M35.8, M60.80 through M60.9, M79.1 [BGP MYOPATHY/MYALGIA]

- SNOMED data set PXRMBGP MYOPATHY MYALGIA (Problem List only)
- Any of the following occurring ever:
 - POV ICD-9: 995.0 through 995.3 [BGP ASA ALLERGY 995.0-995.3] *and* E942.9 [BGP ADV EFF CARDIOVASC NEC]
 - “Statin” or “Statins” (except “Nystatin”) entry in ART
 - “Statin” or “Statins” (except “Nystatin”) contained within Problem List (where status is not Deleted) or in Provider Narrative field for any POV ICD-9: 995.0 through 995.3, V14.8; ICD-10: Z88.8 [BGP ASA ALLERGY 995.0-995.3 and BGP HX DRUG ALLERGY NEC]
 - Problem List entry where the status is not Deleted of SNOMED data set PXRMBGP ADR STATIN

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 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

- 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]

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription or a contraindication for *all* of the four medication classes (i.e., beta blocker, ASA or other anti-platelet, ACEI or ARB, *and* statin).

Test Definitions

ALT

- Site-populated taxonomy DM AUDIT ALT TAX

- LOINC taxonomy

AST

- Site-populated taxonomy DM AUDIT AST TAX
- LOINC taxonomy

Creatine Kinase

- Site-populated taxonomy BGP CREATINE KINASE TAX
- LOINC taxonomy

2.6.4.6 Patient Lists

- List of Active Clinical patients aged 35 years and older discharged for AMI with beta-blocker therapy.
- List of Active Clinical patients aged 35 years and older discharged for AMI without beta-blocker therapy.
- List of Active Clinical patients aged 35 years and older discharged for AMI with ASA therapy.
- List of Active Clinical patients aged 35 years and older discharged for AMI without ASA therapy.
- List of Active Clinical patients aged 35 years and older discharged for AMI with ACEI or ARB therapy.
- List of Active Clinical patients aged 35 years and older discharged for AMI without ACEI or ARB therapy.
- List of Active Clinical patients aged 35 years and older discharged for AMI with statin therapy.
- List of Active Clinical patients aged 35 years and older discharged for AMI without statin therapy.
- List of Active Clinical patients aged 35 years and older discharged for AMI with all appropriate medications.
- List of Active Clinical patients aged 35 years and older discharged for AMI without all appropriate medications.

2.7 STD-Related Group

2.7.1 HIV Screening

2.7.1.1 Owner and Contact

Richard Haverkate, MPH

2.7.1.2 National Reporting

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

2.7.1.3 Denominators

1. GPRA Developmental: User Population patients aged 13 through 64 years with no recorded HIV diagnosis prior to the Report Period. Broken down by gender.
2. Male User Population patients aged 25 through 45 years with no recorded HIV diagnosis prior to the Report Period.
3. User Population patients aged 13 through 64 years with first recorded HIV diagnosis during the Report Period.

2.7.1.4 Numerators

1. GPRA Developmental: Patients who were screened for HIV during the Report Period (with Denominators 1 and 2).

Note: This numerator does *not* include refusals.

- A. Patients with a positive result.
 - B. Patients with a negative result.
 - C. Patients with no result.
2. Patients who were screened for HIV in the past 5 years (with Denominator 1).

Note: This numerator does *not* include refusals.

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

Note: This numerator does *not* include refusals.

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

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

5. Patients with CD4 count within 90 days of initial HIV diagnosis (with Denominator 3).
- A. Patients with CD4 less than 200.
 - B. Patients with CD4 greater than or equal to 200 and less than or equal to 350.
 - C. Patients with CD4 greater than 350 and less than or equal to 500.
 - D. Patients with CD4 greater than 500.
 - E. Patients with no CD4 result.

2.7.1.5 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 PXRMI HIV (Problem List only)

HIV Screening

- CPT 80081, 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806, 87901, 87906 [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.

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

2.7.1.6 Patient Lists

- List of User Population patients aged 13–64 years with a documented HIV test.
- List of User Population patients aged 13–64 years without a documented HIV test.
- List of User Population patients aged 13–64 years with a documented HIV test and positive result.
- List of User Population patients aged 13–64 years with a documented HIV test and negative result.
- List of User Population patients aged 13–64 years with a documented HIV test and no result.
- List of User Population patients aged 13–64 years with a documented HIV test in the past 5 years.

- List of User Population patients aged 13-64 years without a documented HIV test in the past 5 years.
- List of Male User Population patients aged 25–45 years with a positive HIV result.
- List of Male User Population patients aged 25–45 years without a positive HIV result.
- List of Male User Population patients aged 25–45 years with a documented HIV test ever.
- List of Male User Population patients aged 25–45 years without documented an HIV test ever.
- List of User Population patients with documented HIV test.
- List of HIV+ User Population patients aged 13–64 years with CD4 count.
- List of HIV+ User Population patients aged 13–64 years without CD4 count.

2.7.2 HIV Quality of Care

2.7.2.1 Owner: Contact

Richard Haverkate, MPH

2.7.2.2 National Reporting

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

2.7.2.3 Denominators

1. User Population patients aged 13 years and older with at least two direct care visits, (i.e., not contract or PRC) during the Report Period with Human Immunodeficiency Virus (HIV) diagnosis *and* one HIV visit in the last six months.

2.7.2.4 Numerators

1. Patients who received CD4 test only (without HIV viral load) during the Report Period.
2. Patients who received HIV viral load only (without CD4), during the Report Period.

3. Patients who received both CD4 and HIV viral load tests during the Report Period.
4. Total Numerators 1, 2 and 3.
5. Patients who received at least one prescription for an Antiretroviral medication.

2.7.2.5 Definitions

HIV

POV 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]

Lab Test CD4

- CPT 86359, 86360, 86361, G9214 [BGP CD4 CPTS]
- LOINC taxonomy
- Site-populated taxonomy BGP CD4 TAX

HIV Viral Load

- CPT 87536, 87539, G9242, G9243 [BGP HIV VIRAL LOAD CPTS]
- LOINC taxonomy
- Site-populated taxonomy BGP HIV VIRAL TAX

Antiretroviral Medication

- Defined with medication taxonomy BGP PQA ANTIRETROVIRAL MEDS. Medications must not have a comment of RETURNED TO STOCK.

Antiretroviral medications are:

- Single Agents (abacavir, atazanavir, darunavir, delavirdine, didanosine, dolutegravir, efavirenz, elvitegravir, emtricitabine, enfuvirtide, etravirine, fosamprenavir, indinavir, lamivudine, maraviroc, nelfinavir, nevirapine, raltegravir, rilpivirine, ritonavir, saquinavir, stavudine, tenofovir, tipranavir, zidovudine).
- Combination Agents (abacavir-dolutegravir-lamivudine, abacavir-lamivudine, abacavir-lamivudine-zidovudine, atazanavir-cobicistat, bictegravir-emtricitabine-tenofovir, darunavir-cobicistat, dolutegravir-rilpivirine, efavirenz-emtricitabine-tenofovir, efavirenz-lamivudine-tenofovir, elvitegravir-cobicistat-emtricitabine-tenofovir, emtricitabine-rilpivirine-tenofovir, emtricitabine-tenofovir, lamivudine-tenofovir, lamivudine-zidovudine, lopinavir-ritonavir).

2.7.2.6 Patient Lists

- List of patients aged 13 years and older with an HIV diagnosis during the Report Period who received a CD4 test only.
- List of patients aged 13 years and older with an HIV diagnosis during the Report Period who did not receive a CD4 test only.
- List of patients aged 13 years and older with an HIV diagnosis during the Report Period who received an HIV viral load only.
- List of patients aged 13 years and older with an HIV diagnosis during the Report Period who did not receive an HIV viral load only.
- List of patients aged 13 years and older with an HIV diagnosis during the Report Period who received CD4 and HIV viral load.
- List of patients aged 13 years and older with an HIV diagnosis during the Report Period who did not receive CD4 and HIV viral load.
- List of patients aged 13 years and older with an HIV diagnosis during the Report Period who received CD4 or HIV viral load.
- List of patients aged 13 years and older with HIV diagnosis during the Report Period who did not receive CD4 or HIV viral load.
- List of patients aged 13 years and older with an HIV diagnosis during the Report Period who received a prescription for an antiretroviral medication.
- List of patients aged 13 years and older with HIV diagnosis during the Report Period who did not receive a prescription for an antiretroviral medication.

2.7.3 Hepatitis C Screening

2.7.3.1 Owner and Contact

Brigg Reilley

2.7.3.2 National Reporting

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

2.7.3.3 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.

2.7.3.4 Numerators

1. Patients screened for Hepatitis C ever (Ab test) (with Denominator 1).
 - A. Patients with a positive result.
 - B. Patients with a negative result.
2. Patients with documented positive Ab result ever (with Denominator 2).
3. Patients with documented Hep C diagnosis ever (with Denominator 2).
4. Patients who were given a Hepatitis C confirmation test (with Denominator 2).
 - A. Patients with a positive result.
 - B. Patients with a negative result.
5. Patients who ever had a negative confirmation test 12 weeks or greater after a positive confirmation test (cured) (with Denominator 3).
6. A. Patients who had a negative confirmation test 12 weeks or greater after their most recent positive confirmation test (currently cured) (with Denominator 3).

2.7.3.5 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 PXR M 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 one 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."

2.7.3.6 Patient Lists

- List of patients born between 1945 and 1965 with no prior Hepatitis C diagnosis who were ever screened for Hepatitis C.
- List of patients born between 1945 and 1965 with no prior Hepatitis C diagnosis or screening who were ever screened for Hepatitis C.
- List of patients with Hep C screening and positive result.
- List of patients with Hep C screening and negative result.
- List of patients with positive Ab result.
- List of patients with Hep C diagnosis.

- List of patients with Hep C Dx/positive Ab result who were given Hep C confirmatory test.
 - List of patients with Hep C Dx/positive Ab result who were not given Hep C confirmatory test.
 - List of patients with Hep C confirmatory test and positive result.
 - List of patients with Hep C confirmatory test and negative result.
 - List of patients with positive confirmatory test who were ever cured.
 - List of patients with positive confirmatory test who were never cured.
 - List of patients with positive confirmatory test who are currently cured.
 - List of patients with positive confirmatory test who are not currently cured.

2.7.4 Chlamydia Testing

2.7.4.1 Owner and Contact

Epidemiology Program: Andria Apostolou, PhD, MPH

2.7.4.2 National Reporting

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

2.7.4.3 Denominators

1. Female Active Clinical patients aged 16–25 years. Broken down by age groups: 16–20, 21–25, and 21–24.
2. Female User Population patients aged 16–25 years. Broken down by age groups: 16–20 and 21–25.
3. Female Active Clinical patients aged 16–24 who are identified as sexually active with no hospice indicator during the Report Period. Broken down by age groups: 16–20 and 21–24.
4. Female User Population patients aged 16–24 who are identified as sexually active with no hospice indicator during the Report Period. Broken down by age groups: 16–20 and 21–24.

2.7.4.4 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.

2.7.4.5 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.*, O*, 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:

- 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]

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

Refusal

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

2.7.4.6 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.

2.7.5 STI Screening**2.7.5.1 Owner and Contact**

Andria Apostolou, PhD, MPH

2.7.5.2 Denominators

1. GPRA Developmental: HIV/AIDS screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.
2. HIV/AIDS screenings needed for key STI incidents for User Population patients that occurred during the defined period.

2.7.5.3 Numerators

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

Note: This numerator does not include refusals.

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

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

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

One patient may have one or multiple occurrences of one or multiple STIs during the year, except for HIV. An occurrence of HIV is only counted if it is the initial HIV diagnosis for the patient ever. Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. A second incident of the same STI (other than HIV) is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day 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, 2018	Patient screened for Chlamydia	0
August 8, 2018	Patient diagnosed with Chlamydia	1
October 15, 2018	Patient diagnosed with Chlamydia	2
October 25, 2018	Follow-up for Chlamydia	2
November 15, 2018	Patient diagnosed with Chlamydia	2
March 1, 2019	Patient diagnosed with Chlamydia	3

Denominator Logic for Needed Screenings

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

To be included in the needed 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 one month prior to the relevant STI diagnosis date through two months after the STI incident.

HIV/AIDS Screening

Any of the following during the specified time period:

- CPT 80081, 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806, 87901, 87906 [BGP CPT HIV TESTS]
- Site-populated taxonomy BGP HIV TEST TAX
- LOINC taxonomy

HIV Screening Refusal

Refusal of Lab or CPT code 80081, 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806, 87901, 87906 [BGP CPT HIV TESTS] during the Report Period.

2.7.5.5 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 an HIV-screening refusal.
- List of User Population patients diagnosed with an STI who were screened for HIV.
- List of User Population patients diagnosed with an STI who were not screened for HIV or who had a prior HIV diagnosis.

2.8 Other Clinical Measures Group

2.8.1 Proportion of Days Covered by Medication Therapy

2.8.1.1 Owner: Contact

Chris Lamer, PharmD

2.8.1.2 National Reporting

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

2.8.1.3 Denominators

1. User Population patients aged 18 years and older who had two or more prescriptions for beta blockers during the Report Period.
2. User Population patients aged 18 years and older who had two or more prescriptions for RAS Antagonists and no documented history of ESRD or one or more prescriptions for ARB/Nepriylisin inhibitor combination medications during the Report Period.
3. User Population patients aged 18 years and older who had two or more prescriptions for calcium channel blockers (CCB) during the Report Period.
4. User Population patients aged 18 years and older who had two or more prescriptions for biguanides and no documented history of ESRD during the Report Period.
5. User Population patients aged 18 years and older who had two or more prescriptions for sulfonylureas and no documented history of ESRD during the Report Period.

6. User Population patients aged 18 years and older who had two or more prescriptions for thiazolidinediones and no documented history of ESRD during the Report Period.
7. User Population patients aged 18 years and older who had two or more prescriptions for DiPeptidyl Peptidase (DPP)-IV Inhibitors and no documented history of ESRD during the Report Period.
8. User Population patients aged 18 years and older who had two or more prescriptions for Diabetes All Class medications and no documented history of ESRD during the Report Period.
9. User Population patients aged 18 years and older who had two or more prescriptions for statins during the Report Period.
10. User Population patients aged 18 years and older who had two or more prescriptions for non-warfarin oral anticoagulants during the Report Period.
11. User Population patients aged 18 years and older who had two or more prescriptions for antiretroviral agents during the Report Period.
12. User Population patients with COPD who had two or more prescriptions for long-acting inhaled bronchodilators and no prescriptions for nebulized bronchodilators during the Report Period.
13. User Population patients aged 18 years and older who had two or more prescriptions for non-infused disease-modifying agents treating multiple sclerosis (MS) totaling a 56-day supply or more and no prescriptions for infused medications treating MS during the Report Period.

2.8.1.4 Numerators

1. Patients with Proportion of Days Covered (PDC) 80% or more during the Report Period.
2. Patients with a gap in medication therapy 30 days or longer.
3. Patients with PDC 90% or higher during the Report Period (with Denominator 11).

2.8.1.5 Definitions

Denominator Inclusion

Patients must have at least two prescriptions for that particular type of medication on two unique dates of service at any time during the Report Period. 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.

For the Non-warfarin anticoagulants measures, the two unique dates of service must be at least 180 days apart and the patient must have received greater than a 60-day supply of the medication during the Report Period. Patients who received one or more prescriptions for warfarin, low molecular weight heparin (LMWH), heparin, or an SC Factor Xa inhibitor (defined by medication taxonomy BGP PQA WARFARIN) will be excluded from the denominator.

Index Prescription Start Date

The date when the medication was first dispensed within the Report Period. For all measures except Non-warfarin anticoagulants, this date must be greater than 90 days from the end of the Report Period to be counted in the denominator.

Medications

Medications are defined with the following taxonomies:

- BGP PQA BETA BLOCKER MEDS
 - Beta-blocker Medications and Combinations (acebutolol, atenolol (+/- chorthalidone), betaxolol, bisoprolol (+/-hydrochlorothiazide), carvedilol, labetalol, metoprolol (+/-hydrochlorothiazide), metoprolol tartrate, nadolol (+/-bendroflumethiazide), nebivolol (+/- valsartan), penbutolol sulfate, pindolol, propranolol (+/-hydrochlorothiazide), timolol maleate)
- BGP PQA RASA MEDS
 - Angiotensin Converting Enzyme Inhibitor Medications and Combinations (benazepril (+/- amlodipine, hydrochlorothiazide), captopril (+/- hydrochlorothiazide), enalapril (+/- hydrochlorothiazide), fosinopril (+/- hydrochlorothiazide), lisinopril (+/- hydrochlorothiazide), moexipril (+/- hydrochlorothiazide), perindopril (+/- amlodipine), quinapril (+/- hydrochlorothiazide), ramipril,trandolopril (+/- verapamil)); Angiotensin II Inhibitor Medications and Combinations (azilsartan (+/- chlorthalidone), candesartan (+/- hydrochlorothiazide), eprosartan (+/- hydrochlorothiazide), irbesartan (+/- hydrochlorothiazide), losartan (+/- hydrochlorothiazide), olmesartan (+/- amlodipine, hydrochlorothiazide), telmisartan (+/- amlopipine, hydrochlorothiazide), valsartan (+/- amlodipine, hydrochlorothiazide nebivolol)); Direct Renin Inhibitor Medications and Combinations (aliskiren (+/- amlodipine, hydrochlorothiazide)
- BGP PQA CCB MEDS

- Calcium-Channel Blocker Medications and Combinations (amlodipine (+/- akiskiren, atorvastatin, benazepril, hydrochlorothiazide, olmesartan, perindopril, telmisartan, trandolapril, valsartan), diltiazem, felodipine, isradipine, nicardipin, nifedipine (long acting only), nisoldipine, verapamil (+/- trandolapril))
- BGP PQA BIGUANIDE MEDS
 - Biguanide Medications and Combinations (metformin (+/- alogliptin, canagliflozin, dapagliflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin))
- BGP PQA SULFONYLUREA MEDS
 - Sulfonylurea Medications and Combinations (chlorpropamide, glimepiride (+/- pioglitazone), glipizide (+/- metformin), glyburide (+/- metformin), tolazamide, tolbutamide)
- BGP PQA THIAZOLIDINEDIONE MEDS
 - Thiazolidinedione Medications and Combinations (pioglitazone (+/- alogliptin, glimepiride, metformin), rosiglitazone (+/- metformin))
- BGP PQA DPP IV MEDS
 - DPP-IV Inhibitor Medications and Combinations (alogliptin (+/- metformin, pioglitazone), linagliptin (+/- empagliflozin, metformin), saxagliptin (+/- metformin, dapagliflozin), sitagliptin (+/- metformin, ertugliflozin, simvastatin))
- BGP PQA DIABETES ALL CLASS
 - Biguanide medications (see list above); Sulfonylurea medications (see list above); Thiazolidinedione medications (see list above); DPP-IV Inhibitor medications (see list above); Incretin Mimetic Agents (albiglutide, dulaglutide, exenatide, liraglutide, lixisenatide, semaglutide); Meglitinides and Combinations (nateglinide, repaglinide (+/- metformin)); Sodium glucose co-transporter2 (SGLT2) inhibitors and Combinations (canagliflozin (+/- metformin), dapagliflozin (+/- metformin, saxagliptin), empagliflozin (+/- metformin, linagliptin), ertugliflozin (+/- sitagliptin, metformin))
- BGP PQA STATIN MEDS
 - Statin Medications and Combinations (atorvastatin (+/- amlodipine, ezetimibe), fluvastatin, lovastatin (+/- niacin), pitavastatin, pravastatin, rosuvastatin, simvastatin (+/- ezetimibe, niacin, sitagliptin))
- BGP PQA NON-WARFARIN ANTICOAG

- Non-Warfarin Oral Anticoagulants (apixaban, dabigatran, edoxaban, rivaroxaban)
- BGP PQA WARFARIN
 - Warfarin, Low Molecular Weight Heparin, Heparin, SC Factor Xa inhibitor (dalteparin, enoxaparin, fondaparinux, heparin, warfarin)
- BGP PQA ANTIRETROVIRAL MEDS
 - Single Agents (abacavir, atazanavir, darunavir, delavirdine, didanosine, dolutegravir, efavirenz, elvitegravir, emtricitabine, enfuvirtide, etravirine, fosamprenavir, indinavir, lamivudine, maraviroc, nelfinavir, nevirapine, raltegravir, rilpivirine, ritonavir, saquinavir, stavudine, tenofovir, tipranavir, zidovudine); Combination Agents (abacavir-dolutegravir-lamivudine, abacavir-lamivudine, abacavir-lamivudine-zidovudine, atazanavir-cobicistat, bicitegravir-emtricitabine-tenofovir, darunavir-cobicistat, dolutegravir-rilpivirine, efavirenz-emtricitabine-tenofovir, efavirenz-lamivudine-tenofovir, elvitegravir-cobicistat-emtricitabine-tenofovir, emtricitabine-rilpivirine-tenofovir, emtricitabine-tenofovir, lamivudine-tenofovir, lamivudine-zidovudine, lopinavir-ritonavir)
- BGP PQA ARB NEPRILYSIN INHIB
 - ARB/Nepriylsin Inhibitor Combinations (sacubitril/valsartan)
- BGP PQA LA INHALED BRONCHO MED
 - Long-acting Inhaled Bronchodilator Medications and Combinations (aclidinium, formoterol (+/- budesonide, glycopyrrolate), glycopyrrolate (+/- formoterol), indacaterol (+/- glycopyrrolate), olodaterol, salmeterol (+/- fluticasone), tiotropium (+/- olodaterol), umeclidinium (+/- vilanterol, aclidinium), vilanterol (+/- fluticasone, umeclidinium))
- BGP PQA NEBULIZED BRONCHO MEDS
 - Nebulized Bronchodilator Medications (albuterol sulfate, arformoterol tartrate, formoterol fumarate, glycopyrrolate, ipratropium bromide, ipratropium-albuterol, levalbuterol HCl)
- BGP PQA NON-INFUSED MS MEDS
 - Beta-Interferons (interferon beta 1a, interferon beta 1b, peginterferon beta-1a); Immunomodulators (daclizumab, fingolimod, glatiramer); Pyrimidine Synthesis Inhibitors (teriflunomide); Nrf2 Activators (dimethyl fumarate)
- BGP PQA INFUSED MS MEDS
 - Infused Disease Modifying Agents for MS (alemtuzumab, mitoxantrone, natalizumab, ocrelizumab)

ESRD

Any of the following ever:

- CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918 through 90925 (old codes), 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90951 through 90970, 90989, 90993, 90997, 90999, 99512, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, S9339 [BGP ESRD CPTS]
- Diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-9: 585.6, V42.0, V45.1 (old code), V45.11 V45.12, V56.*; ICD-10: I12.0, I13.11, I13.2, N18.5, N18.6, N19., Z48.22, Z49.*, Z91.15, Z94.0, Z99.2 [BGP ESRD PMS DXS]
 - SNOMED data set PXRME END STAGE RENAL DISEASE (Problem List only)
- Procedure ICD-9: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, 55.6* [BGP ESRD PROCS]

Chronic Obstructive Pulmonary Disease (COPD)

Any of the following during the Report Period:

- COPD: Diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-9: 491.20, 491.21, 491.22, 493.2*, 496, 506.4; ICD-10: J44.*, J68.4, J68.8 [BGP COPD DXS]
 - SNOMED data set PXRMBGP COPD (Problem List only)
- Emphysema: Diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-9: 492.*, 506.4, 518.1, 518.2; ICD-10: J43.*, J68.4, J68.8, J98.2, J98.3 [BGP EMPHYSEMA DXS]
 - SNOMED data set PXRMBGP EMPHYSEMA (Problem List only).

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

Each PDC Numerator

The PDC equals the number of days the patient was covered by at least one drug in the class divided by the number of days in the patient's measurement period.

The patient's measurement period is defined as the number of days between the Index Prescription Start Date and the end of the Report Period. When calculating the number of days the patient was covered by at least one drug in the class, if prescriptions for the same drug overlap, the prescription start date for the second prescription will be adjusted to be the day after the previous fill has ended.

Note: If a medication was started and then discontinued, CRS will recalculate the number of Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example:

- Rx Date: November 15, 2019
- Discontinued Date: November 19, 2019

Recalculated number of Days Prescribed:
 November 19, 2019 – November 15, 2019 = 4

Example of PDC

Report Period: January 1 through December 31, 2019

- First prescription:
 - Index Rx Start Date: March 1, 2019
 - Days' Supply: 90
 - Prescription covers patient through May 29, 2019
- Second prescription:
 - Rx Date: May 26, 2019
 - Days' Supply: 90
 - Prescription covers patient through August 27, 2019
- Third prescription:
 - Rx Date: September 11, 2019
 - Days' Supply: 180
 - Gap:
 - September 11, 2019 – August 27, 2019 = 15 days*
 - Prescription covers patient through March 8, 2020

Patient's measurement period:

March 1, 2019 through December 31, 2019 = 306 days

Days patient was covered:

*March 1, 2019 through August 27, 2019 +
 September 11, 2019 through December 31, 2019 = 292 days*

PDC:

$$292 \div 306 = 95\%$$

Each Gap Numerator

CRS will calculate whether a gap in medication therapy of 30 or more days has occurred between each consecutive medication dispensing event during the Report Period. A gap is calculated as the days not covered by the days' supply between consecutive medication fills.

Example of Medication Gap 30 Days or Longer:

Report Period: January 1 through December 31, 2019

- First prescription:
 - Rx Date: April 1, 2019
 - Days' Supply: 30
 - Prescription covers patient through April 30, 2019
- Second prescription:
 - Rx Date: July 1, 2019
 - Days' Supply: 90
 - Gap #1:
July 1, 2019 – April 30, 2019 = 61 days

Prescription covers patient through September 28, 2019

- Third prescription:
 - Rx Date: October 1, 2019
 - Days' Supply: 90
 - Gap #2:
October 1, 2019 – September 28 – 2019 = 2 days

Prescription covers patient through December 29, 2019

$$\text{Gap \#1} \geq 30 \text{ days}$$

Patient will be included in the numerator for that medication.

2.8.1.6 Patient Lists

- List of User Population patients aged 18 years and older whose PDC for beta blockers is 80% or more.

- List of User Population patients aged 18 years and older whose PDC for beta blockers is less (<) than 80%.
- List of User Population patients aged 18 years and older who had a gap of 30 days or more in their beta-blocker medication therapy.
- List of User Population patients aged 18 years and older whose PDC for RAS Antagonists is 80% or more.
- List of User Population patients aged 18 years and older whose PDC for RAS Antagonists is less than (<) 80%.
- List of User Population patients aged 18 years and older who had a gap of 30 days or more in their RAS Antagonist medication therapy.
- List of User Population patients aged 18 years and older whose PDC for CCBs is 80% or more.
- List of User Population patients aged 18 years and older whose PDC for CCBs is less than (<) 80%.
- List of User Population patients aged 18 years and older who had a gap of 30 days or more in their CCB medication therapy.
- List of User Population patients aged 18 years and older whose PDC for biguanides is 80% or more.
- List of User Population patients aged 18 years and older whose PDC for biguanides is less than (<) 80%.
- List of User Population patients aged 18 years and older who had a gap of 30 days or more in their biguanide medication therapy.
- List of User Population patients aged 18 years and older whose PDC for sulfonylureas is 80% or more.
- List of User Population patients aged 18 years and older whose PDC for sulfonylureas is less than (<) 80%.
- List of User Population patients aged 18 years and older who had a gap of 30 days or more in their sulfonylurea medication therapy.
- List of User Population patients aged 18 years and older whose PDC for thiazolidinediones is 80% or more.
- List of User Population patients aged 18 years and older whose PDC for thiazolidinediones is less than (<) 80%.
- List of User Population patients 18 and older who had a gap of 30 days or more in their thiazolidinedione medication therapy.

- List of User Population patients aged 18 years and older whose PDC for DPP-IV is greater than or equal to (\geq) 80%.
- List of User Population patients aged 18 years and older whose PDC for DPP-IV is less than ($<$) 80%.
- List of User Population patients aged 18 years and older who had a gap greater than or equal to (\geq) 30 days in their DPP-IV medication therapy.
- List of User Population patients aged 18 years and older whose PDC for Diabetes All Class is greater than or equal to (\geq) 80%.
- List of User Population patients aged 18 years and older whose PDC for Diabetes All Class is less than ($<$) 80%.
- List of User Population patients aged 18 years and older who had a gap greater than or equal to (\geq) 30 days in their Diabetes All Class medication therapy.
- List of User Population patients aged 18 years and older whose PDC for statins is 80% or more.
- List of User Population patients aged 18 years and older whose PDC for statins is less than ($<$) 80%.
- List of User Population patients aged 18 years and older who had a gap of 30 days or more in their statin medication therapy.
- List of User Population patients aged 18 years and older whose PDC for antiretroviral agents is 90% or more.
- List of User Population patients aged 18 years and older whose PDC for antiretroviral agents is less than ($<$) 90%.
- List of User Population patients with COPD whose proportion of days covered for long-acting inhaled bronchodilators is greater than or equal to (\geq) 80%.
- List of User Population patients with COPD whose proportion of days covered for long-acting inhaled bronchodilators is less than ($<$) 80%.
- List of User Population patients 18+ whose proportion of days covered for non-infused disease modifying agents is greater than or equal to (\geq) 80%.
- List of User Population patients 18+ whose proportion of days covered for non-infused disease modifying agents is less than ($<$) 80%.

2.8.2 Concurrent Use of Opioids and Benzodiazepines

2.8.2.1 Owner and Contact

Chris Lamer, PharmD

2.8.2.2 National Reporting

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

2.8.2.3 Denominators

1. Active Clinical patients aged 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.

2.8.2.4 Numerators

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

2.8.2.5 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, 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.

2.8.2.6 Patient Lists

- List of Active Clinical patients aged 18 years and older with two or more prescriptions for opioids with 30 or more days of concurrent use of benzodiazepines.
- List of Active Clinical patients aged 18 years and older with two or more prescriptions for opioids without 30 or more days of concurrent use of benzodiazepines.

2.8.3 Medication Therapy Management Services

2.8.3.1 Owner: Contact

Chris Lamer, PharmD

2.8.3.2 National Reporting

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

2.8.3.3 Denominators

1. Active Clinical patients 18 and older with Medications dispensed at their facility during the Report Period.

2.8.3.4 Numerators

1. Patients who received Medication Therapy Management (MTM) during the Report Period.

2.8.3.5 Definitions**Patients Receiving Medications**

Identified by any entry in the VMed file for your facility.

MTM

- CPT 99605 through 99607 [BGP CPT MTM]
- Clinic codes: D1, D2, D5

2.8.3.6 Patient List

- List of Active Clinical patients aged 18 years and older receiving medications with medication therapy management.
- List of Active Clinical patients aged 18 years and older receiving medications without medication therapy management.

2.8.4 Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly**2.8.4.1 Owner and Contact**

Chris Lamer, PharmD

2.8.4.2 National Reporting

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

2.8.4.3 Denominators

1. User Population patients aged 65 years and older.

2.8.4.4 Numerators

1. Patients who received at least two prescription fills for any benzodiazepine sedative hypnotic medications for more than 90 days.

2.8.4.5 Definitions

- The patient must have received a cumulative day's supply for any benzodiazepine sedative hypnotic products greater than 90 days during the Report Period.
- Benzodiazepine sedative hypnotic medications defined with medication taxonomy BGP PQA BENZODIAZ MEDS. (Medications are: estazolam, flurazepam, quazepam, temazepam, triazolam)

Note: For each medication, the days' supply must be greater than zero (> 0). If a medication was started and then discontinued, CRS will recalculate the number of Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example:

- Rx Date: November 15, 2019
- Discontinued Date: November 19, 2019

Recalculated number of Days Prescribed:
November 19, 2019 – November 15, 2019 = 4

Medications must not have a comment of RETURNED TO STOCK.

2.8.4.6 Patient Lists

- List of User Population patients aged 65 years and older with two or more prescriptions for benzodiazepine sedative hypnotic medications.
- List of User Population patients aged 65 years and older without two or more prescriptions for benzodiazepine sedative hypnotic medications.

2.8.5 Optometry

2.8.5.1 Owner and Contact

Dr. Dawn Clary

2.8.5.2 National Reporting

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

2.8.5.3 Denominators

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

2.8.5.4 Numerators

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

2.8.5.5 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 PXR OPEN ANGLE GLAUCOMA (Problem List only)

Optic nerve head evaluation

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

2.8.5.6 Patient Lists

- List of Active Clinical patients aged 18 years and older with primary open-angle glaucoma and optic nerve head evaluation.
- List of Active Clinical patients aged 18 years and older with primary open-angle glaucoma and no optic nerve head evaluation.

List of Acronyms

Acronym	Term Meaning
ADA	American Dental Association
AI/AN	American Indian/Alaska Native
AMI	Acute Myocardial Infarction
ASA	Acetylsalicylic Acid
BH	Behavioral Health
BHS	Behavioral Health System
BMI	Body Mass Index
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CCB	Calcium Channel Blockers
CD4	Cluster Difference 4
CHD	Coronary Heart Disease
CPT	Current Procedural Terminology
CRC	Colorectal Cancer
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
CVX	Vaccine Code
DM	Diabetes Mellitus
DNKA	Did Not Keep Appointment
DPST	Demo/Test Patient Search Template
DTaP	Diphtheria Tetanus Acellular Pertussis
DTP	Diphtheria Tetanus and Pertussis
EDD	Earliest Due Date
EGA	Estimated Gestational Age
ER	Emergency Room
ESRD	End Stage Renal Disease
EX	Exercise
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test
FY	Fiscal Year
GPRA	Government Performance and Results Act of 1993
GPRAMA	GPRA Modernization Act

Acronym	Term Meaning
HEDIS	Healthcare Effectiveness Data and Information Set
HiB	Haemophilus Influenzae Type B
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
LOINC	Logical Observations Identifiers, Names, Codes
LMWH	Low Molecular Weight Heparin
MTM	Medication Therapy Management
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
SNOMED	Systemized Nomenclature of Medicine
STI	Sexually Transmitted Infection
TIA	Transient Ischemic Attack

Contact Information

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

Phone: (888) 830-7280 (toll free)

Web: <http://www.ihs.gov/helpdesk/>

Email: support@ihs.gov