



RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System

(BGP)

National GPRA/GPRAMA Report Performance Measure List and Definitions

Version 22.1
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1.0 CRS 2022 National GPRA/GPRAMA Report

1.1 Performance Measures

The following performance measures (Table 1-1) will be reported in the Clinical Reporting System (CRS) 2022 National Government Performance and Results Act of 1993 (GPRA)/GPRA Modernization Act (GPRAMA) Report.

Table 1-1: Notations in document

Notation	Location	Meaning
GPRA:	Preceding a measure	An official GPRA measure reported in the National GPRA Report submitted to Office of Management and Budget (OMB) and Congress in the annual Indian Health Service (IHS) budget process.
GPRAMA:	Preceding a measure	An official GPRAMA measure reported in the National GPRA Report submitted to OMB and Congress and included in the annual Health and Human Services (HHS) Online Performance Appendix.
Plus Sign (+)	Preceding a measure	The measure is <i>not</i> an official GPRA measure but <i>is included</i> in the National GPRA Report provided to OMB and Congress to provide context to a GPRA measure(s).
Section Symbol (§)	Preceding a measure	The measure is <i>not</i> an official GPRA measure and <i>is not included</i> in the National GPRA Report provided to OMB and Congress. Included in this document to provide context to a GPRA measure(s).
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

- DIABETES PREVALENCE
 - +Diabetes Diagnosis Ever
 - §Diabetes Diagnosis during GPRA Year
- GLYCEMIC CONTROL
 - +Documented Alc

- GPRA: Poor Glycemic Control
- §A1c greater than or equal to (\geq) 7 and less than ($<$) 8
- Good Glycemic Control
- A1c less than ($<$) 7
- BLOOD PRESSURE CONTROL
 - §Blood Pressure (BP) Assessed
 - GPRA: Controlled BP (less than [$<$] 140/90)
- STATIN THERAPY TO REDUCE CARDIOVASCULAR DISEASE RISK IN PATIENTS WITH DIABETES
 - GPRA: Statin Therapy
 - §With Denominator Exclusions
- NEPHROPATHY ASSESSMENT
 - GPRA: Estimated Glomerular Filtration Rate (GFR) and Urine Albumin-to-Creatinine Ratio (UACR) or History of End Stage Renal Disease (ESRD)
- RETINOPATHY ASSESSMENT
 - GPRA: Retinopathy Evaluation (No Refusals)

DENTAL GROUP

- ACCESS TO DENTAL
 - GPRA: Annual Dental Visit (No Refusals)
- DENTAL SEALANTS
 - GPRA: Dental Sealants (rate)
 - §Dental Sealants (No Refusals; count; not rate)
- TOPICAL FLUORIDE
 - GPRA: Topical Fluoride (rate)
 - §Topical Fluoride Application (No Refusals; count; not rate)

IMMUNIZATIONS

- INFLUENZA
 - GPRA: Influenza Immunization 6 months–17 years
 - GPRA: Influenza Immunization 18 years and older
- ADULT IMMUNIZATIONS
 - §1 Tdap/Td past 10 years
 - §1 Tdap ever
 - §1 Influenza

- §1 Zoster
- §1 up-to-date PPSV23
- §1:1:1 (Tdap/Td, Tdap, Influenza)
- §1:1 (Tdap/Td, Tdap)
- §1:1:1* (Tdap/Td, Tdap, Influenza, Zoster)
- §1:1:1* (Tdap/Td, Tdap, Zoster)
- §1:1:1*:1 (Tdap/Td, Tdap, Influenza, Zoster, up-to-date PPSV23/PCV13)
- §1:1:1*:1 (Tdap/Td, Tdap, Zoster, up-to-date PPSV23/PCV13)
- GPRA: All Age-appropriate Immunizations
- CHILDHOOD IMMUNIZATIONS (19 THROUGH 35 MONTHS)
 - §Active Clinical Patients with 4:3:1:3*:3:1:4 (No Refusals)
 - GPRA: Active IMM Patients with 4:3:1:3*:3:1:4 (No Refusals)
 - §4 DTaP
 - §3 Polio
 - §1 MMR
 - §3 or 4 HiB
 - §3 Hepatitis B
 - §1 Varicella
 - §4 Pneumococcal

CANCER SCREENING

- CERVICAL CANCER SCREENING
 - GPRA: Pap smear in past three years or for ages 30 and older, Pap and HPV or HPV Primary in past five years (No Refusals)
- MAMMOGRAM RATES
 - GPRA: Mammogram (No Refusals)
- COLORECTAL CANCER SCREENING
 - GPRA: Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during Report Period, Flexible Sigmoidoscopy or CT colonography in past five years, Colonoscopy in past 10 years, or FIT-DNA in past three years (No Refusals)
 - §FOBT or FIT
- TOBACCO USE AND EXPOSURE ASSESSMENT
 - §Tobacco Assessment
 - §Tobacco Users

- §Smokers
- §Smokeless Users
- §Other Substance Users
- §E-Cigarette Users
- §Exposed to Environmental Tobacco Smoke (ETS)
- TOBACCO CESSATION
 - §Tobacco Cessation Counseling or Smoking Cessation Aid (No Refusals)
 - §Quit Tobacco Use
 - GPRA: Tobacco Cessation Counseling, Smoking Cessation Aid, or Quit Tobacco Use

BEHAVIORAL HEALTH

- ALCOHOL SCREENING
 - GPRA: Alcohol Screening 9–75 (No Refusals)
 - §Alcohol-Related Education
 - §Positive Alcohol Screen
- SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT
 - §Screening for Alcohol Use
 - §Positive Screen
 - GPRA: Brief Negotiated Interview/Brief Intervention (BNI/BI)
 - §Referral to Treatment
- INTIMATE PARTNER VIOLENCE/DOMESTIC VIOLENCE (IPV/DV) SCREENING
 - GPRAMA: Intimate Partner Violence/Domestic Violence (IPV/DV) Screening (No Refusals)
- DEPRESSION SCREENING
 - GPRA: Depression Screening or Mood Disorder Diagnosis age 12–17 (No Refusals)
 - GPRA: Depression Screening or Mood Disorder Diagnosis age 18 and older (No Refusals)
 - §Depression Screening
 - §Mood Disorder Diagnosis

CARDIOVASCULAR DISEASE-RELATED

- CHILDHOOD WEIGHT CONTROL

- GPRA: Body Mass Index (BMI) 95% and Up
- CONTROLLING HIGH BLOOD PRESSURE – MILLION HEARTS
 - GPRA: BP less than (<) 140/90
- STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE
 - GPRA: Statin Therapy
 - §With Denominator Exclusions

STD GROUP

- HIV SCREENING
 - §Prenatal HIV Screening (No Refusals)
 - GPRA: HIV Screen Ever (No Refusals)

OTHER CLINICAL

- BREASTFEEDING RATES
 - Patients 30 through 394 days of age screened for infant feeding choice (IFC) at least once
 - Patients 30 through 394 days of age screened for IFC at the age of 2 months
 - Patients 30 through 394 days of age screened for IFC at the age of 6 months
 - Patients 30 through 394 days of age screened for IFC at the age of 9 months
 - Patients 30 through 394 days of age screened for IFC at the age of 1 year
 - GPRA: Patients 30 through 394 days of age who were exclusively or mostly breastfed at 2 months of age
 - Patients 30 through 394 days of age who were exclusively or mostly breastfed at 6 months of age
 - Patients 30 through 394 days of age who were exclusively or mostly breastfed at 9 months of age
 - Patients 30 through 394 days of age who were exclusively or mostly breastfed at the age of 1 year

Note: Definitions for all performance measure topics included in CRS begin in Section 2.0. Definitions for numerators and denominators that are preceded by “GPRA” represent measures that are reported to OMB and Congress.

1.2 CRS Denominator Definitions

1.2.1 For All Denominators

- All patients with name “DEMO,PATIENT” or who are included in the RPMS Demo/Test Patient Search Template (the 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.

1.2.2 Active Clinical Population

1.2.2.1 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 FY2022 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.

1.2.2.2 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 for FY2022 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.

1.2.3 User Population

1.2.3.1 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.

1.2.3.2 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.

1.2.4 Active Clinical Plus Behavioral Health (BH) Population

1.2.4.1 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 FY2022 Clinical Measures User Manual* for a 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 PRC catchment area.

1.2.4.2 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 FY2022 Clinical Measures User Manual* for a 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 2022 version 22.1 National GPRA/GPRAMA Report*.

2.1 Diabetes Group

2.1.1 Diabetes Prevalence

2.1.1.1 Owner and Contact

Diabetes Program: Carmen Hardin

2.1.1.2 National Reporting

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

2.1.1.3 Denominators

1. User Population patients.

2.1.1.4 Numerators

1. Patients diagnosed with diabetes at any time before the end of the Report Period.
2. Patients diagnosed with diabetes during the Report Period.

2.1.1.5 Definitions

Diabetes Diagnosis

At least one Purpose of Visit (POV) diagnosis recorded in the V POV file or Problem List Entry where the status is not Deleted:

- International Classification of Diseases (ICD)-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* [SURVEILLANCE DIABETES]
- SNOMED data set PXRDM DIABETES (Problem List only)

For DM diagnosis during the Report Period, Problem List Entry must have a Date of Onset during the Report Period or, if no Date of Onset, then Date Entered during the Report Period.

2.1.1.6 Patient Lists

Diabetic patients with most recent diagnosis.

2.1.2 Diabetes: Glycemic Control

2.1.2.1 Owner and Contact

Diabetes Program: Carmen Hardin

2.1.2.2 National Reporting

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

2.1.2.3 Denominators

1. GPRA: User Pop 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. The key denominator for this and all diabetes-related topics follows.

2.1.2.4 Numerators

1. Hemoglobin A1c documented during the Report Period.
2. GPRA: Poor control: A1c greater ($>$) than 9.
3. A1c is greater than or equal (\geq) to 7 and less than ($<$) 8
4. Good control: A1c less than ($<$) 8.

2.1.2.5 Definition

Diabetes

First DM Purpose of Visit (POV) recorded in the V POV file or Problem List Entry where the status is not Deleted 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 PXRDM DIABETES (Problem List only)

A1c

Searches for most recent A1c test with a result during the Report Period. If more than one A1c test is found on the same day or the same visit and one test has a result and the other does not, the test with the result will be used. If both tests have a result, the last test done on the visit will be used.

If an A1c test with a result is not found, CRS searches for the most recent A1c test without a result.

- A1c defined as any of the following:
 - Current Procedural Terminology (CPT) 83036, 83037, 3044F to 3046F, 3047F (old code), 3051F, 3052F [BGP HGBA1C CPTS]
 - Logical Observations Identifiers, Names, Codes (LOINC) taxonomy: 17855-8, 17856-6, 41995-2, 4547-6, 4548-4, 4549-2, 71875-9, 96595-4 [BGP HGBA1C LOINC CODES]
 - Site-populated taxonomy DM AUDIT HGB A1C TAX
- CPT 3044F represents A1c less than ($<$) 7 and will be included in the A1c less than ($<$) 8 numerator.
- CPT 3046F represents A1c greater than ($>$) 9 and will be included in the A1c greater than ($>$) 9 numerator.
- CPT 3051F represents A1c greater than or equal to (\geq) 7 and less than ($<$) 8 and will be included in the A1c greater than or equal to (\geq) 7 and less than ($<$) 8 and A1c less than ($<$) 8 numerators.

2.1.2.6 GPRA 2022 Target

Poor Glycemic Control: During GPRA Year 2022, achieve the target rate of 15.6% for the proportion of patients with diagnosed diabetes who have poor glycemic control (defined as A1c greater than [$>$] 9).

2.1.2.7 Patient Lists

- List of diabetic patients with good glycemic control (A1c less than [$<$] 8).
- List of diabetic patients without good Glycemic control (A1c greater than or equal to [\geq] 8).
- List of diabetic patients with a documented A1c.
- List of diabetic patients without a documented A1c.
- List of diabetic patients with poor glycemic control (A1c greater than [$>$] 9).
- List of diabetic patients with A1c greater than or equal to (\geq) 7 and less than ($<$) 8.

2.1.3 Diabetes: Blood Pressure Control

2.1.3.1 Owner and Contact

Diabetes Program: Carmen Hardin

2.1.3.2 National Reporting

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

2.1.3.3 Denominators

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

2.1.3.4 Numerators

1. Patients with blood pressure documented during the Report Period.
2. GPRA: 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.

2.1.3.5 Definitions

Diabetes

First DM POV recorded in the V POV file or Problem List Entry where the status is not Deleted 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 PXRDM 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 (Emergency Room [ER]), 44 (Day Surgery), 79 (Triage), C1 (Neurosurgery), or D4 (Anesthesiology)

BP Documented

CRS uses the mean of the last three BPs documented during the Report Period. If three BPs are not available, it uses the mean of the last two BPs, or one BP if only one is 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 three (or two). The mean diastolic value is calculated by adding the diastolic values from the last three (or two) BPs and dividing by three (or two). If the systolic and diastolic values do not *both* meet the criteria for controlled, then the value is considered not controlled.

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.

Controlled BP

CRS uses a mean, as described above where BP is less than (<) 140/90. If the mean systolic and diastolic values do not *both* 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 BP measurements, it will search for the most recent of any of the following codes documented during the Report Period:

- BP Documented: CPT 0001F, 2000F, G9273, G9274 [BGP BP MEASURED CPT] or POV ICD-9: V81.1 [BGP HYPERTENSION SCREEN DXS]; *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.

2.1.3.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 57.0% for the proportion of patients with diagnosed diabetes who have achieved blood pressure control (defined as less than [$<$] 140/90).

2.1.3.7 Patient Lists

- List of diabetic patients with controlled BP, defined as below 140/90.
- List of diabetic patients with BP that is not controlled, defined as at or above 140/90.
- List of diabetic patients who had their BP assessed.
- List of diabetic patients who did not have their BP assessed.

2.1.4 Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes

2.1.4.1 Owner and Contact

Diabetes Program: Carmen Hardin

2.1.4.2 National Reporting

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

2.1.4.3 Denominators

1. GPRA: User Pop 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, ages 40 through 75; and User Pop Diabetic patients with documented atherosclerotic cardiovascular disease (ASCVD) or patients age 20 and older with a low-density lipoprotein (LDL) greater than or equal to (\geq) 190 or hypercholesterolemia. Broken down by age groups.
2. User Pop 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, ages 39 and under with documented ASCVD or an LDL greater than or equal to (\geq) 190 or hypercholesterolemia.
3. User Pop 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, ages 40 through 75 with documented ASCVD or an LDL greater than or equal to (\geq) 190 or hypercholesterolemia.

4. User Pop 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, age 76 and older with documented ASCVD or an LDL greater than or equal to (\geq) 190 or hypercholesterolemia.
5. User Pop 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, ages 40 through 75 with LDL less than ($<$) 190.
6. User Pop 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, ages 40 through 75; and User Pop Diabetic patients with documented ASCVD or patients age 20 and older with an LDL greater than or equal to (\geq) 190 or hypercholesterolemia, including denominator exclusions and exceptions.
7. Active Diabetic patients, defined as 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, ages 40 through 75; and Active Diabetic patients with documented ASCVD or patients age 20 and older with an LDL greater than or equal to (\geq) 190 or hypercholesterolemia.

2.1.4.4 Numerators

1. GPRA: Patients who are statin therapy users during the Report Period or who receive an order (prescription) to receive statin therapy at any point during the Report Period.
2. Patients with any of the listed denominator exclusions or exceptions (with Denominator 6).
 - A. Patients with documented allergy, intolerance, or other adverse effect to statin medication.

2.1.4.5 Definitions

Diabetes

First DM POV recorded in the V POV file or Problem List Entry where the status is not Deleted 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)

Atherosclerotic Cardiovascular Disease (ASCVD)

Atherosclerotic Cardiovascular Disease (ASCVD) diagnosis defined as any of the following prior to the end of the report period (POV/Procedure or Problem List entry where the status is not Inactive or Deleted):

- Myocardial Infarction (MI) defined as any of the following:
 - Diagnosis:
 - ICD-9: 410.*; ICD-10: I21.*, I22.* [BGP ECQM MI DXS]
 - SNOMED data set PXRMI BGP ECQM MI
- Ischemic Heart Disease or Other Related Diagnoses defined as any of the following:
 - Diagnosis:
 - ICD-9: 411.*, 414.2, 414.8, 414.9; ICD-10: I23.0-I23.6, I23.8, I24.0*, I24.8, I24.9, I25.5, I25.6, I25.82, I25.89, I25.9 [BGP ECQM ISCHEM HEART DIS DXS]
 - SNOMED data set PXRMI BGP ECQM ISCHEM HEART DIS
- Cardiovascular Disease, Ischemic Stroke or Transient Ischemic Attack (TIA) defined as any of the following:
 - Diagnosis:
 - ICD-9: 433.*, 434.*, 435.0, 435.1, 435.3, 435.8, 435.9, 436, 437.1, 438.*, V12.54; ICD-10: G45.0 through G45.2, G45.8, G45.9, G46.0 through G46.8, I63.*, I69.*, Z86.73 [BGP ECQM CD STROKE TIA DXS]
 - SNOMED data set PXRMI BGP ECQM CD STROKE TIA
- Atherosclerosis and Peripheral Arterial Disease defined as any of the following:
 - Diagnosis:
 - ICD-9: 414.0*, 414.3, 414.4, 437.0, 440.*; ICD-10: E08.51, E08.52, E09.51, E09.52, I25.1*, I25.700 through I25.812, I25.83 through I25.89, I67.2, I70.* [BGP ECQM ARTERIAL DISEASE DXS]
 - SNOMED data set PXRMI BGP ECQM ARTERIAL DIS
- Stable and Unstable Angina defined as any of the following:
 - Diagnosis:
 - ICD-9: 411.0, 411.1, 413.0, 413.9, 429.79; ICD-10: I20.0, I20.1, I20.8, I20.9, I23.7 [BGP ECQM ANGINA DXS]

- SNOMED data set PXRMBGP ECQM ANGINA
- Coronary Artery Bypass Graft (CABG) Procedure defined as any of the following:
 - Procedure ICD-9: 36.1*; ICD-10: 02100**, 021048*, 021049*, 02104A*, 02104J*, 02104K*, 02104Z*, 02110**, 021148*, 021149*, 02114A*, 02114J*, 02114K*, 02114Z*, 02120**, 021248*, 021249*, 02124A*, 02124J*, 02124K*, 02124Z*, 02130**, 021348*, 021349*, 02134A*, 02134J*, 02134K*, 02134Z* [BGP ECQM CABG PROCS]
 - SNOMED data set PXRMBGP ECQM CABG
- Percutaneous Coronary Interventions (PCI) Procedure defined as any of the following:
 - 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-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734** [BGP ECQM PCI PROCS]
 - SNOMED data set PXRMBGP ECQM PCI
- Carotid Intervention defined as any of the following:
 - Procedure ICD-9: 00.61 through 00.65, 38.02, 38.12, 38.22, 38.30 through 38.32, 38.42, 39.22, 39.28, 88.41; ICD-10: 03*H***, 03*J***, 03*K***, 03*L***, 03*M***, 03*N***, 0G*6***, 0G*7***, 0G*8***, B3060ZZ, B3061ZZ, B306YZZ, B3070ZZ, B3071ZZ, B307YZZ, B3080ZZ, B3081ZZ, B308YZZ, B3160ZZ, B3161ZZ, B316YZZ, B3170ZZ, B3171ZZ, B317YZZ, B3180ZZ, B3181ZZ, B318YZZ [BGP ECQM CAROTID INTER PROCS]
 - SNOMED data set PXRMBGP ECQM CAROTID INTER

LDL

For LDL greater than or equal to (\geq) 190, CRS will look for any test at any time with result greater than or equal to (\geq) 190. LDL defined as any of the following:

- LOINC taxonomy: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 2090-9, 22748-8, 35198-1, 39469-2, 49132-4, 55440-2, 69419-0, 96258-9, 96259-7, 96597-0 [BGP LDL LOINC CODES]
- Site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX

Hypercholesterolemia

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

- POV ICD-10: E78.00, E78.01 [BGP ECQM HYPERCHOL DXS]

- SNOMED data set PXRMBGP ECQM HYPERCHOL

Denominator Exclusions

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

- Patients who have an active diagnosis of pregnancy or who are breastfeeding.
- Patients who have a diagnosis of rhabdomyolysis during the report period (POV or Problem List entry where the status is not Inactive or Deleted).

Denominator Exceptions

The patient is excluded from the denominator if they meet any of the following criteria and do not meet the numerator.

- Patients with statin-associated muscle symptoms or an allergy to statin medication.
- Patients with active liver disease or hepatic disease or insufficiency.
- Patients who are receiving hospice or palliative care at any time prior to the end of the Report Period.
- Patients with end-stage renal disease (ESRD).
- Patients with Hepatitis A or Hepatitis B.

Statin-associated Muscle Symptoms or an Allergy

Defined as any of the following occurring anytime ever:

- POV ICD-9: 359.9, 729.1; ICD-10: G72.0, G72.9, M60.9, M79.10
- SNOMED data set PXRMBGP ECQM STATIN ADV
- 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” entry (except “Nystatin”) in ART (Patient Allergies File)
- “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
- NMI (not medically indicated) refusal for any statin at least once during the Report Period

Pregnancy Definition

Any of the following:

- The Currently Pregnant field in the 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]

Breastfeeding Definition

Any of the following documented during the Report Period:

- The Lactation Status field in Reproductive Factors file set to “Lactating”
- Diagnosis:
 - POV ICD-9: V24.1; ICD-10: O91.03, O91.13, O91.23, O92.03, O92.13, O92.5, O92.70, O92.79, Z39.1 [BGP ECQM BREASTFEED DXS]
 - SNOMED data set PXRMBGP ECQM BREASTFEED
- 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 data sets PXRMBGP PT ED BREASTFEED or PXRMBGP ECQM BREASTFEED

Rhabdomyolysis

- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
 - ICD-10: M62.82, T79.6XX* [BGP ECQM RHABDO DXS]
 - SNOMED data set PXRMBGP RHABDOMYOLYSIS (Problem List only)

Active Liver Disease, Hepatic Disease or Insufficiency Definition

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

- POV ICD-10: B17.*, B18.2 through B19.0, B19.20, B19.21, B19.9, K70.0 through K74.69, K75.4, O98.41* [BGP ECQM LIVER DISEASE DXS]
- SNOMED data set PXR M BGP ECQM LIVER DIS

Hospice or Palliative Care

- POV ICD-9: V66.7; ICD-10: Z51.5 [BGP PALLIATIVE CARE DXS]
- SNOMED data sets PXR M BGP IPC PALLIATIVE or PXR M BGP IPC HOSPICE.
- CPT M1017

ESRD

End Stage Renal Disease diagnosis or treatment defined as 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, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, 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 Inactive or 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 PXR M 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*; ICD-10 5A1D70Z, 5A1D80Z, 5A1D90Z [BGP ESRD PROCS]

Hepatitis A Definition

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

- ICD-9: 070.0, 070.1; ICD-10: B15.* [BGP HEPATITIS A EVIDENCE]
- SNOMED data set PXR M BGP HEPATITIS A

Hepatitis B Definition

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

- ICD-9: V02.61, 070.2*, 070.3*; ICD-10: B16.*, B18.0, B18.1, B19.1*, Z22.51 [BGP ECQM HEP B DXS]
- SNOMED data set PXR M BGP HEPATITIS B

Statins Numerator Logic

- **Statin Therapy Users**
 - CPT 4013F
- **Statin Medication Codes**
 - Defined with medication taxonomy BGP PQA STATIN MEDS.
 - **Statin medications and combination products:** atorvastatin (+/- amlodipine, ezetimibe), fluvastatin, lovastatin (+/- niacin), pitavastatin, pravastatin, rosuvastatin, simvastatin (+/- ezetimibe, niacin, sitagliptin).

Patients must have an active prescription for statin therapy during the Report Period. This includes patients who receive an order during the Report Period, or prior to the Report Period with enough days' supply to take them into the Report Period.

$$\text{Rx Days' Supply} \geq (\text{Report Period Begin Date} - \text{Prescription Date})$$

Active prescriptions include active outside medications, defined as V Med entry at any time with EHR OUTSIDE MED field not blank and the DATE DISCONTINUED field blank.

2.1.4.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 56.8% for the proportion of patients with diagnosed diabetes and cardiovascular disease who are on statin therapy.

2.1.4.7 Patient Lists

- List of diabetic patients 40–75 or any age with ASCVD or 20 years and older with LDL greater than or equal to (\geq) 190 or hypercholesterolemia with statin therapy.
- List of diabetic patients 40-75 or any age with ASCVD or 20 years and older with LDL greater than or equal to (\geq) 190 or hypercholesterolemia without statin therapy.
- List of patients with denominator exclusions.

2.1.5 Diabetes: Nephropathy Assessment

2.1.5.1 Owner and Contact

Diabetes Program: Carmen Hardin

2.1.5.2 National Reporting

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

2.1.5.3 Denominators

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

2.1.5.4 Numerators

1. GPRA: Patients with nephropathy assessment, defined as an estimated Glomerular Filtration Rate (GFR) with result *and* a Urine Albumin-to-Creatinine Ratio (UACR) during the Report Period *or* with evidence of diagnosis or treatment of end-stage renal disease (ESRD) at any time before the end of the Report Period.

2.1.5.5 Definitions

Diabetes

First DM POV recorded in the V POV file or Problem List Entry where the status is not Deleted 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 PXR DIABETES (Problem List only)

Estimated GFR

- Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX
- LOINC taxonomy: 33914-3, 48642-3, 48643-1, 50044-7, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 98979-8, 98980-6
[BGP ESTIMATED GFR LOINC]

Urine Albumin-to-Creatinine Ratio

- Current Procedural Terminology (CPT) 82043 WITH 82570
- LOINC taxonomy: 14585-4, 14959-1, 30000-4, 32294-1, 77253-3, 89998-9, 9318-7 [BGP QUANT UACR LOINC]
- Site-populated taxonomy BGP QUANT UACR TESTS

Note: Check with your laboratory supervisor to confirm that the names added to the taxonomy reflect quantitative test values.

ESRD

- ESRD diagnosis or treatment defined as 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, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, 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 PXRМ 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*; ICD-10 5A1D70Z, 5A1D80Z, 5A1D90Z [BGP ESRD PROCS]

2.1.5.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 43.7% for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

2.1.5.7 Patient Lists

- List of diabetic patients with nephropathy assessment.
- List of diabetic patients without nephropathy assessment.

2.1.6 Diabetic Retinopathy

2.1.6.1 Owner and Contact

Dr. Dawn Clary

2.1.6.2 National Reporting

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

2.1.6.3 Denominators

1. GPRA: User Pop 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, without a documented history of bilateral blindness or bilateral eye enucleation.
2. Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits in the past year, *and* two DM-related visits ever *or* DM entry on the Problem List, without a documented history of bilateral blindness or bilateral eye enucleation.

2.1.6.4 Numerators

1. GPRA: Patients receiving a qualified retinal evaluation during the Report Period.

Note: This numerator does *not* include refusals.

- A. Patients with a validated teleretinal visit¹ during the Report Period.
- B. Patients with an Ophthalmology visit during the Report Period.
- C. Patients with an Optometry visit during the Report Period.

2.1.6.5 Definitions

Diabetes

First DM POV recorded in the V POV file or Problem List Entry where the status is not Deleted 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]

¹ Validation study properly powered and controlled against the ETDRS gold standard (American Telemedicine Association validation category 3).

- SNOMED data set PXR DIABETES (Problem List only)

Qualified Retinal Evaluation

- Diabetic retinal exam
- Other eye exam
- The following methods are qualifying for this measure:
 - Dilated retinal evaluation by an optometrist or ophthalmologist.
 - Seven standard fields stereoscopic photos (Early Treatment Diabetic Retinopathy Study [ETDRS]) evaluated by an optometrist or Ophthalmologist.
 - Any photographic method formally validated² to seven standard fields (ETDRS).

Diabetic Retinal Exam

Any of the following during the Report Period:

- Exam code 03 Diabetic Eye Exam (dilated retinal examination or formally validated³ ETDRS photographic equivalent)
- CPT 2021F Dilated macular exam, 2022F, 2023F and G2102 Dilated retinal eye exam, 2024F, 2025F and G2103 Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist, 2026F, 2033F and G2104 Eye imaging formally validated⁴ to match the diagnosis from seven standard field stereoscopic photos, S0620 Routine ophthalmological examination including refraction; new patient, S0621 Routine ophthalmological examination including refraction; established patient, S3000 Diabetic indicator; retinal eye exam, dilated, bilateral [BGP DM RETINAL EXAM CPTS].
- Procedure ICD-9: 95.02 Comprehensive eye exam, 95.03 Extended ophthalmologic work-up [BGP EYE EXAM PROCS]

² Ibid.

³ Validation study properly powered and controlled against the ETDRS gold standard (American Telemedicine Association validation category 3).

⁴ Ibid.

Other Eye Exam

- Non-DNKA (did not keep appointment) visits to ophthalmology or optometry clinics with an optometrist or ophthalmologist, or visits to formally validated⁵ teleophthalmology retinal evaluation clinics. Searches for any of the following codes in the following order:
 - CPT 67028, 67038 (old code), 67039, 67040, 92002, 92004, 92012, 92014, 92018, 92019 [BGP DM EYE EXAM CPTS]
 - Clinic code A2 (Diabetic Retinopathy)⁶
 - Clinic codes 17⁷ or 18⁸ with Provider code 08, 24, or 79 or where the Service Category is not C (Chart Review) or T (Telecommunications).

JVN Visit

- Clinic code A2

Ophthalmology Visit

- Clinic code 17 with Provider code 79 where the Service Category is not C (Chart Review) or T (Telecommunications)

Optometry Visit

- Clinic code 18 with Provider codes 08 or 24 where the Service Category is not C (Chart Review) or T (Telecommunications)

Bilateral Blindness

- Diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-9: 369.01, 369.03, 369.04; ICD-10: H54.0* [BGP BILATERAL BLINDNESS DXS]
 - SNOMED data set PXRMBGPBILATBLINDNESS (Problem List only)
 - SNOMED data set PXRMBGPBLINDNESSUNSPECIFIED with Laterality equal to Bilateral (Problem List only)

⁵ Validation study properly powered and controlled against the ETDRS gold standard (American Telemedicine Association validation category 3).

⁶ Validated photographic (teleretinal) retinal surveillance (American Telemedicine Association validation category 3).

⁷ Ophthalmology or Optometry clinic codes (17, 18) cannot be used for non-qualifying photographic DR examination methods⁵ unless a dilated retinal examination by an ophthalmologist or optometrist is also accomplished during the same encounter.

⁸ Ibid.

- One code from (SNOMED data set PXRMBGP LEFT EYE BLIND [Problem List only] *or* SNOMED data set PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Left [Problem List only]) *and* one code from (SNOMED data set PXRMBGP RIGHT EYE BLIND [Problem List only] *or* SNOMED data set PXRMBGP BLINDNESS UNSPECIFIED with Laterality equal to Right [Problem List only])

Bilateral Eye Enucleation

- CPT 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114 with modifier 50 or 09950 (50 and 09950 modifiers indicate bilateral)
- Two separate unilateral eye enucleations with visit dates at least 14 days apart with CPT 65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114
- Left eye enucleation: Procedure ICD-10: 08B1*** *and* right eye enucleation: Procedure ICD-10: 08B0*** on either the same or different dates of service

2.1.6.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 41.2% for the proportion of patients with diagnosed diabetes who receive an annual retinal examination.

2.1.6.7 Patient Lists

- List of diabetic patients who received any retinal screening.
- List of diabetic patients who did not receive any retinal screening.

2.2 Dental Group

2.2.1 Access to Dental Services

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; reported to OMB and Congress)

2.2.1.3 Denominators

1. GPRA: User Population patients broken down by age groups (in years): 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 74, and 75 and older.

2.2.1.4 Numerators

1. GPRA: Patients with documented dental visit during the Report Period.

Note: This numerator does *not* include refusals.

2.2.1.5 Definitions

Documented Dental Visit

- IHS Dental Tracking code 0000, 0007, or 0190
- RPMS Dental codes 0110 through 0390, 0415 through 0471, 0601 through 0603, 0999 through 9974, 9995, 9996, 9999
- ADA CDT code D0110 through D0390, D0415 through D9952, D9970 through D9974, D9995, D9996, 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]

2.2.1.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 28.8% for the proportion of patients who receive dental services.

2.2.1.7 Patient Lists

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

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; reported to OMB and Congress)

2.2.2.3 Denominators

1. GPRA: User Population patients ages 2 through 15 years. Broken down by age groups 2, 3 through 5, 6 through 9, 10 through 12, and 13 through 15.

2.2.2.4 Numerators

1. GPRA: Patients with at least one or more intact dental sealants.
2. Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of dental sealants during the Report Period. Broken down by age group 2 through 15 years.

Note: This numerator does *not* include refusals.

2.2.2.5 Definitions

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.

For the count measure, only two sealants per tooth and only one repair (RPMS Dental code 1353 or ADA CDT D1353) per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS.

2.2.2.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 13.7% for the proportion of patients with at least one or more intact dental sealants.

2.2.2.7 Patient Lists

- List of User Pop patients ages 2 through 15 years with intact dental sealant.
- List of User Pop patients ages 2 through 15 without intact dental sealant.
- Patients who received dental sealants during Report Period.

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; reported to OMB and Congress)

2.2.3.3 Denominators

1. GPRA: User Population patients ages 1 through 15. Broken down by age groups 1 through 2, 3 through 5, 6 through 9, 10 through 12, and 13 through 15.

2.2.3.4 Numerators

1. GPRA: Patients who received one or more topical fluoride applications during the Report Period.
2. Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment during the Report Period. Broken down by age group 1 through 15.

Note: This numerator does *not* include refusals.

2.2.3.5 Definitions

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]

For the count measure, a maximum of one application per patient per visit is allowed.

2.2.3.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 26.8% for the proportion of patients who receive at least one topical fluoride application.

2.2.3.7 Patient Lists

- List of User Pop patients ages 1 through 15 years with topical fluoride application.
- List of User Pop patients ages 1 through 15 without topical fluoride application.
- Patients who received at least one topical fluoride application during Report Period.

2.3 Immunization Group

2.3.1 Influenza

2.3.1.1 Owner and Contact

National Immunization Program: Uzo Chukwuma, MPH

2.3.1.2 National Reporting

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

2.3.1.3 Denominators

1. Active Clinical patients ages 6 months to 17 years.
2. Active Clinical patients ages 18 years and older.
3. GPRA: User Population patients ages 6 months to 17 years.
4. GPRA: User Population patients ages 18 years and older.
5. User Population patients ages 65 years and older.

2.3.1.4 Numerators

1. GPRA: Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period.

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

- A. Patients with a contraindication or a documented NMI refusal.

2.3.1.5 Definitions

Influenza Vaccine

Any of the following documented 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, 194, 197, 200-202, 205
- 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 90689, 90694, 90724 (old code), 90756, G0008, G8108 (old code), Q2034 through Q2039 [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

2.3.1.6 GPRA 2022 Target

Children: During GPRA Year 2022, achieve the target rate of 29.7% for the proportion of patients age 6 months through 17 years who receive an influenza immunization.

Adults: During GPRA Year 2022, achieve the target rate of 28.0% for the proportion of patients ages 18 years and older who receive an influenza immunization.

2.3.1.7 Patient Lists

- List of patients ages 6 months to 17 years with influenza vaccination, contraindication, or NMI refusal.
- List of patients 6 months to 17 years without influenza vaccination, contraindication, or NMI refusal.
- List of patients 18 years and older with influenza vaccination, contraindication, or NMI refusal.
- List of patients 18 years and older without influenza vaccination, contraindication, or NMI refusal.

2.3.2 Adult Immunizations

2.3.2.1 Owner and Contact

National Immunization Program: Uzo Chukwuma, MPH

2.3.2.2 National Reporting

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

2.3.2.3 Denominators

1. Active Clinical patients ages 19 years and older.
2. User Population patients ages 19 through 49.
3. User Population patients ages 50 through 64.
4. User Population patients ages 65 and older.
5. GPRA Denominator: User Population patients ages 19 and older.

2.3.2.4 Numerators

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

1. Patients who have received 1 dose of Tdap/Td in the past 10 years, including contraindications (with Denominators 2 through 4).
2. Patients who have received 1 dose of Tdap ever, including contraindications (with Denominators 2 through 4).
3. Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period (with Denominators 2 through 4).
4. Patients who have received Zoster vaccine (1 dose of Zostavax in the past five years or 2 doses of Shingrix ever), including contraindications (with Denominators 3 through 4).
5. Patients with Pneumococcal Polysaccharide (PPSV23) vaccine or contraindication documented and, if patient is older than 65 years, either a dose of PPSV23 vaccine after the age of 65 or a dose of PPSV23 vaccine in the past five years (with Denominator 4).
6. Patients who have received the 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period), including contraindications (with Denominator 2).
7. Patients who have received the 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever), including contraindications (with Denominator 2).

8. Patients who have received the 1:1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster), including contraindications (with Denominator 3).
9. Patients who have received the 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster), including contraindications (with Denominator 3).
10. Patients who have received the 1:1:1:1*:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster, 1 up-to-date Pneumococcal Polysaccharide vaccine [PPSV23]), including contraindications (with Denominator 4).
11. Patients who have received the 1:1:1*:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster, 1 up-to-date Pneumococcal Polysaccharide vaccine [PPSV23]), including contraindications (with Denominator 4).
12. GPRA: Patients who have received all age-appropriate immunization combinations (with Denominators 1 and 5).

2.3.2.5 Definitions

Age-appropriate Immunization Combinations

- Ages 19–49 years: 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
- Ages 50–64 years: 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past five years or 2 doses of Shingrix ever)
- Ages 65 years 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 five years or 2 doses of Shingrix ever, 1 up-to-date Pneumococcal Polysaccharide vaccine (PPSV23))

Up-to-date Pneumococcal Polysaccharide vaccine (PPSV23) is defined as: Patients who received a dose of PPSV23 on or after age 65 years *or* a dose of PPSV23 in the past five years or a contraindication to PPSV23.

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, 196
- POV ICD-9: V06.5 [BGP TD IZ DXS]
- CPT 90714, 90718

Td Contraindication

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

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

Influenza Vaccine

Any of the following during the Report Period:

- Immunization (CVX) codes 15, 16, 88, 111, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 161, 166, 168, 171, 185, 186, 194, 197, 200-202, 205
- 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 90689, 90694, 90724 (old code), 90756, G0008, G8108 (old code), Q2034 through Q2039 [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

Zostavax Vaccine

Any of the following documented in the past five years:

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

Contraindication to Zostavax 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 2 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

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]

Contraindication to Pneumococcal Polysaccharide (PPSV23) Vaccine

Any of the following documented:

- Contraindication in the Immunization Package of “Anaphylaxis” any time before the end of the Report Period
- PCC NMI Refusal any time before the end of the Report Period
- Pneumococcal Conjugate (PCV13) in the past year

Pneumococcal Conjugate (PCV13)

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

- Immunization (CVX) codes 100, 133, 152, 215, 216
- CPT 90669, 90670, 90671, 90677 [BGP PNEUMO CONJUGATE CPTS]

2.3.2.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 44.4% for the proportion of adult patients age 19 years and older who receive their age-appropriate immunizations.

2.3.2.7 Patient Lists

- List of patients ages 19–49 years with 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period).
- List of patients 19–49 without 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period).
- List of patients 19–49 with 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever).
- List of patients 19–49 without 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever).
- List of patients 50–64 with 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster).
- List of patients 50–64 without 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster).
- List of patients 50–64 with 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster).
- List of patients 50–64 without 1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster).
- List of patients 65 years and older with 1:1:1*:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster, 1 up-to-date PPSV23).
- List of patients 65 years and older without 1:1:1*:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster, 1 up-to-date PPSV23).
- List of patients 65 years and older with 1:1:1*:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster, 1 up-to-date PPSV23).
- List of patients 65 years and older without 1:1:1*:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster, 1 up-to-date PPSV23).
- List of User Population patients 19 years and older with age-appropriate immunizations.
- List of User Population patients 19 years and older without age-appropriate immunizations.

2.3.3 Childhood Immunizations

2.3.3.1 Owner and Contact

National Immunization Program: Uzo Chukwuma, MPH

2.3.3.2 National Reporting

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

2.3.3.3 Denominators

1. Active Clinical patients ages 19 through 35 months at end of Report Period.
2. User Population patients active in the Immunization Package who are 19 through 35 months at the end of the Report Period.

Note: Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.

3. GPRA: User Population patients ages 19 through 35 months at the end of the Report Period.

2.3.3.4 Numerators

Note: *The only refusals included in the numerators in this section are documented NMI refusals.*

1. GPRA: Patients who have received the 4:3:1:3*:3:1:4 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal), including contraindications and evidence of disease.
2. Patients who have received 4 doses of DTaP ever, including contraindications.
3. Patients who have received 3 doses of Polio ever, including contraindications and evidence of disease.
4. Patients who have received 1 dose of Measles, Mumps and Rubella (MMR) vaccine ever, including contraindications, and evidence of disease.
5. Patients who have received 3 or 4 doses of Haemophilus Influenza Type B (HiB) vaccine ever, including contraindications.
6. Patients who have received 3 doses of Hepatitis B vaccine ever, including contraindications and evidence of disease.

7. Patients who have received 1 dose of Varicella vaccine ever, including contraindications and evidence of disease.
8. Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including contraindications.

2.3.3.5 Definitions

Patient Age

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

Timing of Doses

Because immunization data comes from multiple sources, any immunization 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* it includes only patients flagged as active in the Immunization Package.

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.

Dosage and Types of Immunizations

- 4 Doses of Diphtheria Tetanus Acellular Pertussis (DTaP) vaccine
 - 4 DTaP or Diphtheria, Tetanus and Pertussis (DTP) vaccine 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, or
 - 4 each of Diphtheria, Tetanus, and Acellular Pertussis
- 3 Doses of Polio
 - 3 Oral Polio Vaccine (OPV)
 - 3 Inactivated Polio Vaccine (IPV), or
 - Combination of OPV & IPV totaling 3 doses

- 1 Dose of MMR
 - MMR
 - 1 M/R and 1 Mumps
 - 1 R/M and 1 Measles, or
 - 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
- 4 doses of Pneumococcal

NMI Refusals, Contraindication, and Evidence of Disease Information

NMI refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

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., 3 or 4 HIB): 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 HIB numerator with only 3 doses, all 3 doses must be included in the 3-dose series codes listed in the HIB definition. A patient with a mix of 3-dose and 4-dose series codes will need 4 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 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 Hepatitis B, the patient will be included in the numerator.
- 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.

- For immunizations where the 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 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).

NMI Refusal Definitions

PCC Refusal type 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, 198
 - CPT 90701, 90711 (old code), 90720 [BGP CPT DTAP/DTP/TDAP]
- Tdap (Tetanus, Diphtheria and Acellular Pertussis) vaccine
 - 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, 196
 - CPT 90714, 90718
- Diphtheria
 - CPT 90719
- Tetanus
 - Immunization (CVX) codes 35, 112
 - CPT 90703
- Acellular Pertussis
 - Immunization (CVX) code 11
- OPV
 - Immunization (CVX) codes 2, 89
 - CPT 90712

- IPV
 - Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146
 - CPT 90696 through 90698, 90711 (old code), 90713, 90723
- MMR
 - Immunization (CVX) codes 3, 94
 - CPT 90707, 90710
- M/R (Measles and Rubella)
 - Immunization (CVX) code 4
 - CPT 90708
- R/M (Rubella/Mumps)
 - 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, 198
 - 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, 198, 220
 - CPT 90636, 90697, 90723, 90731 (old code), 90739, 90740, 90743 through 90748, 90759, 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]

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 PXRMBGP 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 PXRMBGP IPC LYMPH CANCER

Immunization Definitions

- DTaP

- 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
 - Immunization (CVX) codes 1, 22, 102, 198
 - 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
 - Immunization (CVX) code 115
 - CPT 90715 [BGP CPT DTAP/DTP/TDAP]
- Tdap Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- DT
 - Immunization (CVX) code 28
 - POV ICD-9: V06.5 [BGP TD IZ DXS]
 - CPT 90702
- DT Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Td
 - Immunization (CVX) codes 9, 113, 138, 139, 196
 - 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
 - POV ICD-9: V03.5 [BGP DIPHTHERIA IZ DXS]
 - CPT 90719
- Diphtheria Contraindication Definition

- Immunization Package contraindication of “Anaphylaxis”
- Tetanus
 - 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
 - Immunization (CVX) code 11
 - POV ICD-9: V03.6 [BGP PERTUSSIS IZ DXS]
- Acellular Pertussis Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- OPV
 - Immunization (CVX) codes 2, 89
 - CPT 90712
- OPV Contraindication Definition
 - Immunization Package contraindication of “Immune Deficiency”
- IPV
 - 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
 - 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
 - Immunization (CVX) code 4
 - CPT 90708
- M/R Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- R/M
 - Immunization (CVX) code 38
 - CPT 90709 (old code)
- R/M Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Measles
 - 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
 - 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
 - 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
 - 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, 198
 - POV ICD-9: V03.81 [BGP HIB IZ DXS]
 - CPT 90644 through 90646, 90648, 90697, 90698, 90720, 90721, 90737 (old code)
- HiB Contraindication Definition
 - Immunization Package contraindication of “Anaphylaxis”
- Hepatitis B
 - Immunization (CVX) codes 8, 42 through 45, 51, 102, 104, 110, 132, 146, 189, 193, 198, 220
 - CPT 90636, 90697, 90723, 90731 (old code), 90739, 90740, 90743 through 90748, 90759, G0010, Q3021 (old code), Q3023 (old code) [BGP HEPATITIS CPTS]
- Hepatitis B evidence of disease definition

- 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
 - Immunization (CVX) codes 21, 94
 - POV ICD-9: V05.4 [BGP VARICELLA IZ DXS]
 - CPT 90710, 90716
- Varicella Evidence of Disease Definition
 - 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
 - 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”

2.3.3.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 47.8% for the proportion of AI/AN children ages 19 through 35 months who have received the recommended immunizations.

Notes: In FY 2013, the GPRA measure changed to the 4:3:1:3*:3:1:4 combination, which includes 3 or 4 HiB.

In FY 2011, the GPRA measure changed to the 4:3:1:3:3:1:4 combination, which includes pneumococcal.

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

2.4 Cancer Screening Group

2.4.1 Cervical Cancer Screening

2.4.1.1 Owner and Contact

CAPT Suzanne England, DNP, APRN

2.4.1.2 National Reporting

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

2.4.1.3 Denominators

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

Note: Patients must be at least 24 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period.

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

Note: Patients must be at least 24 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period.

3. Female User Population patients ages 24 through 29 without documented history of hysterectomy.
4. Female User Population patients ages 30 through 64 without documented history of hysterectomy.

2.4.1.4 Numerators

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

1. GPRA: Patients with a Pap smear documented in the past three years, or if patient is 30–64 years old, either a Pap Smear documented in the past three years or a Pap Smear and an HPV DNA documented on the same day in the past five years or HPV Primary in the past five years.
2. Patients with a Pap Smear documented in the past three years (with Denominators 3 and 4).
3. Patients with a Pap Smear documented three to five years ago, and an HPV DNA documented on the same day in the past five years (with Denominator 4).
4. Patients with HPV Primary in the past 5 years (with Denominator 4).

2.4.1.5 Definitions

Age

Age of the patient is calculated at the beginning of the Report Period. Patients must be at least 24 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period.

Hysterectomy

Defined as any of the following ever:

- Procedure ICD-9: 68.4 through 68.8; ICD-10: 0UTC*ZZ, 0UT90ZL, 0UT9*ZZ [BGP HYSTERECTOMY PROCEDURES]
- CPT 51925, 56308 (old code), 58150, 57540, 57545, 57550, 57555, 57556, 58152, 58200 through 58294, 58548, 58550 through 58554, 58570 through 58573, 58575, 58951, 58953 through 58954, 58956, 59135 [BGP HYSTERECTOMY CPTS]
- Diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-9: 618.5, 752.43, V88.01, V88.03; ICD-10: N99.3, Z12.72, Z90.710, Z90.712, Q51.5 [BGP HYSTERECTOMY DXS]
 - SNOMED data set PXRMBGP HYSTERECTOMY DX (Problem List only)
- Women’s Health procedure called Hysterectomy

Pap Smear

- Lab PAP SMEAR
- POV ICD-9: V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, 795.0*; ICD-10: R87.61*, R87.810, R87.820, Z01.42, Z12.4 [BGP PAP SMEAR DXS]
- CPT 88141 through 88154, 88160 through 88167, 88174 through 88175, G0123, G0124, G0141, G0143 through G0145, G0147, G0148, P3000, P3001, Q0091 Screening Pap Smear [BGP CPT PAP]
- Women’s Health procedure called Pap Smear and where the result does not have “ERROR/DISREGARD”
- LOINC taxonomy: 10524-7, 18500-9, 19762-4, 19763-2, 19764-0, 19765-7, 19766-5, 19767-3, 19768-1, 19769-9, 19770-7, 19771-5, 19772-3, 19773-1, 19774-9, 33717-0, 39086-4, 47527-7, 47528-5, 49034-2, 49050-8 [BGP PAP LOINC CODES]
- Site-populated taxonomy BGP GPRA PAP SMEAR TAX

HPV DNA

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

- Lab HPV

- POV ICD-9: V73.81, 079.4, 795.05, 795.09, 795.15, 795.19, 796.75, 796.79; ICD-10: B97.7, R85.618, R85.81, R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51 [BGP HPV DXS]
- CPT 87620 through 87622 (old codes), 87623 through 87625, G0476 [BGP HPV CPTS]
- Women’s Health procedure called HPV Screen and where the result does *not* have “ERROR/DISREGARD”
- Women’s Health procedure called Pap Smear and where the HPV field equals Yes
- LOINC taxonomy: 10705-2, 11083-3, 11481-9, 12222-6, 12223-4, 13321-5, 13322-3, 14499-8, 14500-3, 14501-1, 14502-9, 14503-7, 14504-5, 14505-2, 14506-0, 16280-0, 17398-9, 17399-7, 17400-3, 17401-1, 17402-9, 17403-7, 17404-5, 17405-2, 17406-0, 17407-8, 17408-6, 17409-4, 17410-2, 17411-0, 17412-8, 18478-8, 18479-6, 18480-4, 21440-3, 21441-1, 22434-5, 30167-1, 32047-3, 38372-9, 42481-2, 42770-8, 43170-0, 43209-6, 43210-4, 43211-2, 44543-7, 44544-5, 44545-2, 44546-0, 44547-8, 44548-6, 44549-4, 44550-2, 44551-0, 48560-7, 49891-5, 49896-4, 50642-8, 55298-4, 55299-2, 56140-7, 59263-4, 59264-2, 59420-0, 61372-9, 61373-7, 61374-5, 61375-2, 61376-0, 61377-8, 61378-6, 61379-4, 61380-2, 61381-0, 61382-8, 61383-6, 61384-4, 61385-1, 61386-9, 61387-7, 61388-5, 61389-3, 61390-1, 61391-9, 61392-7, 61393-5, 61394-3, 61395-0, 61396-8, 6510-2, 6511-0, 6512-8, 6513-6, 6514-4, 6515-1, 6516-9, 69002-4, 69358-0, 70061-7, 71431-1, 71432-9, 73732-0, 73959-9, 74763-4, 74776-6, 74777-4, 74778-2, 74779-0, 75406-9, 75664-3, 75694-0, 75695-7, 75696-5, 76498-5, 77375-4, 77376-2, 77377-0, 77378-8, 77379-6, 77380-4, 77394-5, 77395-2, 77396-0, 77399-4, 77400-0, 7975-6, 81439-2, 82354-2, 82456-5, 82457-3, 82675-0, 86560-0, 86561-8, 86562-6, 86563-4, 86564-2, 91073-7, 91851-6, 91852-4, 91853-2, 91854-0, 91855-7, 91856-5, 95539-3, 95538-5, 95537-7, 95536-9, 95535-1, 95534-4, 95533-6, 95532-8, 97156-4, 97157-2 [BGP HPV LOINC CODES]
- Site-populated taxonomy BGP HPV TAX

HPV Primary

- Lab HPV Primary
- CPT 87624
- LOINC taxonomy: 59420-0, 71432-9, 77377-0, 77379-6, 77378-8, 95532-8, 97156-4 [BGP HPV PRIMARY LOINC CODES]
- Site-populated taxonomy BGP HPV PRIMARY TAX

2.4.1.6 GPRA 2022 Target

During GPRA Year 2022, establish a baseline for the proportion of female patients ages 24 through 64 years without a documented history of hysterectomy who have had a Pap screen within the previous three years, or if the patient is over 30, have had a Pap screen in the past three years or a Pap screen and HPV DNA on the same day within the previous five years.

2.4.1.7 Patient Lists

- List of female patients with a Pap smear documented in the past three years or Pap plus HPV in past five years.
- List of female patients without a Pap smear documented in the past three years or Pap plus HPV in past five years.

2.4.2 Cancer Screening: Mammogram Rates

2.4.2.1 Owner and Contact

CAPT Suzanne England, DNP, APRN

2.4.2.2 National Reporting

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

2.4.2.3 Denominators

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

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

2.4.2.4 Numerators

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

Note: This numerator does *not* include refusals.

2.4.2.5 Definitions

Age

Age of the patient is calculated at the beginning of the Report Period. Patients must be at least 52 years old at the beginning of the Report Period and younger than 75 years of age as of the end of the Report Period.

Bilateral Mastectomy

- CPT 19300.50 through 19307.50 *or* 19300 through 19307 with modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, with modifier of 50 or 09950 [BGP MASTECTOMY CPTS]
- Procedure ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HBV0ZZ, 0HCV0ZZ, 0HDV0ZZ, 0HTV0ZZ [BGP MASTECTOMY PROCEDURES]
- Diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-10: Z90.13 [BGP MASTECTOMY DXS]
 - SNOMED data set PXRMBGPBILATMASTECTOMY (Problem List only)

Two Separate Unilateral Mastectomies

Requires either of the following:

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

Right Mastectomy

- Diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-10: Z90.11 [BGP RIGHT MASTECTOMY DXS]
 - SNOMED data set PXRMBGPRIGHTMASTECTOMY (Problem List only)
- Procedure ICD-10: 07T50ZZ, 07T80ZZ, 0HBT0ZZ, 0HCT0ZZ, 0HDT0ZZ, 0HTT0ZZ [BGP UNIRIGHTMASTECTOMY PROCS]

Left Mastectomy

- Diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-10: Z90.12 [BGP LEFT MASTECTOMY DXS]
 - SNOMED data set PXRMBGPLEFTMASTECTOMY (Problem List only)

- Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 0HDU0ZZ, 0HTU0ZZ [BGP UNI LEFT MASTECTOMY PROCS]

Mastectomy on Unknown Side

- CPT 19300 through 19307, or old codes 19180, 19200, 19220, 19240 [BGP UNI MASTECTOMY CPTS]
- Procedure ICD-9: 85.41, 85.43, 85.45, 85.47 [BGP UNI MASTECTOMY PROCEDURES]

Mammogram

- Radiology or CPT 77046 through 77049, 77052 through 77059, 77065 through 77067, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202 [BGP CPT MAMMOGRAM]
- POV ICD-9: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified, 793.81 Mammographic microcalcification, 793.89, Other abnormal findings on radiological exam of breast; ICD-10: R92.0, R92.1, R92.8 [BGP MAMMOGRAM DXS]
- Procedure ICD-9: 87.36, 87.37; ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ [BGP MAMMOGRAM PROCEDURES]
- Women’s Health procedure called Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does *not* have “ERROR/DISREGARD”

2.4.2.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 39.7% for the proportion of female patients ages 52 through 74 years who have had mammography screening within the last two years.

2.4.2.7 Patient Lists

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

2.4.3 Colorectal Cancer Screening

Note: Numerator does not include Double Contrast Barium Enema (DCBE).

2.4.3.1 Owner and Contact

Epidemiology Program: Don Haverkamp

2.4.3.2 National Reporting

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

2.4.3.3 Denominators

Note: For this section, since HEDIS calculates age at the end of the Report Period, the patient's age at the beginning of the Report Period must be at least 45 years of age and 46 years of age at the end of the Report Period.

1. Active Clinical patients ages 45 through 75 without a documented history of colorectal cancer or total colectomy.
2. GPRA: User Population patients ages 45 through 75 without a documented history of colorectal cancer or total colectomy.

2.4.3.4 Numerators

1. GPRA: Patients who have had any Colorectal Cancer (CRC) screening, defined as any of the following:
 - A. Fecal Occult Blood Test (FOBT) or FIT during the Report Period
 - B. Flexible sigmoidoscopy or CT colonography in the past five years
 - C. Colonoscopy in the past 10 years
 - D. FIT-DNA in the past three years
2. Patients with Fecal Occult Blood test (FOBT) or Fecal Immunochemical Test (FIT) during the Report Period.

2.4.3.5 Definitions

Denominator Exclusions

Any diagnosis ever of one of the following:

- Colorectal Cancer
 - Diagnosis (POV or Problem List entry where the status is not Deleted):
 - ICD-9: 153.*, 154.0, 154.1, 197.5, V10.05, V10.06; ICD-10: C18.*, C19, C20, C21.2, C21.8, C78.5, Z85.030, Z85.038, Z85.048 [BGP COLORECTAL CANCER DXS]
 - SNOMED data set PXR 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 time frames:

- FOBT or FIT
 - CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code) [BGP FOBT CPTS]
 - LOINC taxonomy: 12503-9, 12504-7, 14563-1, 14564-9, 14565-6, 2335-8, 27396-1, 27401-9, 27925-7, 27926-5, 29771-3, 42912-6, 42913-4, 56490-6, 56491-4, 57905-2, 58453-2, 50196-5, 57803-9, 80372-6 [BGP FOBT LOINC CODES]
 - 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 [BGP CT COLONOGRAPHY CPTS]
- 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, G2204, G9252, G9253 [BGP COLO CPTS]
- FIT-DNA
 - CPT 81528, G0464 [BGP FIT-DNA CPTS]
 - LOINC taxonomy: 77353-1, 77354-9 [BGP FIT-DNA LOINC CODES]
 - Site-populated taxonomy BGP FIT-DNA TESTS

2.4.3.6 GPRA 2022 Target

During GPRA Year 2022, establish a baseline for the proportion of clinically appropriate patients ages 45 through 75 years who have received colorectal screening.

2.4.3.7 Patient Lists

- List of patients ages 45 through 75 years with CRC screening.
- List of patients ages 45 through 75 years without CRC screening.

2.4.4 Tobacco Use and Exposure Assessment

2.4.4.1 Owner and Contact

Chris Lamer, PharmD

Epidemiology Program: Dayle Knutson, RN, BSN

2.4.4.2 National Reporting

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

2.4.4.3 Denominators

1. User Population patients ages 5 years and older.

2.4.4.4 Numerators

1. Patients screened for tobacco use during the Report Period.
2. Patients identified during the Report Period as current tobacco users.
 - A. Current smokers
 - B. Current smokeless tobacco users
 - C. Current E-Cigarette users
3. Patients identified as smokers of substances other than tobacco during the Report Period.
4. Patients exposed to environmental tobacco smoke (ETS) during the Report Period.

2.4.4.5 Definitions

Tobacco Screening

At least one of the following:

- Any Health Factor for category Tobacco [C004], TOBACCO (SMOKING) [C017], TOBACCO (SMOKELESS – CHEWING/DIP) [C016], E-CIGARETTES [C019], TOBACCO (EXPOSURE) [C015]
- POV or Problem List entry where the status is not Inactive or Deleted:
 - ICD-9: 305.1, 305.1* (old codes), 649.00 through 649.04, V15.82 (tobacco-related diagnosis); ICD-10: F17.2*, O99.33*, Z71.6, Z72.0, Z87.891 [BGP TOBACCO DXS]
 - SNOMED data set PXRMBGP TOBACCO SCREENED (Problem List only)
- Dental code 1320

- Patient Education codes containing “TO-”, “-TO”, “-SHS,” 305.1, 305.1* (old codes), 649.00 through 649.04, V15.82, F17.2*, O99.33*, Z71.6, Z72.0, Z87.891, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, 4000F, 4001F, G8455 through G8457 (old codes), G8402 (old code), G8453 (old code), G9016, G9275, G9276, G9458, or SNOMED 408939007 or data set PXRMBGP TOBACCO SCREENED
- CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), G8455 through G8457 (old codes), G8402 (old code), G8453 (old code), G9016, G9275, G9276, G9458, 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User), 1000F (Tobacco Use Assessed), 4000F, 4001F [BGP TOBACCO SCREEN CPTS]

Tobacco Users

- Health Factors: Current Smokeless [F003]; Current Smoker and Smokeless [F030]; Current E-cigarette user w/nicotine [F124]; Current Smoker, status unknown [F002]; Current smoker, every day [F108]; Current smoker, some day [F109]; Heavy Tobacco Smoker [F121]; Light Tobacco Smoker [F122]
- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
 - ICD-9: 305.1, 305.10 through 305.12 (old codes), 649.00 through 649.04; ICD-10: F17.2*0, F17.2*3, F17.2*8, F17.2*9, O99.33*, Z71.6, Z72.0 [BGP TOBACCO USER DXS]
 - SNOMED data set PXRMBGP CURRENT TOBACCO (Problem List only)
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 4000F, 4001F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code), G9016, G9276, G9458 [BGP TOBACCO USER CPTS]

Current Smokers

- Health Factors: Current Smoker and Smokeless [F030]; Current Smoker, status unknown [F002]; Current smoker, every day [F108]; Current smoker, some day [F109]; Heavy Tobacco Smoker [F121]; Light Tobacco Smoker [F122]
- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
 - ICD-9: 305.1, 305.10 through 305.12 (old codes), 649.00 through 649.04; ICD-10: F17.200, F17.203 through F17.210, F17.213 through F17.219, F17.290, F17.293 through F17.299, O99.33* [BGP GPRA SMOKING DXS]
 - SNOMED data set PXRMBGP TOBACCO SMOKER (Problem List only)

- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, G8455 (old code), G8402 (old code), G8453 (old code), G9016 [BGP SMOKER CPTS]

Current Smokeless

- Health Factors: Current Smokeless [F003], Current Smoker and Smokeless [F030]
- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
 - ICD-10: F17.220, F17.223 through F17.229 [BGP GPRA SMOKELESS DXS]
 - SNOMED data set PXRMBGP TOBACCO SMOKELESS (Problem List only)
- CPT 1035F, G8456 (old code) [BGP SMOKELESS TOBACCO CPTS]

E-Cigarettes

- Health Factors: Current E-cigarette user w/nicotine [F124]

Other substance

- Health Factors: Current E-cig user w/other substance(s) [F155]

ETS

Health Factors: Smoker in Home [F006], Exposure to Environmental Tobacco Smoke [F031]

2.4.4.6 Patient Lists

- List of patients with documented tobacco screening.
- List of patients without documented tobacco screening.
- List of patients identified as current tobacco users, both smokers and smokeless users.

2.4.5 Tobacco Cessation

2.4.5.1 Owner and Contact

Chris Lamer, PharmD

Epidemiology Program: Dayle Knutson, RN BSN

2.4.5.2 National Reporting

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

2.4.5.3 Denominators

1. GPRA: User Population patients identified as current tobacco users. Broken down by gender and age groups: younger than 12 years old, 12 through 17, 18 and older.
2. Active clinical patients identified as current tobacco users.

2.4.5.4 Numerators

1. Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid anytime during the Report Period.
2. Patients identified as having quit their tobacco use anytime during the Report Period.
3. GPRA: Patients who received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the Report Period.

2.4.5.5 Definitions

Denominator

Current Tobacco Users or Tobacco Users in Cessation:

CRS will search first for all health factors documented in the TOBACCO (SMOKING) [C017], TOBACCO (SMOKELESS – CHEWING/DIP) [C016] and E-CIGARETTES [C019] categories during the Report Period.

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

Tobacco User Health Factors (TUHF):

- SMOKER category:
 - Current Smoker, status unknown [F002]
 - Current Smoker, every day [F108]
 - Current Smoker, some day [F109]
 - Heavy Tobacco Smoker [F121]
 - Light Tobacco Smoker [F122]
- SMOKELESS category:
 - Current Smokeless [F003]
- E-Cigarettes category:

- Current E-cigarette user w/nicotine [F124]

If no TUHF listed above was found in each of the three categories (SMOKER, SMOKELESS, and E-Cigarettes) during the specified time frame, CRS will then search for the most recent health factor in each category documented during an *expanded* time frame of any time prior to the Report Period. For example, a patient with the most recent health factor being documented five years prior to the Report Period.

Note: If multiple health factors of the same category were documented on the same date and if any of them are TUHF(s), all the health factors of the same category will be considered as TUHF(s).

If a health factor is found during the expanded time frame and is a TUHF, the patient will be considered a current tobacco user.

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

A patient is considered a smoker if any of the following health factors are found: Current Smoker, status unknown [F002]; Current Smoker, every day [F108]; Current Smoker, some day [F109]; Heavy Tobacco Smoker [F121]; Light Tobacco Smoker [F122].

A patient is considered a smokeless user if any of the following health factors are found: Current Smokeless [F003].

A patient is considered an E-Cigarette user if any of the following health factors are found: Current E-cigarette user w/nicotine [F124].

Tobacco Cessation Counseling

Any of the following documented anytime during the Report Period:

- Patient education codes containing “TO-,” “-TO,” “-SHS,” 305.1, 305.1* (old codes), 649.00 through 649.04, V15.82, F17.2*, O99.33*, Z71.6, Z72.0, Z87.891, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402, G8453, G9016, G9458, or SNOMED data set PXRMBGP TOBACCO SCREENED.
- Clinic code 94 (tobacco cessation clinic)
- Dental code 1320
- CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), G8402, G8453, G9016, G9458, 4000F

- POV ICD-10: Z71.6

Prescription for Tobacco Cessation Aid

Any of the following documented anytime during the Report Period:

- Prescription for medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy that does not have a comment of RETURNED TO STOCK
- Prescription for any medication with name containing “NICOTINE PATCH,” “NICOTINE POLACRILEX,” “NICOTINE INHALER,” “NICOTINE NASAL SPRAY” that does not have a comment of RETURNED TO STOCK
- CPT 4001F

Quit Tobacco Use

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

If the patient is a smoker, the last documented health factor must be one of the following: Previous (former) smoker [F004], Cessation-Smoker [F024].

If the patient is a smokeless user, the last documented health factor must be one of the following: Previous (former) smokeless [F005], Cessation-Smokeless [F023].

If the patient is an E-Cigarette user, the last documented health factor must be one of the following: Former E-cigarette user [F126], Cessation ENDS user [F125].

Health Factor to SNOMED Mapping

IHS Tobacco Health Factor codes are mapped to SNOMED CT codes. These codes that are represented by the Health Factors are listed in Table 2-1, Table 2-2, and Table 2-3.

Table 2-1: Smoking Health Factors mapped to SNOMED codes

Health Factor	SNOMED CT
Current Smoker, status unknown	77176002
Current Smoker, every day	449868002
Current Smoker, some day	428041000124106
Heavy Tobacco Smoker	N/A
Light Tobacco Smoker	N/A
Previous (former) Smoker	8517006
Cessation-Smoker	8517006

Table 2-2: Smokeless Tobacco Health Factors mapped to SNOMED codes

Health Factor	SNOMED CT
Current Smokeless	N/A
Previous (former) Smokeless	N/A
Cessation-Smokeless	N/A

Table 2-3: E-Cigarette Health Factors mapped to SNOMED codes

Health Factor	SNOMED CT
Current E-Cigarette User w/nicotine	785889008
Former E-Cigarette User	N/A
Cessation ENDS User	N/A

2.4.5.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 29.8% for the proportion of tobacco-using patients who receive tobacco cessation intervention.

2.4.5.7 Patient Lists

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

2.5 Behavioral Health Group

2.5.1 Alcohol Screening

2.5.1.1 Owner and Contact

JB Kinlacheeny, MPH, IHS Division of Behavioral Health (DBH)

2.5.1.2 National Reporting

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

2.5.1.3 Denominators

1. Active Clinical Plus BH patients ages 9 through 75 years.
2. Female Active Clinical patients ages 14 through 46 (child-bearing age).
3. Female Active Clinical patients ages 14 to 46 screened for alcohol use during the Report Period, not including refusals.

Note: This denominator does *not* include patients with a screening refusal or an alcohol-related diagnosis, procedure, or patient education.

4. GPRA: User Population patients ages 9 through 75.
5. User Population patients ages 9 through 75 screened for alcohol use during the Report Period, not including refusals or patient education.

Note: This denominator does *not* include patients with a screening refusal or an alcohol-related diagnosis, procedure, or patient education.

2.5.1.4 Numerators

1. GPRA: Patients screened for alcohol use or who had an alcohol-related diagnosis or procedure during the Report Period (with Denominators 1, 4).

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

2. Patients with alcohol-related patient education during the Report Period (with Denominator 4).
3. Patients who screened positive for alcohol use (with Denominators 3 and 5).
4. Patients screened for alcohol use, had an alcohol-related diagnosis or procedure, or received alcohol-related patient education during the Report Period (with Denominator 2).

Note: This numerator does *not* include refusals.

2.5.1.5 Definitions

Alcohol Screening

Any of the following during the Report Period:

- PCC Exam code 35
- Any Cut Down, Annoyed, Guilty, and Eye Opener (CAGE) Health Factor [F018-F022]
- POV ICD-9: V11.3, V79.1 [BGP ALCOHOL SCREEN DXS], or Behavioral Health System (BHS) problem code 29.1
- CPT 99408, 99409, G0396, G0397, G0442, G0443, G2011, G2196, G2197, H0049, H0050, 3016F [BGP ALCOHOL SCREENING CPTS]
- Measurement in PCC or Behavioral Health (BH) of AUDT, AUDC, or CRFT

Alcohol-Related Diagnosis or Procedure

Any of the following during the Report Period:

- Alcohol-related Diagnosis
 - POV, Current PCC or BHS Problem List ICD-9: 303.*, 305.0*, 291.*, 357.5*; ICD-10: F10.1*, F10.20, F10.220 through F10.29, F10.920 through F10.982, F10.99, G62.1 [BGP ALCOHOL DXS]
 - SNOMED data set PXRMBGP ETOH RELATED DX (Problem List only)
 - BHS POV or Problem Codes 10, 12.1, 14.2, 17.1, 18.1, 20.1, 22.1, 27, 29
- Alcohol-related Procedure
 - Procedure ICD-9: 94.46, 94.53, 94.61 through 94.63, 94.67 through 94.69 [BGP ALCOHOL PROCEDURES]

Alcohol-Related Patient Education

Any of the following during the Report Period:

- All Patient Education codes containing “AOD-” or “-AOD,” “CD-” or “-CD” (old codes), or V11.3, V79.1, 303.*, 305.0*, 291.* 357.5*, F10.1*, F10.20, F10.220-F10.29, F10.920-F10.982, F10.99, G62.1 [BGP ALCOHOL EDUC DXS], 99408, 99409, G0396, G0397, G0442, G0443, G2011, G2196, G2197, H0049, H0050, 3016F [BGP ALCOHOL SCREENING CPTS], or SNOMED 408947007 or data set PXRMBGP ETOH RELATED DX.

Positive Screen for Alcohol Use

Any of the following for patients with alcohol screening:

- Exam code 35 Alcohol Screening result of “Positive”
- Health factor of CAGE result of 1/4, 2/4, 3/4, or 4/4 [F019-F022]

- CPT G0396, G0397, G2011, G2197, 99408, 99409 [BGP ALCOHOL POSITIVE SCRIN CPTS]
- AUDT result of greater than or equal (\geq) to 8, AUDC result of greater than or equal to (\geq) 4 for men and greater than or equal to (\geq) 3 for women, CRFT result of 2–6

2.5.1.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 39.2% for the proportion of patients ages 9 through 75 years who receive screening for alcohol use.

2.5.1.7 Patient Lists

- List of female Active Clinical patients ages 14–46 years with documented screening.
- List of female Active Clinical patients ages 14–46 years without documented screening.
- List of female Active Clinical patients 14–46 with a positive alcohol screen.
- List of female Active Clinical patients 14–46 with a negative alcohol screen/no result.
- List of User Population patients 9–75 with documented alcohol screening.
- List of User Population patients 9–75 without documented alcohol screening.
- List of patients 9–75 with a positive alcohol screen.
- List of patients 9–75 with a negative alcohol screen/no result.

2.5.2 Screening, Brief Intervention, and Referral to Treatment (SBIRT)

2.5.2.1 Owner and Contact

JB Kinlacheeny, MPH, IHS Division of Behavioral Health (DBH)

2.5.2.2 National Reporting

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

2.5.2.3 Denominators

1. Active Clinical Plus BH patients age 9 through 75 years who screened positive for risky or harmful alcohol use during the Report Period.

2. User Population patients age 9 through 75 years.
3. GPRA: User Population patients age 9 through 75 years who screened positive for risky or harmful alcohol use during the Report Period.

2.5.2.4 Numerators

1. Patients screened in Ambulatory Care for risky or harmful alcohol use (with Denominator 1).
 - A. Patients screened positive for risky or harmful alcohol use.
 - B. Patients provided a BNI/BI in Ambulatory care within seven days of screen.
2. GPRA: Patients provided a Brief Negotiated Interview (BNI) or Brief Intervention (BI) in Ambulatory Care within seven days of screen (with Denominators 2 and 3).
 - A. Patients who received a BNI/BI on same day as screen.
 - B. Patients who received a BNI/BI one to three days after screen.
 - C. Patients who received a BNI/BI four to seven days after screen.
 - D. Patients who were referred treatment within seven days of screen.

2.5.2.5 Definitions

Ambulatory Care

- Service Category A (Ambulatory)

Screening for Risky or Harmful Alcohol Use

Any of the following:

- Exam code 35
- Any Alcohol Health Factor (i.e., CAGE) [F018-F022]
- POV ICD-9: V79.1 Screening for Alcoholism [BGP SCREEN FOR ALCOHOLISM DX]
- CPT G0396, G0397, G0442, G0443, G2011, G2196, G2197, H0049, H0050, 99408, 99409, 3016F [BGP ALCOHOL SCREENING CPTS]
- Measurement in PCC of AUDT, AUDC, CRFT

Positive Screen for Risky or Harmful Alcohol Use

CRS will look for the most recent positive screen during the Report Period, if any. A positive screen is defined as any of the following for the screening performed:

- Exam code 35 Alcohol Screening result of Positive

- Health factor of CAGE result of 1/4, 2/4, 3/4, or 4/4 [F019-F022]
- Any of the following:
 - AUDT result greater than or equal to (\geq) 8
 - AUDC result greater than or equal to (\geq) 4 (men)
 - AUDC result greater than or equal to (\geq) 3 (women)
 - CRFT result greater than or equal to (\geq) 2 and CRFT result less than or equal to (\leq) 6

BNI/BI

Any of the following documented at the Ambulatory Care visit or within seven days of the Ambulatory Care visit at a face-to-face visit, which excludes chart reviews and telecommunication visits:

- CPT G0396, G0397, G2011, G2200, H0050, 99408, 99409, 96150 through 96155 [BGP BNI CPTS]
- Patient education code containing AOD-BNI, G0396, G0397, G2011, G2200, H0050, 99408, 99409, 96150 through 96155, or SNOMED code 408947007

Referral to Treatment

- Patient education code AOD-TX

2.5.2.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 13.5% for the proportion of patients ages 9 through 75 years who screened positive for risky or harmful alcohol use and who received a Brief Negotiated Interview (BNI) or Brief Intervention (BI) within seven days of screen.

2.5.2.7 Patient Lists

- List of UP patients ages 9–75 years who were screened for risky or harmful alcohol use.
- List of UP patients ages 9–75 years who were not screened for risky or harmful alcohol use.
- List of UP patients ages 9–75 who screened positive for risky or harmful alcohol use.
- List of UP patients ages 9–75 who received a BNI/BI within seven days of screen.
- List of UP patients ages 9–75 who did not receive a BNI/BI within seven days of screen.

- List of UP patients ages 9–75 who screened positive for risky or harmful alcohol use and who were referred treatment within seven days of screen.
- List of UP patients ages 9–75 who screened positive for risky or harmful alcohol use and who were not referred treatment within seven days of screen.
- List of UP patients ages 9–75 who screened positive for risky or harmful alcohol use and who received a BNI/BI within seven days of screen.
- List of UP patients ages 9–75 who screened positive for risky or harmful alcohol use and who did not receive a BNI/BI within seven days of screen.

2.5.3 Intimate Partner (Domestic) Violence Screening

2.5.3.1 Owner and Contact

Erica Gourneau, BSN RN SANE-A, IHS Division of Behavioral Health (DBH)

2.5.3.2 National Reporting

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

2.5.3.3 Denominators

1. Female Active Clinical patients ages 14 through 46 years.
2. GPRAMA: Female User Population patients ages 14 through 46 years.

2.5.3.4 Numerators

1. GPRAMA: Patients screened for intimate partner (domestic) violence (IPV/DV) at any time during the Report Period.

Note: This numerator does *not* include refusals.

- A. Patients with documented IPV/DV exam.
- B. Patients with IPV/DV-related diagnosis.
- C. Patients provided with education or counseling about IPV/DV.

2.5.3.5 Definitions

Intimate Partner Violence/Domestic Violence (IPV/DV) Screening

Defined as one of the following:

- IPV/DV Exam

- Exam code 34
- BHS IPV/DV exam
- IPV/DV Related Diagnosis
 - POV, Current PCC or BHS Problem List ICD-9: 995.80 through 83, 995.85, V15.41, V15.42, V15.49; ICD-10: T74.11XA, T74.21XA, T74.31XA, T74.91XA, T76.11XA, T76.21XA, T76.31XA, T76.91XA, Z91.410 [BGP DV DXS]
 - SNOMED data set PXRMBGP IPV DV DX (Problem List only)
 - BHS POV 43.*, 44.*
- IPV/DV Patient Education
 - Patient Education codes containing “DV-” or “-DV,” 995.80 through 83, 995.85, V15.41, V15.42, V15.49, T74.11XA, T74.21XA, T74.31XA, T74.91XA, T76.11XA, T76.21XA, T76.31XA, T76.91XA, Z91.410 [BGP IPV/DV EDUC DXS], or SNOMED 413457006 or data set PXRMBGP IPV DV DX
- IPV/DV Counseling
 - POV ICD-9: V61.11; ICD-10: Z69.11 [BGP IPV/DV COUNSELING ICDS]

2.5.3.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 36.3% for the proportion of female patients ages 14 through 46 years who receive screening for domestic violence.

2.5.3.7 Patient Lists

- List of female patients 14 through 46 years with documented IPV/DV screening.
- List of female patients 14 through 46 years without documented IPV/DV screening.

2.5.4 Depression Screening

2.5.4.1 Owner and Contact

IHS Division of Behavioral Health (DBH)

2.5.4.2 National Reporting

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

2.5.4.3 Denominators

1. Active Clinical patients 12 through 17 years old.
2. Active Clinical patients ages 18 years and older.
3. GPRA: User Population patients ages 12 through 17 years. Broken down by gender.
4. GPRA: User Population patients ages 18 years and older. Broken down by gender.
5. Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits in the past year, *and* two DM-related visits ever *or* DM entry on the Problem List. Broken down by gender.

2.5.4.4 Numerators

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

Note: This numerator does *not* include refusals.

- A. Patients screened for depression during the Report Period.
- B. Patients with a diagnosis of a mood disorder during the Report Period.
- C. Patients who were screened in a Behavioral Health clinic.

2.5.4.5 Definitions

Diabetes

First DM POV recorded in the V POV file or Problem List Entry where the status is not Deleted 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)

Depression Screening

Any of the following:

- Exam code 36
- POV ICD-9: V79.0; ICD-10: Z13.3* [BGP DEPRESSION SCRNI DXS]
- CPT 1220F, 3725F, G0444 [BGP DEPRESSION SCREEN CPTS]

- BHS problem code 14.1 (screening for depression)
- Measurement in PCC or BH of PHQ2, PHQ9, or PHQT

Mood Disorders

At least two visits in PCC or BHS during the Report Period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder Not Otherwise Specified (NOS), Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are:

- ICD-9: 290.13, 290.21, 290.43, 291.89, 292.84, 293.83, 296.*, 298.0, 300.4, 301.12, 301.13, 309.0, 309.1, 309.28, 311; ICD-10: F01.51, F06.31 through F06.34, F1*.*4, F10.159, F10.180, F10.181, F10.188, F10.259, F10.280, F10.281, F10.288, F10.959, F10.980, F10.981, F10.988, F30.*, F31.0 through F31.71, F31.73 through F31.75, F31.77, F31.81 through F31.9, F32.* through F39, F43.21, F43.23 [BGP MOOD DISORDERS]
- BHS POV 14, 15

Behavioral Health Clinic

- Clinic codes C4, C9, 14, 43, 48

2.5.4.6 GPRA 2022 Target

Ages 12–17 years: During GPRA Year 2022, achieve the target rate of 33.9% for the proportion of patients ages 12 through 17 years who receive annual screening for depression.

Ages 18 years and older: During GPRA Year 2022, achieve the target rate of 42.9% for the proportion of adults ages 18 and older who receive annual screening for depression.

2.5.4.7 Patient Lists

- List of User Population patients 18 years and older screened for depression or diagnosed with mood disorder.
- List of User Population patients 18 years and older *not* screened for depression or diagnosed with mood disorder.

2.6 Cardiovascular Disease Related Group

2.6.1 Childhood Weight Control

2.6.1.1 Owner and Contact

Dr. Thomas Faber

2.6.1.2 National Reporting

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

2.6.1.3 Denominators

1. Active Clinical patients ages 2 through 5 years for whom a BMI could be calculated.
2. GPRA: User Population patients ages 2 through 5 years for whom a BMI could be calculated.

2.6.1.4 Numerators

1. GPRA: Patients with a BMI at or above the 95th percentile.

2.6.1.5 Definitions

Age

All patients who are between the ages of 2 and 5 years at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the Age 3 group.

BMI

CRS looks for the most recent BMI in the Report Period. CRS calculates the BMI at the time the report is run, using the National Health and Nutrition Examination Survey (NHANES) II. Height and weight measurements must be taken on the same day at any time during the Report Period. The BMI values for this measure are reported differently than in an Obesity Assessment since this age group is for children ages 2 through 6 years, whose BMI values are age dependent. The BMI values are categorized as Overweight for patients with a BMI in the 85th through 94th percentile and Obese for patients with a BMI at or above the 95th percentile.

Patients whose BMI is either greater or lesser than the Data Check Limit range, as shown in Table 2-4, will not be included in the report counts for Overweight or Obese.

Table 2-4: NHANES II BMI

Low-High Ages	Sex	BMI (Overweight)	BMI (Obese)	Data Check Limits BMI >	Data Check Limits BMI <
2-2	Male	17.7	18.7	36.8	7.2
2-2	Female	17.5	18.6	37.0	7.1
3-3	Male	17.1	18.0	35.6	7.1
3-3	Female	17.0	18.1	35.4	6.8
4-4	Male	16.8	17.8	36.2	7.0
4-4	Female	16.7	18.1	36.0	6.9
5-5	Male	16.9	18.1	36.0	6.9
5-5	Female	16.9	18.5	39.2	6.8

2.6.1.6 GPRA 2022 Target

During GPRA Year 2022, achieve the long-term target rate of 22.6% for the proportion of children with a BMI of 95% or higher.

2.6.1.7 Patient Lists

List of patients ages 2 through 5 years with a BMI at or above the 95th percentile.

2.6.2 Controlling High Blood Pressure – Million Hearts

2.6.2.1 Owner and Contact

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

2.6.2.2 National Reporting

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

2.6.2.3 Denominators

1. GPRA: Million Hearts (National Quality Forum [NQF] 0018): User Population patients ages 18 through 85 years diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy.

2. User Population patients ages 18 through 59 years diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy.
3. User Population patients ages 60 through 85 years diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy.

2.6.2.4 Numerators

1. GPRA: Million Hearts (NQF 0018): Patients with blood pressure less than (<) 140/90, i.e., the systolic value is less than (<) 140 *and* the diastolic value is less than (<) 90 (with Denominator 1).
2. Patients with blood pressure less than (<) 140/90 (i.e., the systolic value is less than 140 *and* the diastolic value is less than 90) (with Denominator 2).
3. Patients with blood pressure less than (<) 150/90 (i.e., the systolic value is less than 150 *and* the diastolic value is less than 90) (with Denominator 3).

2.6.2.5 Definitions

Age

Age of the patient is calculated as of the end of the Report Period.

Hypertension

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

- ICD-9: 401.*; ICD-10: I10 [BGP HYPERTENSION DXS] during the Report Period or the year prior to the Report Period.
- SNOMED data set PXRMESSENTIAL HYPERTENSION (Problem List only).

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, 3066F, 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*; ICD-10 5A1D70Z, 5A1D80Z, 5A1D90Z [BGP ESRD PROCS]

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, 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]

BP Values

Exclusions: When calculating all BPs, 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 the last blood pressure documented during the Report Period. If a patient has more than one blood pressure documented on the same day, CRS will first look for a blood pressure less than (<) 140/90 on that day, and if not found, will look for a blood pressure less than (<) 150/90.

2.6.2.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 40.9% for the proportion of patients with blood pressure less than (<) 140/90.

2.6.2.7 Patient Lists

- List of hypertensive patients with BP less than (<) 140/90.
- List of hypertensive patients with BP greater than or equal to (\geq) 140/90.

2.6.3 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

2.6.3.1 Owner and Contact

Dr. Dena Wilson; Chris Lamer, PharmD

2.6.3.2 National Reporting

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

2.6.3.3 Denominators

1. GPRA: User Population patients ages 40 through 75 years with diabetes or patients any age with documented ASCVD or patients age 20 and older with an LDL greater than or equal to (\geq) 190 or hypercholesterolemia.
2. User Population patients ages 39 years and under with documented ASCVD or ages 20 through 39 with an LDL greater than or equal to (\geq) 190 or hypercholesterolemia.
3. User Population patients ages 40 through 75 years with documented ASCVD or an LDL greater than or equal to (\geq) 190 or hypercholesterolemia.
4. User Population patients age 76 years and older with documented ASCVD or an LDL greater than or equal to (\geq) 190 or hypercholesterolemia.
5. User Population patients ages 40 through 75 years with diabetes with LDL less than (<) 190.
6. User Population patients ages 40 through 75 years with diabetes or patients any age with documented ASCVD or patients age 20 and older with an LDL greater than or equal to (\geq) 190 or hypercholesterolemia, including denominator exclusions and exceptions.

2.6.3.4 Numerators

1. GPRA: Patients who are statin therapy users during the Report Period or who receive an order (prescription) to receive statin therapy at any point during the Report Period.
2. Patients with any of the listed denominator exclusions or exceptions (with Denominator 6).
 - A. Patients with documented allergy, intolerance, or other adverse effect to statin medication.

2.6.3.5 Definitions

Diabetes

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

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

Atherosclerotic Cardiovascular Disease (ASCVD)

Atherosclerotic Cardiovascular Disease (ASCVD) diagnosis defined as any of the following prior to the end of the report period (POV/Procedure or Problem List entry where the status is not Inactive or Deleted):

- Myocardial Infarction (MI) defined as any of the following:
 - Diagnosis:
 - ICD-9: 410.*; ICD-10: I21.*, I22.* [BGP ECQM MI DXS]
 - SNOMED data set PXRMI BGP ECQM MI
- Ischemic Heart Disease or Other Related Diagnoses defined as any of the following:
 - Diagnosis:
 - ICD-9: 411.*, 414.2, 414.8, 414.9; ICD-10: I23.0-I23.6, I23.8, I24.0*, I24.8, I24.9, I25.5, I25.6, I25.82, I25.89, I25.9 [BGP ECQM ISCHEM HEART DIS DXS]
 - SNOMED data set PXRMI BGP ECQM ISCHEM HEART DIS
- Cardiovascular Disease, Ischemic Stroke, or Transient Ischemic Attack (TIA) defined as any of the following:
 - Diagnosis:

- ICD-9: 433.*, 434.*, 435.0, 435.1, 435.3, 435.8, 435.9, 436, 437.1, 438.*, V12.54; ICD-10: G45.0 through G45.2, G45.8, G45.9, G46.0 through G46.8, I63.*, I69.*, Z86.73 [BGP ECQM CD STROKE TIA DXS]
- SNOMED data set PXRМ BGP ECQM CD STROKE TIA
- Atherosclerosis and Peripheral Arterial Disease defined as any of the following:
 - Diagnosis:
 - ICD-9: 414.0*, 414.3, 414.4, 437.0, 440.*; ICD-10: E08.51, E08.52, E09.51, E09.52, I25.1*, I25.700 through I25.812, I25.83 through I25.89, I67.2, I70.* [BGP ECQM ARTERIAL DISEASE DXS]
 - SNOMED data set PXRМ BGP ECQM ARTERIAL DIS
- Stable and Unstable Angina defined as any of the following:
 - Diagnosis:
 - ICD-9: 411.0, 411.1, 413.0, 413.9, 429.79; ICD-10: I20.0, I20.1, I20.8, I20.9, I23.7 [BGP ECQM ANGINA DXS]
 - SNOMED data set PXRМ BGP ECQM ANGINA
- Coronary Artery Bypass Graft (CABG) Procedure defined as any of the following:
 - Procedure ICD-9: 36.1*; ICD-10: 02100**, 021048*, 021049*, 02104A*, 02104J*, 02104K*, 02104Z*, 02110**, 021148*, 021149*, 02114A*, 02114J*, 02114K*, 02114Z*, 02120**, 021248*, 021249*, 02124A*, 02124J*, 02124K*, 02124Z*, 02130**, 021348*, 021349*, 02134A*, 02134J*, 02134K*, 02134Z* [BGP ECQM CABG PROCS]
 - SNOMED data set PXRМ BGP ECQM CABG
- Percutaneous Coronary Interventions (PCI) Procedure defined as any of the following:
 - 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-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734** [BGP ECQM PCI PROCS]
 - SNOMED data set PXRМ BGP ECQM PCI
- Carotid Intervention defined as any of the following:

- Procedure ICD-9: 00.61 through 00.65, 38.02, 38.12, 38.22, 38.30 through 38.32, 38.42, 39.22, 39.28, 88.41; ICD-10: 03*H***, 03*J***, 03*K***, 03*L***, 03*M***, 03*N***, 0G*6***, 0G*7***, 0G*8***, B3060ZZ, B3061ZZ, B306YZZ, B3070ZZ, B3071ZZ, B307YZZ, B3080ZZ, B3081ZZ, B308YZZ, B3160ZZ, B3161ZZ, B316YZZ, B3170ZZ, B3171ZZ, B317YZZ, B3180ZZ, B3181ZZ, B318YZZ [BGP ECQM CAROTID INTER PROCS]
- SNOMED data set PXR M BGP ECQM CAROTID INTER

LDL

For LDL greater than or equal to (\geq) 190, CRS will look for any test at any time with a result greater than or equal to (\geq) 190. LDL is defined as any of the following:

- LOINC taxonomy: 12773-8, 13457-7, 18261-8, 18262-6, 2089-1, 2090-9, 22748-8, 35198-1, 39469-2, 49132-4, 55440-2, 69419-0, 96258-9, 96259-7, 96597-0 [BGP LDL LOINC CODES]
- Site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX

Hypercholesterolemia

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

- POV ICD-10: E78.00, E78.01 [BGP ECQM HYPERCHOL DXS]
- SNOMED data set PXR M BGP ECQM HYPERCHOL

Denominator Exclusions

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

- Patients who have an active diagnosis of pregnancy or who are breastfeeding.
- Patients who have a diagnosis of rhabdomyolysis during the report period (POV or Problem List entry where the status is not Inactive or Deleted).

Denominator Exceptions

The patient is excluded from the denominator if they meet any of the following criteria and do not meet the numerator.

- Patients with statin-associated muscle symptoms or an allergy to statin medication.
- Patients with active liver disease or hepatic disease or insufficiency.
- Patients who are receiving hospice or palliative care at any time prior to the end of the Report Period.
- Patients with end-stage renal disease (ESRD).

- Patients with Hepatitis A or Hepatitis B.

Statin-associated Muscle Symptoms or an Allergy

Defined as any of the following occurring anytime ever:

- POV ICD-9: 359.9, 729.1; ICD-10: G72.0, G72.9, M60.9, M79.10
- SNOMED data set PXRMBGP ECQM STATIN ADV
- 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” entry (except “Nystatin”) in ART (Patient Allergies File)
- “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
- NMI (not medically indicated) refusal for any statin at least once during the Report Period

Pregnancy Definition

Any of the following:

- The Currently Pregnant field in the Reproductive Factors file is 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]

Breastfeeding Definition

Any of the following documented during the Report Period:

- The Lactation Status field in Reproductive Factors file set to “Lactating”
- Diagnosis:
 - POV ICD-9: V24.1; ICD-10: O91.03, O91.13, O91.23, O92.03, O92.13, O92.5, O92.70, O92.79, Z39.1 [BGP ECQM BREASTFEED DXS]
 - SNOMED data set PXRMBGP ECQM BREASTFEED
- 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 data sets PXRMBGP PT ED BREASTFEED or PXRMBGP ECQM BREASTFEED

Rhabdomyolysis

- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
 - ICD-10: M62.82, T79.6XX* [BGP ECQM RHABDO DXS]
 - SNOMED data set PXRMBGP RHABDOMYOLYSIS (Problem List only)

Active Liver Disease, Hepatic Disease or Insufficiency Definition

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

- POV ICD-10: B17.*, B18.2 through B19.0, B19.20, B19.21, B19.9, K70.0 through K74.69, K75.4, O98.41* [BGP ECQM LIVER DISEASE DXS]
- SNOMED data set PXRMBGP ECQM LIVER DIS

Hospice or Palliative Care

- POV ICD-9: V66.7; ICD-10: Z51.5 [BGP PALLIATIVE CARE DXS]
- SNOMED data sets PXRМ BGP IPC PALLIATIVE or PXRМ BGP IPC HOSPICE
- CPT M1017

ESRD

End Stage Renal Disease diagnosis or treatment is defined as 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, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, 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 Inactive or 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 PXRМ 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*; ICD-10 5A1D70Z, 5A1D80Z, 5A1D90Z [BGP ESRD PROCS]

Hepatitis A Definition

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

- ICD-9: 070.0, 070.1; ICD-10: B15.* [BGP HEPATITIS A EVIDENCE]
- SNOMED data set PXRМ BGP HEPATITIS A

Hepatitis B Definition

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

- ICD-9: V02.61, 070.2*, 070.3*; ICD-10: B16.*, B18.0, B18.1, B19.1*, Z22.51 [BGP ECQM HEP B DXS]
- SNOMED data set PXRМ BGP HEPATITIS B

Statins Numerator Logic

- **Statin Therapy Users**
 - CPT 4013F

- **Statin Medication Codes**

- Defined with medication taxonomy BGP PQA STATIN MEDS.
- **Statin medications and combination products are:** atorvastatin (+/- amlodipine, ezetimibe), fluvastatin, lovastatin (+/- niacin), pitavastatin, pravastatin, rosuvastatin, simvastatin (+/- ezetimibe, niacin, sitagliptin).

Patients must have an active prescription for statin therapy during the Report Period. This includes patients who receive an order during the Report Period, or prior to the Report Period with enough days' supply to take them into the Report Period.

$$\text{Rx Days' Supply} \geq (\text{Report Period Begin Date} - \text{Prescription Date})$$

Active prescriptions include active outside medications, defined as V Med entry at any time with EHR OUTSIDE MED field not blank and DATE DISCONTINUED field blank.

2.6.3.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 40.6% for the proportion of at-risk patients who receive statin therapy.

2.6.3.7 Patient Lists

- List of patients 40–75 years old with diabetes or any age with ASCVD or 20 years and older with LDL greater than or equal to (\geq) 190 or hypercholesterolemia with statin therapy.
- List of patients 40–75 years old with diabetes or any age with ASCVD or 20 years and older with LDL greater than or equal to (\geq) 190 or hypercholesterolemia without statin therapy.
- List of patients with denominator exclusions.

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; reported to OMB and Congress)

2.7.1.3 Denominators

1. Pregnant Active Clinical patients with no documented miscarriage or abortion during the past 20 months and *no* recorded HIV diagnosis ever.
2. GPRA: User Population patients ages 13–64 years with no recorded HIV diagnosis prior to the Report Period.

2.7.1.4 Numerators

Note: These numerators do *not* include refusals.

1. Patients who were screened for HIV during the past 20 months (with Denominator 1).
2. GPRA: Patients who were screened for HIV at any time before the end of the Report Period (with Denominator 2).

2.7.1.5 Definitions

HIV

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 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)

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 from the end of 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 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.” The period is extended to include patients who were pregnant during the Report Period, but whose initial diagnosis (and HIV test) were documented prior to 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]

HIV Screening

- CPT 80081, 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806, 87901, 87906 [BGP CPT HIV TESTS]
- LOINC taxonomy: 10901-7, 10902-5, 11078-3, 11079-1, 11080-9, 11081-7, 11082-5, 12855-3, 12856-1, 12857-9, 12858-7, 12859-5, 12870-2, 12871-0, 12872-8, 12875-1, 12876-9, 12893-4, 12894-2, 12895-9, 13499-9, 13920-4, 14092-1, 14126-7, 16132-3, 16974-8, 16975-5, 16978-9, 18396-2, 19110-6, 21007-0, 21009-6, 21331-4, 21332-2, 21334-8, 21335-5, 21336-3, 21337-1, 21338-9, 21339-7, 21340-5, 22356-0, 22357-8, 22358-6, 23876-6, 24012-7, 28004-0, 28052-9, 29327-4, 29893-5, 30245-5, 30361-0, 31072-2, 31073-0, 31201-7, 31430-2, 32571-2, 32602-5, 32827-8, 32842-7, 33508-3, 33660-2, 33806-1, 33807-9, 33866-5, 34591-8, 34592-6, 34699-9, 35437-3, 35438-1, 35439-9, 35440-7, 35441-5, 35442-3, 35443-1, 35444-9, 35445-6, 35446-4, 35447-2, 35448-0, 35449-8, 35450-6, 35452-2, 35564-4, 35565-1, 38998-1, 40437-6, 40438-4, 40439-2, 40732-0, 40733-8, 41143-9, 41144-7, 41145-4, 41290-8, 42339-2, 42600-7, 42627-0, 42768-2, 43008-2, 43009-0, 43010-8, 43011-6, 43012-4, 43013-2, 43185-8, 43599-0, 44531-2, 44532-0, 44533-8, 44607-0, 44871-2, 44872-0, 44873-8, 45212-8, 47029-4, 48023-6, 48345-3, 48346-1, 49483-1, 49580-4, 49718-0, 49905-3, 49965-7, 51786-2, 51866-2, 5220-9, 5221-7, 5222-5, 5223-3, 5224-1, 5225-8, 53379-4, 53601-1, 53825-6, 54086-4, 56888-1, 57974-8, 57975-5, 57976-3, 57977-1, 57978-9, 58900-2, 59052-1, 59419-2, 62456-9, 6429-5, 6430-3, 6431-1, 68961-2, 69668-2,

73905-2, 73906-0, 74856-6, 75622-1, 75666-8, 77685-6, 7917-8, 7918-6, 7919-4, 80203-3, 80387-4, 81641-3, 83101-6, 85037-0, 85361-4, 85368-9, 85686-4, 86233-4, 88453-6, 89365-1, 89374-3, 95524-5, 95523-7, 96273-8, 96556-6, 96557-4, 9660-2, 9661-0, 9662-8, 9663-6, 9664-4, 9665-1, 9666-9, 9667-7, 9668-5, 9669-3, 97860-1, 97861-9, 9821-0, 9836-8, 9837-6 [BGP HIV TEST LOINC CODES]

- Site-populated taxonomy BGP HIV TESTS

Note: The time frame for screening for the pregnant patient's denominator is anytime during the past 20 months.

2.7.1.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 38.0% for the proportion of patients who have ever been screened for HIV.

2.7.1.7 Patient Lists

- List of pregnant patients with documented HIV test in the past 20 months.
- List of pregnant patients without documented HIV test in the past 20 months.
- List of User Population patients 13–64 years old with documented HIV test ever.
- List of User Population patients 13–64 years old without documented HIV test ever.

2.8 Other Clinical Group

2.8.1 Breastfeeding Rates

Note: This measure is used in conjunction with the Childhood Weight Control GPRA long-term measure to support the reduction of the incidence of childhood obesity.

2.8.1.1 Owner and Contact

Tina Tah, RN, BSN, MBA

2.8.1.2 National Reporting

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

2.8.1.3 Denominators

1. Active Clinical patients who are 30 through 394 days old who were screened for infant feeding choice at the age of 2 months (38 through 89 days).
2. User Population patients ages 30 through 394 days old.
3. GPRA: User Population patients who are 30 through 394 days old who were screened for infant feeding choice at the age of 2 months (38 through 89 days).
4. User Population patients 30 through 394 days old who were screened for infant feeding choice at the age of 6 months (165 through 209 days).
5. User Population patients 30 through 394 days old who were screened for infant feeding choice at the age of 9 months (255 through 299 days).
6. User Population patients 30 through 394 days old who were screened for infant feeding choice at the age of 1 year (350 through 394 days).

2.8.1.4 Numerators

1. Patients who were screened for infant feeding choice at least once (with Denominator 1).
2. Patients who were screened for infant feeding choice at the age of 2 months (38 through 89 days) (with Denominator 1).
3. Patients who were screened for infant feeding choice at the age of 6 months (165 through 209 days) (with Denominator 1).
4. Patients who were screened for infant feeding choice at the age of 9 months (255 through 299 days) (with Denominator 1).
5. Patients who were screened for infant feeding choice at the age of 1 year (350 through 394 days) (with Denominator 1).
6. GPRA: Patients who, at the age of 2 months (38 through 89 days), were either exclusively or mostly breastfed (with Denominators 2 and 6).
7. Patients who, at the age of 6 months (165 through 209 days), were either exclusively or mostly breastfed (with Denominator 3).
8. Patients who, at the age of 9 months (255 through 299 days), were either exclusively or mostly breastfed (with Denominator 4).
9. Patients who, at the age of 1 year (350 through 394 days), were either exclusively or mostly breastfed (with Denominator 5).

2.8.1.5 Definitions

Patient Age

Since the age of the patient is calculated at the beginning of the Report Period, this measure may include patients up to 25 months old if they were within the eligible age range on the first day of the Report Period. It will *not* include any patients who were born after the first day of the Report Period. Patients born after the first day of the Report Period will be included in the following Report Period.

Infant Feeding Choice

The documented feeding choice from the V Infant Feeding Choice file that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as half breastfed and half formula, then assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of 2 months (i.e., 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67-day value of mostly breastfed will be used. The other exact ages are 180 days for 6 months, 270 days for 9 months, and 365 days for one year.

To be included in the age-specific screening numerators, the patient must have been screened within the specific age range. For example, if a patient was screened at 6 months and was exclusively breastfed, but was not screened at 2 months, then the patient will only be counted in the 6 months numerator.

2.8.1.6 GPRA 2022 Target

During GPRA Year 2022, achieve the target rate of 42.0% for the proportion of two-month-olds who are mostly or exclusively breastfeeding.

2.8.1.7 Patient Lists

- List of patients ages 30 through 394 days who were screened for Infant Feeding Choice at least once.
- List of patients ages 30 through 394 days who were not screened for Infant Feeding Choice at least once.
- List of User Population patients screened at the age of 2 months (38 through 89 days) and were either exclusively or mostly breastfed.
- List of User Population patients screened at the age of 2 months (ages 38 through 89 days) and were not exclusively or mostly breastfed.

Acronyms

Acronym	Term Meaning
ADA	American Diabetes Association
AI/AN	American Indian/Alaska Native
AMI	Acute Myocardial Infarction
BH	Behavioral Health
BHS	Behavioral Health System
BI	Brief Intervention
BMI	Body Mass Index
BNI	Brief Negotiated Interview
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CAGE	Cut Down, Annoyed, Guilty, and Eye Opener (alcohol use disorders screening test)
CHR	Community Health Representative
CPT	Current Procedural Terminology
CRC	Colorectal Cancer
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
CVX	Vaccine Code
DBH	Division of Behavioral Health
DCBE	Double Contrast Barium Enema
DM	Diabetes Mellitus
DNKA	Did Not Keep Appointment
DTaP	Diphtheria Tetanus Acellular Pertussis
DTP	Diphtheria, Tetanus and Pertussis
ER	Emergency Room
ESRD	End Stage Renal Disease
ETDRS	Early Treatment Diabetic Retinopathy Study
ETS	Environmental Tobacco Smoke
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test
FY	Fiscal Year
GFR	Glomerular Filtration Rate
GPRA	Government Performance and Results Act of 1993
GPRAMA	GPRA Modernization Act
HEDIS	Healthcare Effectiveness Data and Information Set

Acronym	Term Meaning
HGB	Hemoglobin
HHS	Health and Human Services
HiB	Haemophilus Influenza Type B
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
ICD	International Classification of Diseases
IFC	Infant Feeding Choice
IHS	Indian Health Service
IMM	Immunization
IPV	Inactivated Polio Vaccine
IPV/DV	Intimate Partner Violence/Domestic Violence
LCSW	Licensed Clinical Social Worker
LDL	Low-Density Lipoprotein
LOINC	Logical Observations Identifiers, Names, Codes
MMR	Measles, Mumps, Rubella (Vaccine)
MPH	Master's in Public Health
M/R	Measles and Rubella
NHANES	National Health and Nutrition Examination Survey
NMI	Not Medically Indicated
NOS	Not Otherwise Specified
NQF	National Quality Forum
OMB	Office of Management and Budget
OPV	Oral Polio Vaccine
PCC	Patient Care Component
PCI	Percutaneous Coronary Interventions
POV	Purpose of Visit
PRC	Purchased and Referred Care
R/M	Rubella/Mumps
RPMS	Resource and Patient Management System
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SNOMED	Systematized Nomenclature of Medicine
STD	Sexually Transmitted Disease
Tdap	Tetanus, Diphtheria and Acellular Pertussis
TIA	Transient Ischemic Attack
TUHF	Tobacco User Health Factors
UACR	Urine Albumin-to-Creatinine Ratio

Contact Information

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