RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System

(BGP)

National GPRA Developmental Report Performance Measure List and Definitions

Version 25.1
May 2025

Office of Information Technology (OIT)
Division of Information Technology

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1.0 CRS 2025 National GPRA Developmental Report

The following performance measures will be reported in the Clinical Reporting System (CRS) 2025 National Government Performance and Results Act of 1993 (GPRA)/GPRA Modernization Act (GPRAMA) Report.

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

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

Table 1-1: Document notations

Notation	Location	Meaning
Section Symbol (§)	Preceding a measure	A GPRA Developmental measure. GPRA Developmental measures have the potential to become GPRA measures in the future.
Plus Symbol (+)	Preceding a measure	The measure is a new GPRA Developmental Measure for 2025.
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: BLOOD PRESSURE CONTROL
  - §Controlled BP (less than [<] 130/80)
  - BP between 130/80 and 140/90
- STATIN THERAPY TO REDUCE CARDIOVASCULAR DISEASE RISK IN PATIENTS WITH DIABETES
  - §Statin Therapy
- DIABETES: NEPHROPATHY ASSESSMENT
  - §Estimated Glomerular Filtration Rate (GFR) & Quantitative Urine Albumin-to-Creatinine Ratio (UACR)

Dental Group

- ACCESS TO DENTAL SERVICE
  - §Dental patients with Dental Exam
  - §All Treatment Completed
  - Pre-natal or Nursing Mother Dental Visit
  - Visits with General Anesthesia
- DENTAL SEALANTS
  - §Dental patients with Dental Sealants
- TOPICAL FLUORIDE
  - §Dental patients with Topical Fluoride
  - Count of Topical Fluoride Applications
- CARIES RISK ASSESSMENT
  - Caries Risk Assessment

Immunizations

- INFLUENZA
  - §Influenza documented three months prior to Report Period through the first nine months of the report period
- ADULT IMMUNIZATIONS
  - Up-to-date Pneumococcal for high-risk
  - 2 Shingrix for high-risk
  - Pregnant patients with Tdap
  - Pregnant patients with Influenza
  - Pregnant patients with Tdap and Influenza
  - Pregnant patients with visit and Tdap during 3rd trimester
- CHILDHOOD IMMUNIZATIONS (19 THROUGH 35 MONTHS)
  - 1 Hepatitis A
  - 2 to 3 Rotavirus
  - 2 Influenza
- ADOLESCENT IMMUNIZATIONS
  - 1:1:2* (Tdap/Td, Meningococcal, 2 or 3 HPV)
  - 1:1 (Tdap/Td, Meningococcal)
  - 1 Tdap
  - 1 Meningococcal

- 2 or 3 HPV

Cancer Screening

- MAMMOGRAM RATES
  - §Documented Mammogram
- COLORECTAL CANCER SCREENING
  - +§Colorectal Cancer Screen

Behavioral Health

- SCREENING FOR SUBSTANCE USE
  - Substance Use Screen
  - Positive Screen
  - +Alcohol Use Risk Screen
  - +Positive Alcohol Use Risk Screen
  - +Drug Use Risk Screen
  - +Positive Drug Use Risk Screen
- SUBSTANCE USE DISORDER (SUD) IN WOMEN OF CHILDBEARING AGE
  - SUD Screen
  - Pregnancy Intention Assessment
  - SUD Screen and Pregnancy Intention Assessment
  - Positive Screen for Pregnancy Intention
  - Brief Intervention (BI)
  - Referral to Treatment
- SUICIDE RISK ASSESSMENT
  - Suicide Risk Assessment

Cardiovascular Disease-Related

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

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

STD Group

- HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING
  - §HIV Screening (no refusals)
  - HIV Screening in past five years (no refusals)
  - HIV Screening ever for Male User Population aged 25–45
  - HIV Diagnosis ever
  - First HIV Diagnosis
  - §HIV Screens for User Population with no prior HIV diagnosis
  - HIV+ with CD4 count
- HIV QUALITY OF CARE
  - CD4 only
  - Viral Load only
  - Both CD4 and Viral Load
  - Any Tests
  - Antiretroviral Medication
- HEPATITIS C SCREENING
  - Hepatitis C Screening (Ab Test)
  - Positive Ab Result Ever
  - Hepatitis C Diagnosis Ever
  - Hepatitis C Confirmation Test
  - Ever Cured
  - Currently Cured

  - Hepatitis C Diagnosis ever
  - First Hepatitis C Diagnosis
- CHLAMYDIA TESTING
  - Chlamydia Testing
  - Chlamydia Test Refusal
  - Chlamydia Testing for Patients Identified as Sexually Active (HEDIS)
- SYPHILIS SCREENING
  - Syphilis Screen
- SEXUALLY TRANSMITTED INFECTION (STI) SCREENING
  - §Needed HIV Screen
  - HIV Screen Refusal

Other Clinical Measures

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

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

1.1 CRS Denominator Definitions

1.1.1 For All Denominators

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

Component [PCC] Management Reports, Other section) will be excluded automatically for all denominators.

- For all measures, except as noted, patient age is calculated as of the beginning of the Report Period.

1.1.2 For All Numerators

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

1.1.3 Active Clinical Population

1.1.3.1 National GPRA/GPRAMA Reporting

- Must have two visits to medical clinics in the past three years prior to the end of the Report Period. Chart reviews and telephone calls from these clinics do not count; the visits must be face to face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2025 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- Must be American Indian/Alaska Native (AI/AN); defined as Beneficiary 01.
- Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined Purchased and Referred Care (PRC) catchment area.

1.1.3.2 Local Reports

- Must have two visits to medical clinics in the past three years prior to the end of the Report Period. Chart reviews and telephone calls from these clinics do not count; the visits must be face to face. At least one visit must be to a core medical clinic. Refer to *the Clinical Reporting System (CRS) for FY2025 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

1.1.4 User Population

1.1.4.1 National GPRA/GPRAMA Reporting

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

1.1.4.2 Local Reports

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

1.1.5 Active Clinical Plus BH Population

1.1.5.1 National GPRA/GPRAMA Reporting

- Must have two visits to medical or behavioral health clinics in the past three years prior to the end of the Report Period. Chart reviews and telephone calls from these clinics do not count; the visits must be face to face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2025 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- Must be AI/AN; defined as Beneficiary 01.
- Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined Purchased and Referred Care (PRC) catchment area.

1.1.5.2 Local Reports

- Must have two visits to medical or behavioral health clinics in the past three years prior to the end of the Report Period. Chart reviews and telephone calls from these clinics do not count; the visits must be face to face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2025 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

2.0 Performance Measure Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the *CRS 2025 version 25.0 National GPRA Developmental Report*.

2.1 Diabetes Group

2.1.1 Diabetes: Blood Pressure Control

2.1.1.1 Owner and Contact

Diabetes Program: Carmen Licavoli

2.1.1.2 National Reporting

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

2.1.1.3 Denominators

1. GPRA Developmental: User 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.

2.1.1.4 Numerators

2. GPRA Developmental: Patients with blood pressure less than (<) 130/80, i.e., the mean systolic value is less than (<) 130 and the mean diastolic value is less than (<) 80.

3. Patients with blood pressure greater than or equal to (>=) 130/80 and less than (<) 140/90.

2.1.1.5 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 PXRM 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 3074F through 3080F documented during the Report Period.

Controlled BP

CRS uses a mean, as described above where BP is less than (<) 130/80. 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:

- 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 combination represents BP less than (<) 130/80 and will be included in the Controlled BP numerator: CPT 3074F *and* 3078F. All other combinations will not be included in the Controlled BP numerator.

- The following combination represents BP greater than or equal to (>=)130/80 and less than (<) 140/90 and will be included in the BP greater than or equal to (>=)130/80 and less than (<) 140/90 numerator: CPT 3075F AND 3079F.

2.1.1.6 Patient Lists

- List of diabetic patients with controlled BP, defined as below 130/80.
- List of diabetic patients with BP that is not controlled, defined as at or above 130/80.
- List of diabetic patients with BP at or above 130/80 and below 140/90.

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

2.1.2.1 Owner and Contact

Diabetes Program: Carmen Licavoli

2.1.2.2 National Reporting

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

2.1.2.3 Denominators

1. GPRA Developmental: 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). 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.
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.

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.

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 no documented ASCVD.

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, including denominator exclusions and exceptions.

2.1.2.4 Numerators

1. GPRA Developmental: 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 statin-associated muscle symptoms or an allergy to statin medication.

2.1.2.5 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 PXRM DIABETES (Problem List only)

Atherosclerotic Cardiovascular Disease (ASCVD)

Atherosclerotic Cardiovascular Disease (ASCVD) defined as an active diagnosis of any of the following (POV or Problem List entry where the status is not Inactive or Deleted), or an ASCVD procedure (CABG, PCI, or Carotid Intervention) ever:

- Myocardial Infarction (MI) defined as any of the following:

  - Diagnosis:
    - ICD-10: I21.* (excluding I21.A1), I22.0, I22.1, I22.8, I22.9 [BGP ECQM MI DXS]
    - SNOMED data set PXRM BGP ECQM MI
- Ischemic Heart Disease or Other Related Diagnoses defined as any of the following:
  - Diagnosis:
    - ICD-10: I23.0-I23.6, I23.8, I24.0*, I24.8, I24.89, I24.9, I25.5, I25.6, I25.82, I25.89, I25.9 [BGP ECQM ISCHEM HEART DIS DXS]
    - SNOMED data set PXRM BGP ECQM ISCHEM HEART DIS
- Cerebrovascular Disease, Ischemic Stroke or Transient Ischemic Attack (TIA) defined as any of the following:
  - Diagnosis:
    - 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 PXRM BGP ECQM CD STROKE TIA
- Atherosclerosis and Peripheral Arterial Disease defined as any of the following:
  - Diagnosis:
    - ICD-10: E08.51, E08.52, E09.51, E09.52, I25.1*, I25.2, I25.5, I25.700 through I25.812, I25.82 through I25.9, I65.*, I67.2, I70.* [BGP ECQM ARTERIAL DISEASE DXS]
    - SNOMED data set PXRM BGP ECQM ARTERIAL DIS
- Stable and Unstable Angina defined as any of the following:
  - Diagnosis:
    - ICD-10: I20.0, I20.1, I20.8, I20.89, I20.9, I23.7 [BGP ECQM ANGINA DXS]
    - SNOMED data set PXRM BGP ECQM ANGINA
- Coronary Artery Bypass Graft (CABG) Procedure defined as any of the following:
  - CPT 33510 through 33514, 33516 through 33519, 33521 through 33523, 33533 through 33536, S2205 through S2209
  - Procedure ICD-10: 02100**, 02103**, 02104**, 02110**, 02113**, 02114**, 02120**, 02123**, 02124**, 02130**, 02133**, 02134** [BGP ECQM CABG PROCS]

  - SNOMED data set PXRM 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) [BGP PCI CPTS]
  - Procedure ICD-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734** [BGP ECQM PCI PROCS]
  - SNOMED data set PXRM BGP ECQM PCI
- Carotid Intervention defined as any of the following:
  - Procedure 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 PXRM BGP ECQM CAROTID INTER

Denominator Exclusions

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

- Patients 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 during the Report Period.
- Patients with active liver disease or hepatic disease (including Hepatitis A or B [POV or Problem List entry where the status is not Inactive or Deleted]) or insufficiency.
- Patients who are receiving hospice or palliative care during the Report Period.
- Patients with end-stage renal disease (ESRD).
- Patients with documentation of a medical reason for not being prescribed statin therapy during the Report Period.

Statin-associated Muscle Symptoms or an Allergy

Defined as any of the following during the Report Period:

- POV ICD-10: G72.0, G72.9, M60.9, M79.10
- SNOMED data set PXRM BGP 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 PXRM BGP ADR STATIN
- NMI (not medically indicated) refusal for any statin at least once during the Report Period

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-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 PXRM BGP 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 PXRM BGP PT ED BREASTFEED or PXRM BGP 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 PXRM BGP ECQM RHABDO (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 PXRM BGP ECQM LIVER DIS

Hospice Indicator

Hospice is defined as any of the following during the Report Period:

- SNOMED data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care).
- Visit, V CPT, V POV or Problem List entry where the status is not Inactive or Deleted: SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory, hospice encounter, hospice diagnosis).
- CPT 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046 [BGP ECQM HOSPICE CPTS].

Palliative Care

Palliative care is defined as any of the following during the Report Period:

- CPT G9054
- SNOMED data set PXRM BGP ECQM PALLIATIVE ENC
- POV ICD-10: Z51.5

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, G9231, M1187, M1188, 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 PXRM 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-10: B15.* [BGP IPC HEP A DXS]
- SNOMED data set PXRM BGP IPC HEP A EVID

Hepatitis B Definition

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

- ICD-10: B16.*, B18.0, B18.1, B19.1*, Z22.51 [BGP ECQM HEP B DXS]
- SNOMED data set PXRM BGP ECQM HEP B

Medical Reason for Not Being Prescribed Statin Therapy

- SNOMED data set PXRM BGP IPC NOT DONE MED for statin medication not ordered.

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 (+/- ezetimibe), 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.

Rx Days' Supply ≥ (Report Period Begin Date – 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.

2.1.2.6 Patient Lists

- List of diabetic patients 40–75 or any age with ASCVD with statin therapy.
- List of diabetic patients 40-75 or any age with ASCVD without statin therapy.
- List of patients with denominator exclusions.

2.1.3 Diabetes: Nephropathy Assessment

2.1.3.1 Owner and Contact

Diabetes Program: Carmen Licavoli

2.1.3.2 National Reporting

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

2.1.3.3 Denominators

1. GPRA Developmental: 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 with no evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report Period.

2.1.3.4 Numerators

1. GPRA Developmental: Patients with nephropathy assessment, defined as an estimated Glomerular Filtration Rate (GFR) with result *and* a Quantitative Urine Albumin-to-Creatinine Ratio (UACR) during the Report Period.

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 PXRM DIABETES (Problem List only)

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, G9231, M1187, M1188, 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 PXRM 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]

Estimated GFR

- Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX
- LOINC taxonomy: 33914-3, 48642-3, 48643-1, 50044-7, 50210-4, 50384-7, 62238-1, 69405-9, 70969-1, 77147-7, 88293-6, 88294-4, 94677-2, 98979-8, 98980-6, 102097-3 [BGP ESTIMATED GFR LOINC]

Quantitative 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.

2.1.3.6 Patient Lists

- List of diabetic patients with no ESRD with nephropathy assessment.
- List of diabetic patients with no ESRD without nephropathy assessment.

2.2 Dental Group

2.2.1 Access to Dental Service

2.2.1.1 Owner and Contact

Dental Program: Nathan P. Mork, DDS, MPH; Timothy L. Lozon, DDS; Joel C. Knutson, DDS

2.2.1.2 National Reporting

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

2.2.1.3 Denominators

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

2.2.1.4 Numerators

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

Note: This numerator does not include refusals.

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

2.2.1.5 Definitions

Documented Dental Visit

Any of the following:

- IHS Dental Tracking code 0000, 0190
- RPMS Dental/ADA CDT codes 0110 through 0390, 0415 through 0471, 0601 through 0603, 0999 through 9974, 9995, 9996, 9999, D0120 through D0389, D0415 through D0470, D0701 through D0804, D0999 through D9974, D9995, D9996, D9999
- CPT codes D0110 through D0390, D0415 through D9952, D9970 through D9974, D9995, D9996, D9999 [BGP DENTAL VISIT CPT CODES]
- Exam code 30

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

Dental Exam

- RPMS Dental/ADA CDT codes 0120, 0145, 0150, D0120, D0145, D0150, D0160, D0180, D0190, D0191
- CPT codes D0120, D0145, D0150 [BGP DENTAL EXAM CPTS]
- POV ICD-10: Z01.20, Z01.21, Z13.84

All Treatment Completed

- RPMS Dental code 9990

Pre-natal or Nursing Mother Dental Visit

- IHS Dental Tracking codes 9340, 9341

Pregnancy

Any of the following:

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

- Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-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]
- CPT 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828 [BGP PREGNANCY CPT CODES]

Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period.

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

Miscarriage

Occurring after the second pregnancy POV and during the past 20 months

- POV ICD-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]

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

Abortion

Occurring after the second pregnancy POV and during the past 20 months

- POV ICD-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-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

Breastfeeding

Any of the following during the Report Period:

- The Lactation Status field in Reproductive Factors file set to "Lactating"
- Diagnosis:
  - POV 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 PXRM BGP 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 PXRM BGP PT ED BREASTFEED or PXRM BGP ECQM BREASTFEED

General Anesthesia

- RPMS Dental/ADA CDT codes 9220 (old code), 9222, D9220, D9222
- CPT codes D9220 (old code), D9222 [BGP CPT DENT GEN ANESTHESIA]

2.2.1.6 Patient Lists

- List of User Population patients with dental visit during the Report Period with dental exam.
- List of User Population patients with dental visit during the Report Period with no dental exam.
- List of User Population patients with dental exam and all treatment completed.
- List of User Population patients with dental exam and not all treatment completed.
- List of pregnant or breastfeeding female patients with treatment.

- List of pregnant or breastfeeding female patients without treatment.
- List of User Population patients younger than 6 years of age with general anesthesia.

2.2.2 Dental Sealants

2.2.2.1 Owner and Contact

Dental Program: Nathan P. Mork, DDS, MPH; Timothy L. Lozon, DDS; Joel C. Knutson, DDS

2.2.2.2 National Reporting

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

2.2.2.3 Denominators

1. GPRA Developmental: User Population patients aged 2–15 years with documented dental visit during the Report Period.

2.2.2.4 Numerators

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

2.2.2.5 Definitions

Documented Dental Visit

Any of the following:

- IHS Dental Tracking code 0000, 0190
- RPMS Dental/ADA CDT codes 0110 through 0390, 0415 through 0471, 0601 through 0603, 0999 through 9974, 9995, 9996, 9999, D0120 through D0389, D0415 through D0470, D0701 through D0804, D0999 through D9974, D9995, D9996, D9999
- CPT codes D0110 through D0390, D0415 through D9952, D9970 through D9974, D9995, D9996, D9999 [BGP DENTAL VISIT CPT CODES]
- Exam code 30
- POV ICD-10: Z01.20, Z01.21, Z13.84, Z29.3 [BGP DENTAL VISIT DXS]

Intact Dental Sealant

- Any of the following documented during the Report Period:

  - RPMS Dental/ADA CDT codes 1351, 1352, 1353, D1351, D1352, D1353
  - CPT 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/ADA CDT and CPT codes are found on the same visit, only the RPMS Dental/ADA CDT code will be counted. IHS Dental Tracking code 0007 will be counted regardless of whether another sealant code is submitted on the same visit or date of service.

2.2.2.6 Patient Lists

- List of User Population patients aged 2–15 years with dental visit during the Report Period with intact dental sealant.
- List of User Population patients aged 2–15 years with dental visit during the Report Period without intact dental sealant.

2.2.3 Topical Fluoride

2.2.3.1 Owner and Contact

Dental Program: Nathan P. Mork, DDS, MPH; Timothy L. Lozon, DDS; Joel C. Knutson, DDS

2.2.3.2 National Reporting

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

2.2.3.3 Denominators

1. GPRA Developmental: User Population patients aged 1–15 years with documented dental visit during the Report Period.

2.2.3.4 Numerators

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

2.2.3.5 Definitions

Documented Dental Visit

Any of the following:

- IHS Dental Tracking code 0000, 0190
- RPMS Dental/ADA CDT codes 0110 through 0390, 0415 through 0471, 0601 through 0603, 0999 through 9974, 9995, 9996, 9999, D0120 through D0389, D0415 through D0470, D0701 through D0804, D0999 through D9974, D9995, D9996, D9999
- CPT codes D0110 through D0390, D0415 through D9952, D9970 through D9974, D9995, D9996, D9999 [BGP DENTAL VISIT CPT CODES]
- Exam code 30
- POV ICD-10: Z01.20, Z01.21, Z13.84, Z29.3 [BGP DENTAL VISIT DXS]

Topical Fluoride Application

Defined as any of the following:

- RPMS Dental/ADA CDT codes 1201 (old code), 1203 (old code), 1204 (old code), 1205 (old code), 1206, 1208, 5986, D1206, D1208, D1354, D5986
- CPT D1201 (old code), D1203 (old code), D1204 (old code), D1205 (old code), D1206, D1208, D5986, 99188, 0792T [BGP CPT TOPICAL FLUORIDE]
- POV ICD-10: Z29.3 [BGP TOPICAL FLUORIDE DXS]

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

2.2.3.6 Patient Lists

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

2.2.4 Caries Risk Assessment

2.2.4.1 Owner and Contact

Dental Program: Nathan P. Mork, DDS, MPH; Timothy L. Lozon, DDS; Joel C. Knutson, DDS

2.2.4.2 National Reporting

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

2.2.4.3 Denominators

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

2.2.4.4 Numerators

1. Patients with a caries risk assessment.

2.2.4.5 Definitions

Dental Exam

- RPMS Dental/ADA CDT codes 0120, 0150, 0145, D0120, D0145, D0150, D0160, D0180, D0190, D0191
- CPT codes D0120, D0150, D0145 [BGP DENTAL EXAM CPTS]
- POV ICD-10: Z01.20, Z01.21, Z13.84

Caries Risk Assessment

- RPMS Dental/ADA CDT codes 0601, 0602, 0603, D0601, D0602, D0603
- CPT codes D0601, D0602, D0603
- POV ICD-10: Z91.84*

2.2.4.6 Patient Lists

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

2.3 Immunization Group

2.3.1 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; not reported to OMB and Congress)

2.3.1.3 Denominators

1. GPRA Developmental: User Population patients ages 6 months to 17 years, calculated as of three months prior to the beginning of the report period.
2. GPRA Developmental: User Population patients ages 18 years and older, calculated as of three months prior to the beginning of the report period.

2.3.1.4 Numerators

1. GPRA Developmental: Patients with influenza vaccine documented three months prior to the report period through the first nine months of the report period or with a contraindication documented at any time before nine months into the report period.

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

2.3.1.5 Definitions

Influenza Vaccine

Any of the following documented during the period of July 1st of the previous GPRA year through June 30th of the current GPRA year:

- Immunization (CVX) codes 15, 16, 88, 111, 123, 125 through 128 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 160, 161, 166, 168, 171, 185, 186, 194, 197, 200 through 202, 205, 231, 320
- POV ICD-9: V04.8 (old code), V04.81 [BGP FLU IZ DX V04.8]

- CPT 90630, 90653 through 90664, 90666, 90668, 90672 through 90674, 90682, 90685 through 90689, 90694, 90724 (old code), 90756, G0008, G8108, Q2034 through Q2039 [BGP CPT FLU]

Contraindication to Influenza Vaccine

Any of the following documented at any time before nine months into the report period:

- Contraindication in the Immunization Package of "Anaphylaxis"
- PCC NMI Refusal

2.3.1.6 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; *not* reported to OMB and Congress)

2.3.2.3 Denominators

1. User Population patients ages 19 and older with cerebrospinal fluid leak or cochlear implant.
2. User Population patients ages 19 and older with immunocompromising condition.
3. User Population patients ages 19 and older with other underlying medical condition or risk factor.
4. User Population patients ages 19 and older considered high-risk for zoster.

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

2.3.2.4 Numerators

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

1. Patients with high-risk up-to-date Pneumococcal vaccine (with Denominators 1 and 2).
2. Patients with up-to-date Pneumococcal vaccine (with Denominator 3).
3. Patients who have received 2 doses of Shingrix ever, including contraindications (with Denominator 4).
4. Patients who have received 1 dose of Tdap in the past 20 months, including contraindications (with Denominator 5).
   A. Patients with a contraindication or a documented NMI (not medically indicated) refusal.
   B. Patients with Tdap during the first trimester.
   C. Patients with Tdap during the second trimester.
   D. Patients with Tdap during the third trimester.
   E. Patients with Tdap during unknown trimester.
5. Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period (with Denominator 5).
   A. Patients with a contraindication or a documented NMI (not medically indicated) refusal.
6. Patients who have received 1 dose of Tdap in the past 20 months and an influenza vaccine documented during the Report Period, including contraindications (with Denominator 5).
7. Patients with Tdap during the third trimester (with Denominator 6).

2.3.2.5 Definitions

Persons Considered High Risk for Pneumococcal

Those who have two or more visits in the past three years with a POV or Problem diagnosis of any of the following:

Cerebrospinal fluid leak or cochlear implant:

- Cerebrospinal fluid leak: ICD-9: 349.81, 388.61; ICD-10 G96.0
- Cochlear implant: ICD-9: V45.89; ICD-10 Z96.21

Immunocompromising condition:

- HIV Infection: ICD-9: 042, 042.0 through 043.9 (old codes), 044.9 (old code), 079.53, V08; ICD-10: B20, B52, B97.35, Z21
- Nephrotic Syndrome: ICD-9: 581.0 through 581.9; ICD-10: N02.*, N04.*, N08
- Renal Failure: ICD-9: 585.6, 585.9; ICD-10: N18.6 through N19
- Transplant: ICD-9: 996.80 through 996.89; ICD-10: T86.00 through T86.819, T86.83*, T86.850 through T86.899, Z48.21 through Z48.280, Z48.290, Z94.0 through Z94.4, Z94.6, Z94.81 through Z94.84, Z95.3, Z95.4
- Kidney Transplant: ICD-9: V42.0 through V42.89
- Chemotherapy: ICD-9: V58.1; ICD-10: Z51.11, Z51.12
- Chemotherapy Follow-up: ICD-9: V67.2; ICD-10: Z08
- Sickle cell disease/other hemoglobinopathy: ICD-9: 282.0, 282.1, 282.4*, 282.6*, 282.7; ICD-10 D56.0 through D58.90
- Congenital or acquired asplenia: ICD-9: 289.59, 759.0, V45.79; ICD-10 Q89.01, Q89.09, D73.5, Z90.81
- Congenital or acquired immunodeficiency: ICD-9: 279.*; ICD-10 D80.*, D81.0 through D81.7, D81.89, D81.9, D82.* through D84.*, D89.3, D89.8*, D89.9
- Leukemia, Lymphoma, Multiple myeloma: 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
- Hodgkin disease: ICD-10: C81.*, Z85.71
- Generalized malignancy: ICD-9: 140.* through 172.*, 174.* through 209.3*, 209.7*, 235.* through 239.*; ICD-10: C00.* through C80.*, C4A.*

Other underlying medical condition or risk factor:

- Diabetes: ICD-9: 250.00 through 250.93; ICD-10: E08.2*, E09.2*, E10.* through E13.*
- Chronic Alcoholism: ICD-9: 303.90, 303.91; ICD-10: F10.20, F10.220 through F10.29
- Congestive Heart Failure and Cardiomyopathies: ICD-9: 428.0 through 428.9, 429.2; ICD-10: B33.24, I09.0, I25.5, I42.*, I50.1, I50.20, I50.22 through I50.30, I50.32 through I50.40, I50.42 through I50.9, I51.7
- Emphysema: ICD-9: 492.0 through 492.8; ICD-10: J43.*
- Asthma: ICD-9: 493.00 through 493.91; ICD-10: J45.21 through J45.902
- Bronchiectasis, CLD, COPD: ICD-9: 494. through 496.; ICD-10: J44.*, J47.*
- Pneumoconiosis: ICD-9: 501. through 505.; ICD-10: J60 through J64, J66.8 through J67.6, J67.8 through J67.9
- Chronic Liver Disease: ICD-9: 571.0 through 571.9; ICD-10: K70.11 through K70.41, K73.0 through K74.5, K74.69, K75.81
- Cigarette smoking:
  - 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*; SNOMED data set PXRM BGP TOBACCO SMOKER (Problem List only)
  - CPT 99406, 99407, G0375 (old code), G0376 (old code), G8455 (old code), G8402 (old code), G8453 (old code), G9016, or 1034F

Persons Considered High Risk for Zoster

Those who have two or more visits in the past three years with a POV or Problem diagnosis of any of the following:

- Bone Marrow Transplant: ICD10: Z94.81
- Leukemia, Lymphoma, Hodgkin lymphoma, Multiple myeloma: ICD-9: 200.00-208.92; ICD-10: C81.00-C86.6, C88.2-C88.9, C90.00-C93.*, C94.00-C94.32, C94.80, C95.*, C96.0-C96.4, C96.9, C96.A, C96.Z, Z85.71

- Transplant: ICD-9: 996.80-996.89; ICD-10: T86.00-T86.819, T86.83*, T86.850-T86.899, Z48.21-Z48.280, Z48.290, Z94.0-Z94.4, Z94.6, Z94.81-Z94.84, Z95.3, Z95.4
- Kidney Transplant: ICD-9: V42.0-V42.89
- Generalized malignancy: ICD-9: 140.* through 172.*, 174.* through 209.3*, 209.7*, 235.* through 239.*; ICD-10: C00.* through C80.*, C4A.*
- HIV Infection: ICD-9: 042, 042.0-043.9 (old codes), 044.9 (old code), 079.53, V08; ICD-10: B20, B97.35, Z21
- Congenital or acquired immunodeficiency: ICD-9: 279.*; ICD-10: D80.*, D81.0-D81.7, D81.89, D81.9, D82.*-D84.*, D89.3, D89.8*, D89.9
- Poisoning by, adverse effect of and underdosing of antineoplastic and immunosuppressive drugs: ICD10: T45.1X*
- Personal history of immunosuppression therapy: ICD10: Z92.25
- Congenital or acquired asplenia: ICD-9: 289.59, 759.0, V45.79; ICD-10 Q89.01, Q89.09, D73.5, Z90.81

Pregnancy

Any of the following:

- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period
- At least two visits during the past 20 months, where the primary provider is not a CHR (Provider code 53) with any of the following:
  - Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-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]

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

Pharmacy-only visits (Clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period.

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

Miscarriage

- Occurring after the second pregnancy POV and during the past 20 months
  - POV ICD-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]
  - CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]

Abortion

- Occurring after the second pregnancy POV and during the past 20 months
  - POV ICD-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-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

Up-to-date Pneumococcal vaccine (PCV20, PCV21, PCV15, PPSV23, PCV13)

Defined as any of the following:

- Patients who have ever received PCV20, or PCV21.

- Patients who have received PCV15 followed by PPSV23 at least eight weeks apart.
- Patients who have received PPSV23 followed by PCV15, PCV20, or PCV21 at least one year apart.
- Patients who have received PCV13 at any age followed by PPSV23 at age 65 years or older at least one year apart.
- Patients with a contraindication to Pneumococcal Conjugate (PCV20, PCV21, PCV15, or PCV13) and a PPSV23 vaccine or contraindication at any time.

High-risk up-to-date Pneumococcal vaccine (PCV20, PCV21, PCV15, PPSV23, PCV13)

Defined as any of the following:

- Patients who have ever received PCV20 or PCV21.
- Patients who have received PCV15 followed by PPSV23 at least eight weeks apart.
- Patients who have received PPSV23 followed by PCV15, PCV20, or PCV21 at least one year apart.
- Patients with a contraindication to Pneumococcal Conjugate (PCV20, PCV21, PCV15, or PCV13) and a PPSV23 vaccine or contraindication at any time.
- For patients with cerebrospinal fluid leak or cochlear implant:
  - Patients who have received PCV13 followed by PPSV23 at least eight weeks apart, and if patient is older than 65, an additional dose of PPSV23 at least five years after the first dose of PPSV23.

Note:	If patient is older than 65 when the first dose of PPSV23 is given, they do not need a second dose of PPSV23.

- For patients with immunocompromising condition:
  - Patients under age 65: Must receive PCV13 followed by PPSV23 at least eight weeks apart, followed by a second dose of PPSV23 at least five years apart.
  - Patients over age 65: Must receive PCV13 followed by PPSV23 at least eight weeks apart, and if patient was less than 65 at time of most recent PPSV23, then a dose of PPSV23 after age 65 and at least five years after last dose.

Note:	Patients 65 and older should only receive one dose of PPSV23 at age 65 years or older. All patients should receive no more than 3 doses of PPSV23.

High-Risk PCV13/PPSV23 Examples:

Patients with cerebrospinal fluid leak or cochlear implant:

- Patient #1:
  - PCV13 at age 20 (is up-to-date for 8 weeks [56 days], after which is not up-to-date until PPSV23 is received)
  - PPSV23 at age 21 (is now up-to-date until age 65)
  - PPSV23 at age 65 (is up-to-date)
- Patient #2:
  - PCV13 at age 63 (is up-to-date for 8 weeks [56 days], after which is not up-to-date until PPSV23 is received)
  - PPSV23 at age 63, 8 weeks after PCV13 (is up-to-date until age 68, 5 years after PPSV23)
  - PPSV23 at age 69 (is now up-to-date)
- Patient #3:
  - PCV13 at age 64 (is up-to-date for 8 weeks [56 days], after which is not up-to-date until PPSV23 is received)
  - PPSV23 at age 65 (is now up-to-date)
  - Does not need final PPSV23 dose

Patients with immunocompromising condition:

- Patient #1:
  - PCV13 at age 20 (is up-to-date for 8 weeks [56 days], after which is not up-to-date until PPSV23 is received)
  - PPSV23 at age 21 (is now up-to-date until age 26, 5 years after first PPSV23)
  - PPSV23 at age 30 (is now up-to-date until age 65)
  - PPSV23 at age 65 (is up-to-date)
- Patient #2:
  - PCV13 at age 63 (is up-to-date for 8 weeks [56 days], after which is not up-to-date until PPSV23 is received)
  - PPSV23 at age 63, 8 weeks after PCV13 (is up-to-date until age 68, 5 years after PPSV23)
  - PPSV23 at age 69 (is now up-to-date)
  - Does not need final PPSV23 dose
- Patient #3:

- PCV13 at age 64 (is up-to-date for 8 weeks [56 days], after which is not up-to-date until PPSV23 is received)
- PPSV23 at age 65 (is now up-to-date)
- Does not need final two PPSV23 doses

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

Shingrix Vaccine

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

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

Contraindication to Shingrix Vaccine

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

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

Influenza Vaccine

Any of the following during the Report Period:

- Immunization (CVX) codes 15, 16, 88, 111, 123, 125 through 128, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 160 161, 166, 168, 171, 185, 186, 194, 197, 200-202, 205, 231, 320
- POV ICD-9: V04.8 (old code), V04.81 [BGP FLU IZ DX V04.8]
- CPT 90630, 90653 through 90664, 90666, 90668, 90672 through 90674, 90682, 90685 through 90689, 90694, 90724 (old code), 90756, G0008, G8108, 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

Pneumococcal Polysaccharide (PPSV23) Vaccine

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

- Immunization (CVX) codes 33, 109 [BGP PPSV23 CVX CODES]
- POV ICD-9: V03.82 [BGP PNEUMO IZ DXS]
- CPT 90732, G0009, G9279 [BGP PNEUMO IZ CPT DEV]

Pneumococcal Polysaccharide Contraindication

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)

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

- Immunization (CVX) codes 100, 133, 152 [BGP PCV13 CVX CODES]
- CPT 90669, 90670 [BGP PCV13 CPT CODES]

Pneumococcal Conjugate (PCV20)

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

- Immunization (CVX) codes 216 [BGP PCV20 CVX CODES]
- CPT 90677 [BGP PCV20 CPT CODES]

Pneumococcal Conjugate (PCV21)

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

- Immunization (CVX) codes 327 [BGP PCV21 CVX CODES]
- CPT 90684 [BGP PCV21 CPT CODES]

Pneumococcal Conjugate (PCV15)

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

- Immunization (CVX) codes 215 [BGP PCV15 CVX CODES]
- CPT 90671 [BGP PCV15 CPT CODES]

Pneumococcal Conjugate Contraindication

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

Trimesters

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

CRS will determine the trimester (if possible) in the following order:

1. Look at the Current Definitive EDD field in the BJPN PRENATAL PROBLEMS file for a date during the Report Period or up to eight months after the Report Period.

2. Look at the Definitive EDD field in the Reproductive Factors file for a date during the Report Period or up to eight months after the Report Period.

3. Look for an Estimated Gestational Age (EGA) in the V Measurement file that was entered in the past 20 months. The due date will be calculated using the following formula:

   Due Date = 40 weeks – EGA (in weeks) + Date EGA was entered

   The calculated due date must be after the beginning of the Report Period.

4. Look for an ICD-10 POV code that specifies trimester. The POV code must be within seven days of the Tdap date of visit.

A. **First Trimester**: POV ICD-10: O09.01, O09.11, O09.211, O09.291, O09.31, O09.41, O09.511, O09.521, O09.611, O09.621, O09.71, O09.811, O09.821, O09.891, O09.91, O10.011, O10.111, O10.211, O10.311, O10.411, O10.911, O11.1, O12.01, O12.11, O12.21, O13.1, O16.1, O22.01, O22.11, O22.21, O22.31, O22.41, O22.51, O22.8X1, O22.91, O23.01, O23.11, O23.21, O23.31, O23.41, O23.511, O23.521, O23.591, O23.91, O24.011, O24.111, O24.311, O24.811, O24.911, O25.11, O26.01, O26.11, O26.21, O26.31, O26.41, O26.51, O26.611, O26.711, O26.811, O26.821, O26.831, O26.841, O26.851, O26.891, O26.91, O29.011, O29.021, O29.091, O29.111, O29.121, O29.191, O29.211, O29.291, O29.3X1, O29.41, O29.5X1, O29.61, O29.8X1, O29.91, O30.001, O30.011, O30.021, O30.031, O30.041, O30.091, O30.101, O30.111, O30.121, O30.191, O30.201, O30.211, O30.221, O30.291, O30.801, O30.811, O30.821, O30.891, O30.91, O31.01X0, O31.01X1, O31.01X2, O31.01X3, O31.01X4, O31.01X5, O31.01X9, O31.11X0, O31.11X1, O31.11X2, O31.11X3, O31.11X4, O31.11X5, O31.11X9, O31.21X0, O31.21X1, O31.21X2, O31.21X3, O31.21X4, O31.21X5, O31.21X9, O31.31X0, O31.31X1, O31.31X2, O31.31X3, O31.31X4, O31.31X5, O31.31X9, O31.8X10, O31.8X11, O31.8X12, O31.8X13, O31.8X14, O31.8X15, O31.8X19, O34.01, O34.11, O34.31, O34.41, O34.511, O34.521, O34.531, O34.591, O34.61, O34.71, O34.81, O34.91, O36.0110, O36.0111, O36.0112, O36.0113, O36.0114, O36.0115, O36.0119, O36.0910, O36.0911, O36.0912, O36.0913, O36.0914, O36.0915, O36.0919, O36.1110, O36.1111, O36.1112, O36.1113, O36.1114, O36.1115, O36.1119, O36.1910, O36.1911, O36.1912, O36.1913, O36.1914, O36.1915, O36.1919, O36.21X0, O36.21X1, O36.21X2, O36.21X3, O36.21X4, O36.21X5, O36.21X9, O36.5110, O36.5111, O36.5112, O36.5113, O36.5114, O36.5115, O36.5119, O36.5910, O36.5911, O36.5912, O36.5913, O36.5914, O36.5915, O36.5919, O36.61X0, O36.61X1, O36.61X2, O36.61X3, O36.61X4, O36.61X5, O36.61X9, O36.71X0, O36.71X1, O36.71X2, O36.71X3, O36.71X4, O36.71X5, O36.71X9, O36.8210, O36.8211, O36.8212, O36.8213, O36.8214, O36.8215, O36.8219, O36.8910, O36.8911, O36.8912, O36.8913, O36.8914, O36.8915, O36.8919, O36.91X0, O36.91X1, O36.91X2, O36.91X3, O36.91X4, O36.91X5, O36.91X9, O40.1XX0, O40.1XX1, O40.1XX2, O40.1XX3, O40.1XX4, O40.1XX5, O40.1XX9, O41.01X0, O41.01X1, O41.01X2, O41.01X3, O41.01X4, O41.01X5, O41.01X9, O41.1011, O41.1012, O41.1013, O41.1014, O41.1015, O41.1019, O41.1210, O41.1211, O41.1212, O41.1213, O41.1214, O41.1215, O41.1219, O41.1410, O41.1411, O41.1412, O41.1413, O41.1414, O41.1415, O41.1419, O41.8X10, O41.8X11, O41.8X12, O41.8X13, O41.8X14, O41.8X15, O41.8X19, O41.91X0, O41.91X1, O41.91X2, O41.91X3, O41.91X4, O41.91X5, O41.91X9, O42.011, O42.111, O42.911, O43.011, O43.021, O43.101, O43.111, O43.121, O43.191, O43.211, O43.221, O43.231, O43.811, O43.891, O43.91, O44.01, O44.11, O45.001, O45.011, O45.021,

O45.091, O45.8X1, O45.91, O46.001, O46.011, O46.021, O46.091, O46.8X1, O46.91, O88.011, O88.111, O88.211, O88.311, O88.811, O91.011, O91.111, O91.211, O92.011, O98.011, O98.111, O98.211, O98.311, O98.411, O98.511, O98.611, O98.711, O98.811, O98.911, O99.011, O99.111, O99.211, O99.281, O99.311, O99.321, O99.331, O99.341, O99.351, O99.411, O99.511, O99.611, O99.711, O99.841, O9A.111, O9A.211, O9A.311, O9A.411, O9A.511, Z3A.08, Z3A.09, Z3A.10, Z3A.11, Z3A.12, Z3A.13, Z34.01, Z34.81, Z34.91 [BGP PREGNANCY TRI 1 DXS]

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

O43.102, O43.112, O43.122, O43.192, O43.212, O43.222, O43.232, O43.812, O43.892, O43.92, O44.02, O44.12, O45.002, O45.012, O45.022, O45.092, O45.8X2, O45.92, O46.002, O46.012, O46.022, O46.092, O46.8X2, O46.92, O47.02, O60.02, O71.02, O88.012, O88.112, O88.212, O88.312, O88.812, O91.012, O91.112, O91.212, O92.012, O98.012, O98.112, O98.212, O98.312, O98.412, O98.512, O98.612, O98.712, O98.812, O98.912, O99.012, O99.112, O99.212, O99.282, O99.312, O99.322, O99.332, O99.342, O99.352, O99.412, O99.512, O99.612, O99.712, O99.842, O9A.112, O9A.212, O9A.312, O9A.412, O9A.512, Z3A.14, Z3A.15, Z3A.16, Z3A.17, Z3A.18, Z3A.19, Z3A.20, Z3A.21, Z3A.22, Z3A.23, Z3A.24, Z3A.25, Z3A.26, Z34.02, Z34.82, Z34.92 [BGP PREGNANCY TRI 2 DXS]

C. **Third Trimester**: POV ICD-10: O09.03, O09.13, O09.213, O09.293, O09.33, O09.43, O09.513, O09.523, O09.613, O09.623, O09.73, O09.813, O09.823, O09.893, O09.93, O10.013, O10.113, O10.213, O10.313, O10.413, O10.913, O11.3, O12.03, O12.13, O12.23, O13.3, O14.03, O14.13, O14.23, O14.93, O15.03, O16.3, O22.03, O22.13, O22.23, O22.33, O22.43, O22.53, O22.8X3, O22.93, O23.03, O23.13, O23.23, O23.33, O23.43, O23.513, O23.523, O23.593, O23.93, O24.013, O24.113, O24.313, O24.813, O24.913, O25.13, O26.03, O26.13, O26.23, O26.33, O26.43, O26.53, O26.613, O26.713, O26.813, O26.823, O26.833, O26.843, O26.853, O26.873, O26.893, O26.93, O29.013, O29.023, O29.093, O29.113, O29.123, O29.193, O29.213, O29.293, O29.3X3, O29.43, O29.5X3, O29.63, O29.8X3, O29.93, O30.003, O30.013, O30.023, O30.033, O30.043, O30.093, O30.103, O30.113, O30.123, O30.193, O30.203, O30.213, O30.223, O30.293, O30.803, O30.813, O30.823, O30.893, O30.93, O31.03X0, O31.03X1, O31.03X2, O31.03X3, O31.03X4, O31.03X5, O31.03X9, O31.13X0, O31.13X1, O31.13X2, O31.13X3, O31.13X4, O31.13X5, O31.13X9, O31.23X0, O31.23X1, O31.23X2, O31.23X3, O31.23X4, O31.23X5, O31.23X9, O31.33X0, O31.33X1, O31.33X2, O31.33X3, O31.33X4, O31.33X5, O31.33X9, O31.8X30, O31.8X31, O31.8X32, O31.8X33, O31.8X34, O31.8X35, O31.8X39, O34.03, O34.13, O34.33, O34.43, O34.513, O34.523, O34.533, O34.593, O34.63, O34.73, O34.83, O34.93, O36.0130, O36.0131, O36.0132, O36.0133, O36.0134, O36.0135, O36.0139, O36.0930, O36.0931, O36.0932, O36.0933, O36.0934, O36.0935, O36.0939, O36.1130, O36.1131, O36.1132, O36.1133, O36.1134, O36.1135, O36.1139, O36.1930, O36.1931, O36.1932, O36.1933, O36.1934, O36.1935, O36.1939, O36.23X0, O36.23X1, O36.23X2, O36.23X3, O36.23X4, O36.23X5, O36.23X9, O36.5130, O36.5131, O36.5132, O36.5133, O36.5134, O36.5135, O36.5139, O36.5930, O36.5931, O36.5932, O36.5933, O36.5934, O36.5935, O36.5939, O36.63X0, O36.63X1, O36.63X2, O36.63X3, O36.63X4, O36.63X5, O36.63X9, O36.73X0, O36.73X1, O36.73X2, O36.73X3, O36.73X4, O36.73X5, O36.73X9, O36.8130, O36.8131, O36.8132, O36.8133, O36.8134, O36.8135, O36.8139, O36.8230, O36.8231, O36.8232, O36.8233, O36.8234, O36.8235, O36.8239, O36.8930, O36.8931, O36.8932, O36.8933, O36.8934, O36.8935, O36.8939, O36.93X0, O36.93X1, O36.93X2, O36.93X3, O36.93X4, O36.93X5, O36.93X9, O40.3XX0, O40.3XX1, O40.3XX2, O40.3XX3, O40.3XX4, O40.3XX5, O40.3XX9, O41.03X0, O41.03X1, O41.03X2, O41.03X3, O41.03X4, O41.03X5, O41.03X9, O41.1030, O41.1031, O41.1032, O41.1033, O41.1034, O41.1035, O41.1039, O41.1230, O41.1231, O41.1232, O41.1233, O41.1234, O41.1235, O41.1239, O41.1430, O41.1431, O41.1432, O41.1433, O41.1434, O41.1435, O41.1439, O41.8X30, O41.8X31, O41.8X32, O41.8X33, O41.8X34, O41.8X35, O41.8X39, O41.93X0, O41.93X1, O41.93X2, O41.93X3, O41.93X4, O41.93X5, O41.93X9, O42.013, O42.113, O42.913, O43.013, O43.023, O43.103, O43.113,

O43.123, O43.193, O43.213, O43.223, O43.233, O43.813, O43.893, O43.93, O44.03, O44.13, O45.003, O45.013, O45.023, O45.093, O45.8X3, O45.93, O46.003, O46.013, O46.023, O46.093, O46.8X3, O46.93, O47.03, O60.03, O71.03, O88.013, O88.113, O88.213, O88.313, O88.813, O91.013, O91.113, O91.213, O92.013, O98.013, O98.113, O98.213, O98.313, O98.413, O98.513, O98.613, O98.713, O98.813, O98.913, O99.013, O99.113, O99.213, O99.283, O99.313, O99.323, O99.333, O99.343, O99.353, O99.413, O99.513, O99.613, O99.713, O99.843, O9A.113, O9A.213, O9A.313, O9A.413, O9A.513, Z3A.27, Z3A.28, Z3A.29, Z3A.30, Z3A.31, Z3A.32, Z3A.33, Z3A.34, Z3A.35, Z3A.36, Z3A.37, Z3A.38, Z3A.39, Z3A.40, Z3A.41, Z3A.42, Z3A.49, Z34.03, Z34.83, Z34.93 [BGP PREGNANCY TRI 3 DXS]

2.3.2.6 Patient Lists

- List of User Population patients 19 years and older with cerebrospinal fluid leak or cochlear implant with up-to-date Pneumococcal vaccine for high-risk patients.
- List of User Population patients 19 years and older with cerebrospinal fluid leak or cochlear implant without up-to-date Pneumococcal vaccine for high-risk patients.
- List of User Population patients 19 years and older with immunocompromising condition with up-to-date Pneumococcal vaccine for high-risk patients.
- List of User Population patients 19 years and older with immunocompromising condition without up-to-date Pneumococcal vaccine for high-risk patients.
- List of User Population patients 19 years and older with other underlying medical condition or risk factor with up-to-date Pneumococcal vaccine.
- List of User Population patients 19 years and older with other underlying medical condition or risk factor without up-to-date Pneumococcal vaccine.
- List of User Population patients 19 years and older considered high-risk for Zoster with 2 doses of Shingrix ever.
- List of User Population patients 19 years and older considered high-risk for Zoster without 2 doses of Shingrix ever.
- List of pregnant AC patients with Tdap documented in the past 20 months.
- List of pregnant AC patients without Tdap documented in the past 20 months.
- List of pregnant AC patients with Influenza documented during the Report Period.
- List of pregnant AC patients without Influenza documented during the Report Period.

- List of pregnant AC patients with Tdap documented in the past 20 months and Influenza documented during the Report Period.
- List of pregnant AC patients without Tdap documented in the past 20 months and Influenza documented during the Report Period.
- List of pregnant AC patients with a visit during the third trimester with Tdap documented during the third trimester.
- List of pregnant AC patients with a visit during the third trimester without Tdap documented during the third trimester.

2.3.3 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; *not* reported to OMB and Congress)

2.3.3.3 Denominators

1. Active Clinical patients aged 19–35 months at end of Report Period.
2. GPRA Developmental: User Population patients active in the Immunization Package who are aged 19–35 months at end of Report Period.

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

2.3.3.4 Numerators

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

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

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

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

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

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

2.3.3.5 Definitions

Patient Age

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

Timing of Doses

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

Active Immunization Package Patients Denominator

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

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

Dosage and Types of Immunizations

- 1 dose of Hep A
- 2 or 3 doses of Rotavirus, depending on the vaccine administered
- 2 doses of Influenza

Refusal, Contraindication, and Evidence of Disease Information

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

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

- For immunizations that allow a different number of doses (e.g., 2 or 3 Rotavirus): To count toward the numerator with the smaller number of doses, all the patient's vaccinations must be part of the smaller-dose series. For example, for a patient to count toward the Rotavirus numerator with only 2 doses, all 2 doses must be included in the 2-dose series codes listed in the Rotavirus definition. A patient with a mix of 2-dose and 3-dose series codes will need 3 doses to count toward the numerator.
- For immunizations where the required number of doses is more than 1, only 1 NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI refusal for influenza, the patient will be included in the numerator.
- For immunizations where the required number of doses is more than 1, only 1 contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for influenza, 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

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

- Hepatitis A
  - Immunization (CVX) codes 31, 52, 83, 84, 85, 104, 193
  - CPT 90632 through 90634, 90636, 90730 (old code) [BGP HEPATITIS A CPTS]
- Rotavirus
  - Immunization (CVX) codes 74, 116, 119, 122
  - CPT 90680
- Influenza
  - Immunization (CVX) codes 15, 16, 88, 111, 123, 125 through 128, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 160, 161, 166, 168, 171, 185, 186, 194, 197, 200-202, 205, 231
  - CPT 90630, 90653 through 90658, 90659 (old code), 90660 through 90664, 90666, 90668, 90672 through 90674, 90682, 90685 through 90688, 90694, 90724 (old code), 90756, G0008, Q2034 through Q2039 [BGP CPT FLU]

Contraindication Definitions

- 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 PXRM BGP IPC IMMUNE DIS

- HIV

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

  - ICD-9: 042, 079.53, V08; ICD-10: B20, B97.35, Z21, O98.711 through O98.73 [BGP HIV/AIDS DXS]
  - SNOMED data set PXRM BGP IPC HIV (Problem List only)

- Lymphoreticular cancer, multiple myeloma, or leukemia

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

  - ICD-9: 200.00 through 208.92; ICD-10: C81.00 through C86.6, C88.2 through C88.9, C90.00 through C93.*, C94.00 through C94.32, C94.80, C95.*, C96.0 through C96.4, C96.9, C96.A, C96.Z [BGP LYMPHO CANCER DXS]
  - SNOMED data set PXRM BGP IPC LYMPH CANCER

- Severe combined immunodeficiency

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

  - ICD-9: 279.2; ICD-10: D81.0 through D81.2, D81.31, D81.9 [BGP SCID DXS]
  - SNOMED data set PXRM BGP IPC SCID

- History of intussusception

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

  - ICD-9: 560.0; ICD-10: K56.1 [BGP INTUSSUSCEPTION DXS]
  - SNOMED data set PXRM BGP IPC INTUSSUS

Immunization Definitions

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

- Hepatitis A Definitions
  - Immunization (CVX) codes 31, 52, 83, 84, 85, 104, 193
  - CPT 90632 through 90634, 90636, 90730 (old code) [BGP HEPATITIS A CPTS]
- Hepatitis A Evidence of Disease Definitions

  - POV or PCC Problem List (active or inactive) ICD-10: B15.* [BGP HEPATITIS A EVIDENCE]
  - SNOMED data set PXRM BGP IPC HEP A EVID (Problem List only)
- Hepatitis A Contraindication Definition
  - Immunization Package contraindication of "Anaphylaxis"
- Rotavirus Definitions
  - 2-dose series
    - Immunization (CVX) codes 119
    - CPT 90681
  - 3-dose series
    - Immunization (CVX) codes 74, 116, 122
    - POV ICD-9: V05.8
    - CPT 90680
- Rotavirus Contraindication Definition
  - Immunization Package contraindication of "Anaphylaxis" or "Immune Deficiency"
  - Severe combined immunodeficiency
  - History of intussusception
- Influenza Definitions
  - Immunizations (CVX) codes 15, 16, 88, 111, 123, 125 through 128,135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 160, 161, 166, 168, 171, 185, 186, 194, 197, 200-202, 205, 231
  - POV ICD-9: V04.8 (old code), V04.81 [BGP FLU IZ DXS]
  - CPT 90630, 90653 through 90658, 90659 (old code), 90660 through 90664, 90666, 90668, 90672 through 90674, 90682, 90685 through 90689, 90694, 90724 (old code), 90756, G0008, Q2034 through Q2039 [BGP CPT FLU]
- Influenza Contraindication Definition
  - Immunization Package contraindication of "Anaphylaxis"
  - Immunodeficiency
  - HIV
  - Lymphoreticular cancer, multiple myeloma, or leukemia

2.3.3.6 Patient Lists

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

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

2.3.4 Adolescent Immunizations

2.3.4.1 Owner and Contact

National Immunization Program: Uzo Chukwuma, MPH

2.3.4.2 National Reporting

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

2.3.4.3 Denominators

1. User Population patients aged 13–17 years.

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

2.3.4.4 Numerators

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

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

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

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

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

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

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

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

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

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

2.3.4.5 Definitions

Timing of Doses

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

Dosage and Types of Immunizations

- 1 dose of Td or Tdap
- 1 dose of Meningococcal

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

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

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

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

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

NMI Refusal Definitions

PCC Refusal type NMI for any of the following codes:

- Tdap
  - Immunization (CVX) codes 115
  - CPT 90715
- Td
  - Immunization (CVX) codes 9, 113, 138, 139, 196
  - CPT 90714, 90718
- Meningococcal
  - Immunization (CVX) codes 32, 108, 114, 136, 147, 148, 203
  - CPT 90619, 90644, 90733, 90734
- HPV
  - Immunization (CVX) codes 62, 118, 137, 165
  - CPT 90649, 90650, 90651

Immunization Definitions

- Tdap
  - Immunization (CVX) code 115
  - CPT 90715

- Tdap Contraindication
  - Immunization Package contraindication of "Anaphylaxis"
- Td
  - Immunization (CVX) code 9, 113, 138, 139, 196
  - POV ICD-9: V06.5 [BGP TD IZ DXS]
  - CPT 90714, 90718
- Td Contraindication
  - Immunization Package contraindication of "Anaphylaxis"
- Meningococcal
  - Immunization (CVX) codes 32, 108, 114, 136, 147, 148, 203, 316
  - CPT 90619, 90623, 90644, 90733, 90734
- Meningococcal Contraindication
  - Immunization Package contraindication of "Anaphylaxis"
- HPV
  - Immunization (CVX) codes 62, 118, 137, 165
  - CPT 90649, 90650, 90651
- HPV Contraindication
  - Immunization Package contraindication of "Anaphylaxis"

2.3.4.6 Patient Lists

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

- List of User Population patients aged 13–17 years with 2 or 3 doses of HPV ever.
- List of User Population patients aged 13–17 years without 2 or 3 doses of HPV ever. If a patient did not have all doses, the IZ will not be listed.

2.4 Cancer Screen Group

2.4.1 Cancer Screening: Mammogram Rates

2.4.1.1 Owner and Contact

CAPT Suzanne England, DNP, APRN

2.4.1.2 National Reporting

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

2.4.1.3 Denominators

Note: In this section, the patients must be at least 42 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. GPRA Developmental: Female User Population patients ages 42 through 75 years, without a documented bilateral mastectomy or two separate unilateral mastectomies.

2.4.1.4 Numerators

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

Note: This numerator does *not* include refusals.

2.4.1.5 Definitions

Age

Age of the patient is calculated at the beginning of the Report Period. Patients must be at least 42 years old as of the beginning of the Report Period and under 75 years old as of the end of the Report Period.

Bilateral Mastectomy

- CPT M1280, 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 PXRM BGP BILAT MASTECTOMY (Problem List only)

Two Separate Unilateral Mastectomies

Requires either of the following:

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

Right Mastectomy

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

Left Mastectomy

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-10: Z90.12 [BGP LEFT MASTECTOMY DXS]
  - SNOMED data set PXRM BGP LEFT MASTECTOMY (Problem List only)
- Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 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, 77061 through 77063, 77065 through 77067, 76090 (old code), 76092 (old code), G0206, G0204, G0202, G0279 [BGP CPT MAMMOGRAM]
- POV ICD-9: V76.11 screening mammogram for high-risk patient, V76.12 other screening mammogram, 793.80 Abnormal mammogram, unspecified, 793.81 Mammographic microcalcification, 793.89 Other abnormal findings on radiological exam of breast; ICD-10: R92.0, R92.1, R92.8, Z12.31 [BGP MAMMOGRAM DXS]
- Procedure ICD-9: 87.36 Xerography of breast, 87.37 Other Mammography; ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ [BGP MAMMOGRAM PROCEDURES]
- Women's Health procedure called Mammogram Screening, Mammogram Diagnosis Bilateral, Mammogram Diagnosis Unilateral, and where the mammogram result does *not* have "ERROR/DISREGARD"

2.4.1.6 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.

2.4.2 Colorectal Cancer Screening

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

2.4.2.1 Owner and Contact

Epidemiology Program: Don Haverkamp

2.4.2.2 National Reporting

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

2.4.2.3 Denominators

> **Note:** For this section, the patient's age at the beginning of the Report Period must be at least 40 years of age and 41 years of age at the end of the Report Period.

1. GPRA Developmental: User Population patients ages 40 through 75 without a documented history of colorectal cancer or total colectomy.

2.4.2.4 Numerators

1. GPRA Developmental: 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

2.4.2.5 Definitions

Denominator Exclusions

Any diagnosis ever of one of the following:

- Colorectal Cancer
  - Diagnosis (POV or Problem List entry where the status is not Deleted):
    - ICD-9: 153.*, 154.0, 154.1, 197.5, V10.05, V10.06; ICD-10: C18.*, C19, C20, C21.2, C21.8, C78.5, Z85.030, Z85.038, Z85.048 [BGP COLORECTAL CANCER DXS]
    - SNOMED data set PXRM COLORECTAL CANCER (Problem List only)
- Total Colectomy
  - CPT 44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210 through 44212, M1295 [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), G0328 [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

2.4.2.6 Patient Lists

- List of patients ages 40 through 75 years with CRC screening.
- List of patients ages 40 through 75 years without CRC screening.

2.5 Behavioral Health Group

2.5.1 Screening for Substance Use

2.5.1.1 Owner and Contact

Kateri Fletcher-Sahmaunt, IHS Division of Behavioral Health (DBH)

2.5.1.2 National Reporting

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

2.5.1.3 Denominators

1. Active Clinical patients ages 12 and older, broken down by sex and age groups: 12-17, 18 and older.
2. GPRA Developmental: User Population patients ages 12 and older, broken down by sex and age groups: 12-17, 18 and older.

2.5.1.4 Numerators

1. GPRA Developmental: Patients screened for substance use or who had a substance-related diagnosis or procedure during the Report Period (with Denominator 1 and 2).
   A. Patients who screened positive for substance use.
2. Patients screened for alcohol use risk or who had an alcohol-related diagnosis during the Report Period (Cascades of Care) (with Denominator 2).
   A. Patients who screened positive for alcohol use risk (Cascades of Care).
3. Patients screened for drug use risk or who had a drug-related diagnosis during the Report Period (Cascades of Care) (with Denominator 2).
   A. Patients who screened positive for drug use risk (Cascades of Care).

2.5.1.5 Definitions

Note: Visit data can be found in PCC or BHS.

Substance Screening

Any of the following during the Report Period:

- Alcohol Use Risk Screening
  - Exam Code 35 (Alcohol Screening)
  - Any CAGE [F018-F022] or CAGE-AID [F210-F214] Health Factor
  - Any TAPS-Alcohol Health Factor [F175-F179]
  - Behavioral Health System (BHS) Problem code 29.1
  - CPT 99408, 99409, G0396, G0397, G0442, G0443, G2011, G2196, G2197, H0049, G0050, 3016F
  - Measurement of AUDT, AUDC, or CRFT
  - POV ICD-10: Z02.83 (Encounter for blood-alcohol and blood-drug test)
- Drug Use Risk Screening
  - Exam Code 45 (Unhealthy Drug Screening Exam)
  - Measurement of DAST-10
  - Health Factor 4PS [F145-149], CAGE [F018-F022], CAGE-AID [F210-F214], or NIDA Quick Screen [F150-F154]
  - Any TAPS- Sedative, TAPS-Cannabis, TAPS-Stimulant, TAPS-Opioid, TAPS-Heroin Health Factor
  - POV ICD-10: Z02.83 (Encounter for blood-alcohol and blood-drug test)

Substance-Related Diagnosis

Any of the following during the Report Period:

- Alcohol-Related Diagnosis
  - POV or Problem List ICD-10: F10.1*, F10.20, F10.220-F10.29, F10.920-F10.982, F10.99, G62.1
  - SNOMED data set PXRM BGP 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
- Drug-Related Diagnosis
  - POV ICD-10: F11*, F12*, F13*, F14*, F15*, F16*, F18*, F19*

Substance-Related Procedure

- ICD-10: HZ*****

Positive Screen for Substance Use

Any of the following during the Report Period:

- Alcohol Use Risk

  - Exam Code 35 with result of "Positive"
  - Health factor CAGE or CAGE-AID result of 1/4, 2/4, 3/4, 4/4 [F019-F022, F211-F214]
  - Any TAPS-Alcohol health factor ending in Problem Use, High Risk, or Early Remission, but at Risk
  - CPT G0396, G0397, G2011, G2197, 99408, 99409
  - Any of the following:
    - AUDT result greater than or equal to (≥) 8
    - AUDC result greater than or equal to (≥) 4 (men)
    - AUDC greater than or equal to (≥) 3 (women)
    - CRFT result greater than or equal to (≥) 2 and CRFT result less than or equal to (≤) 6
  - POV ICD-10: F10.* (excluding F10.*1 [in remission])
- Drug Use Risk
  - Exam Code 45 with result of "Positive"
  - Health factor CAGE or CAGE-AID result of 1/4, 2/4, 3/4, 4/4 [F019-F022, F211-F214]
  - Health factor of 4PS with result other than Screening Negative [F145-148]
  - Health factor of NIDA Quick Screen other than Scrn Neg [F154 only]
  - Any TAPS-Sedative, TAPS-Cannabis, TAPS-Stimulant, TAPS-Opioid, TAPS-Heroin health factors ending in Problem Use, High Risk, Early Remission, but at Risk
  - DAST-10 result of greater than (≥) 1
  - POV ICD-10: F11.*, F12*, F13*, F14*, F15*, F16*, F18*, F19* (excluding F1*.*1 [in remission]) [BGP SUBSTANCE USE POS DXS]

Positive Alcohol Use Risk

Any of the following during the Report Period:

- Any TAPS-Alcohol health factor ending in Problem Use, High Risk, or Early Remission, but at Risk

Positive Drug Use Risk

Any of the following during the Report Period:

- Any TAPS-Sedative, TAPS-Cannabis, TAPS-Stimulant, TAPS-Opioid, TAPS-Heroin health factors ending in Problem Use, High Risk, Early Remission, but at Risk

2.5.1.6 Patient Lists

- List of Active Clinical patients 12 and older screened for substance use.
- List of Active Clinical patients 12 and older not screened for substance use.
- List of Active Clinical patients 12 and older with a positive substance screen.
- List of Active Clinical patients 12 and older with a negative substance screen/no result.
- List of User Population patients 12 and older screened for substance use.
- List of User Population patients 12 and older not screened for substance use.
- List of User Population patients 12 and older with a positive substance screen.
- List of User Population patients 12 and older with a negative substance screen/no result.
- List of User Population patients 12 and older with an alcohol use risk screen.
- List of User Population patients 12 and older without an alcohol use risk screen.
- List of User Population patients 12 and older with a drug use risk screen.
- List of User Population patients 12 and older without a drug use risk screen.

2.5.2 Substance Use Disorder (SUD) in Women of Childbearing Age

2.5.2.1 Owner and Contact

Tina Pattara-Lau, MD, FACOG, IHS Office of Clinical and Preventive Services (OCPS)

2.5.2.2 National Reporting

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

2.5.2.3 Denominators

1. Female Active Clinical patients ages 14–46.
2. Female User Population patients ages 14–46 years who screened positive for substance abuse.
3. Pregnant User Population patients.
4. Pregnant User Population patients screened positive for substance abuse.

2.5.2.4 Numerators

1. Patients screened for Substance Use Disorder (SUD).
2. Patients screened for pregnancy intention assessment.
3. Patients screened for both Substance Use Disorder (SUD) and pregnancy intention assessment.
4. Patients screened positive for pregnancy intention.
5. Patients provided a Brief Intervention (BI) in Ambulatory Care within seven days of positive screen (with Denominators 2 and 3).
   A. Patients who received a BI on same day as positive screen.
   B. Patients who received a BI one to three days after positive screen.
   C. Patients who received a BI four to seven days after positive screen.
   D. Patients who were referred treatment within seven days of positive screen.
6. Patients with a diagnosis of substance use disorder.

2.5.2.5 Definitions

Note: Visit data can be found in PCC or BHS.

Pregnancy Definition

Any of the following:

- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period.
- At least one visit during the Report Period, where the primary provider is not a Community Health Representative (CHR) (Provider code 53) with any of the following:
  – Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-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]

- 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-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]
  - CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]
- **Abortion definition:**
  - POV 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-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

Substance Use Disorder Diagnosis

Any of the following at any time prior to the end of the Report Period:

- Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-9: 292.0, 304.0*, 304.7*, 305.5*; ICD-10: F10.1*, F10.20, F10.220 through F10.29, F10.920 through F10.982, F10.99, F11.*, F12*, F13*, F14*, F15*, F16*, F18*, F19*, G62.1 [BGP SUBSTANCE USE DISORDER DXS]

Substance Use Disorder Screen

CRS will search for screenings in the following order: 1) screen with a positive result followed by a BI closest to the date of the screen; 2) screen with a positive result with no BI; 3) screen with a negative result. Substance use disorder screen defined as any of the following:

- Exam Code 35 (Alcohol Screening) or 45 (Unhealthy Drug Screening Exam)
- Health Factor 4PS [F145-149], CAGE [F018-F022], CAGE-AID [F210-F214], or NIDA Quick Screen [F150-F154]
- Any TAPS-Alcohol, TAPS-Sedative, TAPS-Cannabis, TAPS-Stimulant, TAPS-Opioid, TAPS-Heroin Health Factor
- Measurement of DAST-10, AUDT, ADUC, CRFT
- Behavioral Health System (BHS) Problem code 29.1
- CPT 99408, 99409, G0396, G0397, G0442, G0443, G2011, G2196, G2197, H0049, H0050, 3016F

Positive Result for Substance Use Disorder

Any of the following for the screening performed:

- Exam Code 35 or 45 with result of "Positive"
- Health factor CAGE or CAGE-AID result of 1/4, 2/4, 3/4, 4/4 [F019-F022, F211-F214]
- Health factor of 4PS with result other than Screening Negative [F145-148]
- Health factor of NIDA Quick Screen other than Scrn Neg [F151-F154]
- Any TAPS-Alcohol, TAPS-Sedative, TAPS-Cannabis, TAPS-Stimulant, TAPS-Opioid, TAPS-Heroin health factors ending in Problem Use, High Risk, Early Remission, but at Risk
- CPT G0396, G0397, G2011, G2197, 99408, 99409
- Any of the following:
  - AUDT result greater than or equal to (≥) 8
  - AUDC result greater than or equal to (≥) 4 (men)
  - AUDC greater than or equal to (≥) 3 (women)
  - CRFT result greater than or equal to (≥) 2 and CRFT result less than or equal to (≤) 6
  - DAST-10 result of greater than (>) 1

Pregnancy Intention Assessment

- Health Factor for category Reproductive Plan [C020]

Positive Result for Pregnancy Intention Assessment

- Health factor Trying to Conceive [F128]

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 Patient Lists

- List of female User Pop patients 14–46 with SUD screening.
- List of female User Pop patients 14–46 without SUD screening.
- List of female User Pop patients 14–46 with pregnancy intention assessment.
- List of female User Pop patients 14–46 without pregnancy intention assessment.
- List of female User Pop patients 14–46 with SUD screening and pregnancy intention assessment.
- List of female User Pop patients 14–46 without SUD screening and pregnancy intention assessment.
- List of female User Pop patients 14–46 with positive SUD screen with pregnancy intention assessment.
- List of female User Pop patients 14–46 with positive SUD screen without pregnancy intention assessment.
- List of female User Pop patients 14–46 with positive SUD screen with BI within seven days of screen.
- List of female User Pop patients 14–46 with positive SUD screen without BI within seven days of screen.
- List of pregnant User Pop patients with positive SUD screen with BI within seven days of screen.
- List of pregnant User Pop patients with positive SUD screen without BI within seven days of screen.

2.5.3 Suicide Risk Assessment

2.5.3.1 Owner and Contact

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

2.5.3.2 National Reporting

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

2.5.3.3 Denominators

1. User Population patients ages 8years and older who were seen in the Emergency Department.

2.5.3.4 Numerators

1. Patients with documented suicide risk assessment on the day of the ED visit.

2.5.3.5 Definitions

Note: Visit data can be found in PCC or BHS.

Emergency Department

- Clinic Code 30
- CPT 99281, 99282, 99283, 99284, 99285

Urgent Care

- Clinic Code 80
- CPT Code S9088

Numerator

For the patient to be included in the numerator, a suicide risk assessment must be documented for each visit to the ED or Urgent Care during the report period.

Suicide Risk Assessment

Exam code 43 – Suicide Risk Assessment, an instrument-based tool denoting suicide risk with noted severity.

Exam code 44 – Suicide Screening, a brief instrument-based tool to determine possible risk for suicide.

CPT Code 3085F, M1355

2.5.3.6 Patient Lists

- List of User Population patients seen in the ED or Urgent Care who have a documented suicide risk assessment.
- List of User Population patients seen in the ED or Urgent Care who do not have a documented suicide risk assessment.

2.6 Cardiovascular Disease Related Group

2.6.1 Weight Assessment and Counseling for Nutrition and Physical Activity

2.6.1.1 Owner and Contact

Stacy Hammer, MPH, RDN, LD

2.6.1.2 National Reporting

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

2.6.1.3 Denominators

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

2.6.1.4 Numerators

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

2.6.1.5 Definitions

Age

Age is calculated at the end of the Report Period.

Pregnancy Definition

Any of the following:

- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period
- At least one visit during the Report Period, where the primary provider is not a Community Health Representative (CHR) (Provider code 53) with any of the following:
  - Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-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]
  - 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-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]
- CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]

Abortion Definition

- POV 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-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

BMI

Any of the following during the Report Period:

- CRS calculates BMI at the time the report is run, using NHANES II. For patients aged 18 years and under, a height and weight must be taken on the same day any time during the Report Period. For ages 19 through 50 years, height and weight must be recorded within last five years, not required to be on the same day. For over 50 years of age, height, and weight within last two years not required to be recorded on same day.
- POV ICD-10: Z68.20-Z68.54 [BGP BMI DXS]

Counseling for Nutrition

- CPT 97802-97804, G0270, G0271, S9449, S9452, S9470 [BGP CPT NUTRITION COUNSELING]
- POV ICD-10: Z71.3 [BGP DIETARY SURVEILLANCE DXS]
- Patient Education codes ending "-N" or "-MNT" or containing Z71.3, 97802 through 97804, G0270, G0271, S9449, S9452, S9470, or SNOMED 61310001

Counseling for Physical Activity

- CPT G0447, S9451 [BGP CPT PHYSICAL ACTIVITY]
- POV ICD-10: Z71.82 [BGP EXERCISE COUNSELING DXS]
- Patient education codes ending "-EX" (Exercise) or containing Z71.82, G0447, or S9451

2.6.1.6 Patient Lists

- List of Active Clinical patients 3–17 years old with comprehensive assessment.

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

2.6.2 Physical Activity Assessment

2.6.2.1 Owner and Contact

Patient Education Program: Chris Lamer, PharmD

Nutrition Program: Alberta Becenti

2.6.2.2 National Reporting

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

2.6.2.3 Denominators

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

2.6.2.4 Numerators

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

2.6.2.5 Definitions

Physical Activity Assessment

Any health factor for category Activity Level [C011] documented during the Report Period.

Exercise Education

- POV ICD-10: Z71.82 [BGP EXERCISE COUNSELING DXS]
- Patient education codes ending "-EX" (Exercise) or containing Z71.82, or SNOMED 304507003

Exercise Goal

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

2.6.2.6 Patient Lists

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

2.6.3 Cardiovascular Disease and Blood Pressure Control

2.6.3.1 Owner and Contact

Dr. Dena Wilson; Chris Lamer, PharmD

2.6.3.2 National Reporting

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

2.6.3.3 Denominators

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

2.6.3.4 Numerators

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

2.6.3.5 Definitions

CHD

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

- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted) ICD-9: 410.0 through 413.*, 414.0 through 414.9, 429.2; ICD-10: I20.0 through I22.8, I24.0 through I25.83, I25.89, I25.9, Z95.5 [BGP CHD DXS]
- One or more Coronary Artery Bypass Graft (CABG) or Percutaneous Coronary Interventions (PCI) procedures, defined as any of the following:
  - CABG Procedure
    - CPT 33510 through 33514, 33516 through 33519, 33521 through 33523, 33533 through 33536, S2205 through S2209 [BGP CABG CPTS]
    - Procedure ICD-9: 36.1*; ICD-10: 02100**, 02103**, 02104**, * 02110**, 02113**, 02114**, 02120**, 02123**, 02124**, 02130**, 02133**, 02134** [BGP CABG PROCS]
    - SNOMED data set PXRM BGP ECQM CABG
  - PCI Procedure
    - CPT 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980 (old code), 92982 (old code), 92995 (old code) [BGP PCI CPTS]
    - Procedure ICD-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734** [BGP ECQM PCI PROCS]
    - SNOMED data set PXRM BGP ECQM PCI

BP Values (All Numerators)

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

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

CRS uses a mean of the last three BPs documented during the Report Period. If three BPs are not available, CRS uses the mean of the last two BPs, or one BP if there is only one documented. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

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

2.6.3.6 Patient Lists

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

2.6.4 Appropriate Medication Therapy after a Heart Attack

2.6.4.1 Owner and Contact

Dr. Dena Wilson; Chris Lamer, PharmD

2.6.4.2 National Reporting

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

2.6.4.3 Denominators

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

2.6.4.4 Numerators

Note: These numerators do *not* include refusals.

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

2.6.4.5 Definitions

AMI

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

Denominator Exclusions

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

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

To Be Included in the Numerators

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

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

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

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

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

Note: If a medication was started and then discontinued, CRS will recalculate the number of Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example:
– Rx Date: November 15, 2025
– Discontinued Date: November 19, 2025
Recalculated number of Days Prescribed:
$\text{November } 19, 2025 - \text{November } 15, 2025 = 4$

Numerator Logic

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

Beta Blocker Numerator Logic

Beta Blocker Medications and Combinations

Defined with medication taxonomy BGP PQA BETA BLOCKER MEDS:

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

Contraindications to Beta Blockers

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

- **Asthma**. Two diagnoses (POV) of ICD-9: 493*; ICD-10: J45.* [BGP ASTHMA DXS] on different visit dates

- **Hypotension**. One diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-9: 458*; ICD-10: I95.* [BGP HYPOTENSION DXS]
  - SNOMED data set PXRM BGP HYPOTENSION (Problem List only)
- **Heart block greater than 1 degree**. One diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-9: 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, 426.7; ICD-10: I44.1, I44.2, I45.2, I45.3, I45.6 [BGP CMS 2/3 HEART BLOCK DXS]
  - SNOMED data set PXRM BGP OVER 1 DEG HEART BLK (Problem List only)
- **Sinus bradycardia**. One diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-9: 427.81; ICD-10: I49.5, R00.1 [BGP SINUS BRADYCARDIA DXS]
  - SNOMED data set PXRM BGP SINUS BRADYCARDIA (Problem List only)
- **COPD**. Two diagnoses on different visit dates of ICD-9: 491.0, 491.1, 491.2*, 491.8, 491.9, 493.2*, 496, 506.4; ICD-10: J41.*, J42, J44.*, J68.4, J68.8 [BGP COPD DXS], or a combination of any of these codes, such as one visit with 491.20 and one with 496
- NMI refusal for any beta blocker at least once during hospital stay through seven days after discharge date
- CPT G9190 (Documentation of medical reason[s] for not prescribing beta-blocker therapy [e.g., allergy, intolerance, other medical reasons]) at least once during hospital stay through seven days after discharge date

Adverse Drug Reaction or Documented Beta-Blocker Allergy

Defined as any of the following occurring ever:

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

ASA or Other Anti-Platelet Numerator Logic

ASA Medication Codes

- Defined with medication taxonomy DM AUDIT ASPIRIN DRUGS

Other Anti-Platelet Medication Codes

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

Contraindications to ASA or Other Anti-Platelets

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

- Patients with active prescription for Warfarin (Coumadin) at time of arrival or prescribed at discharge, using site-populated BGP PQA WARFARIN MEDS taxonomy
- Hemorrhage diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-9: 459.0; ICD-10: R58 [BGP HEMORRHAGE DXS]
  - SNOMED data set PXRM BGP HEMORRHAGE (Problem List only)
- NMI refusal for any aspirin at least once during hospital stay through seven days after discharge date

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

Defined as any of the following occurring ever:

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

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) Medication Codes

Defined with medication taxonomy BGP HEDIS ACEI MEDS:

- **ACEI medications:** (benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolopril).

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

Contraindications to ACEI Defined as any of the Following

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

Adverse Drug Reaction or Documented ACEI Allergy

Defined as any of the following occurring ever:

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

ARB Medication Codes

Defined with medication taxonomy BGP HEDIS ARB MEDS:

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

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

Contraindications to ARB

Defined as any of the following:

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

Adverse Drug Reaction or Documented ARB Allergy

Defined as any of the following occurring ever:

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

Statins Numerator Logic

Statin Medications and Combination Products

Defined with medication taxonomy BGP PQA STATIN MEDS:

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

Contraindications to Statins

Defined as any of the following:

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

Adverse Drug Reaction or Documented Statin Allergy

Defined as any of the following:

- ALT or AST greater than three times the Upper Limit of Normal (ULN) (i.e., Reference High) on two or more consecutive visits during the Report Period
- Creatine Kinase (CK) levels greater than 10 times ULN or CK greater than 10,000 IU/L during the Report Period
- Myopathy or Myalgia, defined as any of the following during the Report Period:
  - POV or Problem List entry where the status is not Deleted:
    - ICD-10: G71.14, G71.19, G71.20, G71.220, G71.228, G71.29, G72.0, G72.2, G72.89, G72.9, M35.8, M60.80 through M60.9, M79.1* [BGP MYOPATHY/MYALGIA]
    - SNOMED 723439002 (Native American myopathy (disorder)) (Problem List only)
- Any of the following occurring ever:
  - POV ICD-9: 995.0 through 995.3 [BGP ASA ALLERGY 995.0-995.3] *and* E942.9 [BGP ADV EFF CARDIOVASC NEC]

- "Statin" or "Statins" (except "Nystatin") entry in ART
- "Statin" or "Statins" (except "Nystatin") contained within Problem List (where status is not Deleted) or in Provider Narrative field for any POV ICD-9: 995.0 through 995.3, V14.8; ICD-10: Z88.8 [BGP ASA ALLERGY 995.0-995.3 and BGP HX DRUG ALLERGY NEC]
- Problem List entry where the status is not Deleted of SNOMED data set PXRM BGP ADR STATIN

Pregnancy Definition

Any of the following:

- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period.
- At least one visit during the Report Period where the primary provider is not a CHR (Provider code 53) with any of the following:
  - Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-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]

  - 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-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]
- CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]

Abortion Definition

- POV 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-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-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 PXRM BGP 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 PXRM BGP PT ED BREASTFEED or PXRM BGP ECQM BREASTFEED

All Medications Numerator Logic

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

Test Definitions

ALT

- Site-populated taxonomy DM AUDIT ALT TAX

- LOINC taxonomy: 1742-6, 1743-4, 1744-2, 76625-3, 77144-4, 96586-3 [BGP ALT LOINC]

AST

- Site-populated taxonomy DM AUDIT AST TAX
- LOINC taxonomy: 1920-8, 30239-8, 88112-8, 96587-1 [BGP AST LOINC]

Creatine Kinase

- Site-populated taxonomy BGP CREATINE KINASE TAX
- LOINC taxonomy: 2157-6 [BGP CREATINE KINASE LOINC]

2.6.4.6 Patient Lists

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

2.7 STD-Related Group

2.7.1 HIV Screening

2.7.1.1 Owner and Contact

Richard Haverkate, MPH

2.7.1.2 National Reporting

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

2.7.1.3 Denominators

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

2.7.1.4 Numerators

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

   Note: This numerator does *not* include refusals.

   A. Patients with a positive result.
   B. Patients with a negative result.
   C. Patients with no result.

2. Patients who were screened for HIV in the past five years (with Denominator 1).

   Note: This numerator does *not* include refusals.

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

   Note: This numerator does *not* include refusals.

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

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

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

   A. Patients with CD4 less than (<) 200.

   B. Patients with CD4 greater than or equal to (≥) 200 and less than or equal to (≤) 350.

   C. Patients with CD4 greater than (>) 350 and less than or equal to (≤) 500.

   D. Patients with CD4 greater than (<) 500.

   E. Patients with no CD4 result.

2.7.1.5 Definitions

HIV

Any of the following:

- POV or Problem List entry where the status is not Deleted:
  - ICD-9: 042, 079.53, V08; ICD-10: B20, B97.35, Z21, O98.711 through O98.73 [BGP HIV/AIDS DXS]
  - SNOMED data set PXRM HIV (Problem List only)

HIV Screening

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

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

Positive HIV Result

- Positive result for HIV Screening test, defined as “Positive,” “P,” “Pos,” “R,” “Reactive,” “Repeatedly Reactive,” “+,” or containing “>”
- HIV diagnosis defined as any of the following documented any time after the HIV screening:
  - POV or Problem List codes ICD-9: 042, 079.53, V08; ICD-10: B20, B97.35, Z21, O98.711 through O98.73 [BGP HIV/AIDS DXS]

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

Negative HIV Result

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

No Result

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

CD4 Count

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

CD4 Test defined as:

- CPT 86359, 86360, 86361, G9214 [BGP CD4 CPTS]

- LOINC taxonomy: 13332-2, 13335-5, 13336-3, 13343-9, 13491-6, 13492-4, 16274-3, 17144-7, 17145-4, 17146-2, 17153-8, 20605-2, 20606-0, 20607-8, 21164-9, 24467-3, 26569-4, 26570-2, 26573-6, 26759-1, 26922-5, 26982-9, 26983-7, 32515-9, 32516-7, 34475-4, 34622-1, 34929-0, 34930-8, 34931-6, 34932-4, 38237-4, 38238-2, 38239-0, 38240-8, 41994-5, 42737-7, 43275-7, 43948-9, 43956-2, 43966-1, 44060-2, 49025-0, 49120-9, 51306-9, 51311-9, 51316-8, 51755-7, 53939-5, 53940-3, 54218-3, 5472-6, 5473-4, 5474-2, 58920-0, 60457-9, 65758-5, 65759-3, 74839-2, 79187-1, 8123-2, 8127-3, 8128-1, 8129-9, 89315-6, 89316-4, 89317-2, 89326-3, 89328-9, 89329-7, 89331-3, 89333-9, 89340-4, 92736-8 [BGP CD4 LOINC CODES]
- Site-populated taxonomy BGP CD4 TAX

2.7.1.6 Patient Lists

- List of User Population patients aged 13–64 years with a documented HIV test.
- List of User Population patients aged 13–64 years without a documented HIV test.
- List of User Population patients aged 13–64 years with a documented HIV test and positive result.
- List of User Population patients aged 13–64 years with a documented HIV test and negative result.
- List of User Population patients aged 13– 64 years with a documented HIV test and no result.
- List of User Population patients aged 13–64 years with a documented HIV test in the past five years.
- List of User Population patients aged 13–64 years without a documented HIV test in the past five years.
- List of Male User Population patients aged 25–45 years with a positive HIV result.
- List of Male User Population patients aged 25–45 years without a positive HIV result.
- List of Male User Population patients aged 25–45 years with a documented HIV test ever.
- List of Male User Population patients aged 25–45 years without documented an HIV test ever.
- List of User Population patients with documented HIV test.
- List of HIV+ User Population patients aged 13–64 years with CD4 count.

- List of HIV+ User Population patients aged 13–64 years without CD4 count.

2.7.2 HIV Quality of Care

2.7.2.1 Owner and Contact

Richard Haverkate, MPH

2.7.2.2 National Reporting

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

2.7.2.3 Denominators

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

2.7.2.4 Numerators

1. Patients who received CD4 test only (without HIV viral load) during the Report Period.
2. Patients who received HIV viral load only (without CD4), during the Report Period.
3. Patients who received both CD4 and HIV viral load tests during the Report Period.
4. Total Numerators 1, 2, and 3.
5. Patients who received at least one prescription for an Antiretroviral medication.

2.7.2.5 Definitions

HIV

Diagnosis:

- POV ICD-9: 042, 079.53, V08; ICD-10: B20, B97.35, Z21, O98.711 through O98.73 [BGP HIV/AIDS DXS]
- SNOMED data set PXRM HIV (POV only)

Lab Test CD4

- CPT 86359, 86360, 86361, G9214 [BGP CD4 CPTS]
- LOINC taxonomy: 13332-2, 13335-5, 13336-3, 13343-9, 13491-6, 13492-4, 16274-3, 17144-7, 17145-4, 17146-2, 17153-8, 20605-2, 20606-0, 20607-8, 21164-9, 24467-3, 26569-4, 26570-2, 26573-6, 26759-1, 26922-5, 26982-9, 26983-7, 32515-9, 32516-7, 34475-4, 34622-1, 34929-0, 34930-8, 34931-6, 34932-4, 38237-4, 38238-2, 38239-0, 38240-8, 41994-5, 42737-7, 43275-7, 43948-9, 43956-2, 43966-1, 44060-2, 49025-0, 49120-9, 51306-9, 51311-9, 51316-8, 51755-7, 53939-5, 53940-3, 54218-3, 5472-6, 5473-4, 5474-2, 58920-0, 60457-9, 65758-5, 65759-3, 74839-2, 79187-1, 8123-2, 8127-3, 8128-1, 8129-9, 89315-6, 89316-4, 89317-2, 89326-3, 89328-9, 89329-7, 89331-3, 89333-9, 89340-4, 92736-8 [BGP CD4 LOINC CODES]
- Site-populated taxonomy BGP CD4 TAX

HIV Viral Load

- CPT 87536, 87539, G9242, G9243 [BGP HIV VIRAL LOAD CPTS]
- LOINC taxonomy: 10351-5, 10682-3, 20447-9, 21008-8, 21333-0, 23876-6, 25836-8, 29539-4, 29541-0, 41513-3, 41514-1, 41515-8, 41516-6, 48510-2, 48511-0, 48551-6, 48552-4, 49890-7, 51780-5, 59419-2, 62469-2, 69354-9, 70241-5, 74854-1, 74855-8, 78007-2, 78008-0, 78009-8, 78010-6, 81652-0, 86548-5 [BGP VIRAL LOAD LOINC CODES]
- Site-populated taxonomy BGP HIV VIRAL TAX

Antiretroviral Medication

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

Antiretroviral medications are:

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

2.7.2.6 Patient Lists

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

2.7.3 Hepatitis C Screening

2.7.3.1 Owner and Contact

Richard Haverkate, MPH; Oskian Kouzouian, Data Coordinator

2.7.3.2 National Reporting

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

2.7.3.3 Denominators

1. User Population patients born between 1945 and 1965 with no recorded Hepatitis C diagnosis prior to the Report Period.

2. User Population with documented positive Ab result or Hep C diagnosis ever. Broken down by age group of patients born between 1945 and 1965.
3. User Population patients with positive Ab result or Hep C diagnosis ever and with positive Hepatitis C confirmation result ever. Broken down by age group of patients born between 1945 and 1965.
4. User Population patients ages 18 and older with no recorded Hep C diagnosis prior to the Report Period.
5. User Population patients ages 13 through 64.
6. Pregnant User Population patients with no recorded Hep C diagnosis prior to the Report Period.
7. User Population patients age 18 months and older with a new diagnosis of Hep C 6 months prior to the beginning of the Report Period through 6 months into the Report Period. Broken down by age groups: 18 months through 17 years, 18 years and older.

2.7.3.4 Numerators

1. Patients screened for Hepatitis C ever (Ab test) (with Denominators 1 and 4).
   A. Patients with a positive result.
   B. Patients with a negative result.
2. Patients with documented positive Ab result ever (with Denominator 2).
3. Patients with documented Hep C diagnosis ever (with Denominators 2 and 5).
4. Patients who were given a Hepatitis C confirmation test (with Denominator 2).
   A. Patients with a positive result.
   B. Patients with a negative result.
5. Patients who ever had a negative confirmation test 12 weeks or greater after a positive confirmation test (cured) (with Denominator 3).
6. Patients who had a negative confirmation test 12 weeks or greater after their most recent positive confirmation test (currently cured) (with Denominator 3).
7. Patients with first Hep C diagnosis during the Report Period (with Denominator 5).
8. Patients screened for Hepatitis C (Ab test) during the past 20 months (with Denominator 6).

A. Patients with a positive result.

9. Patients prescribed a Direct Acting Antiviral (DAA) within 6 months of Hep C Diagnosis (Denominator 7).

2.7.3.5 Definitions

Hepatitis C Diagnosis

Any of the following:

- POV or Problem List entry where the status is not Inactive or Deleted:
  - ICD-9: 070.41, 070.44, 070.51, 070.54, 070.70 through 070.71, V02.62; ICD-10: B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52 [BGP HEPATITIS C DXS]
  - SNOMED data set PXRM HEPATITIS C (Problem List only)

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 CHR (Provider code 53) with any of the following:
  - Diagnosis (POV or active Problem List entry if added in the past 20 months) 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]

- 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 time 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**: Occurring after the second pregnancy POV and during the past 20 months.
  - POV ICD-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]
  - CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]
- **Abortion**: Occurring after the second pregnancy POV and during the past 20 months.
  - POV ICD-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-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

Hepatitis C Screening (Ab Test)

- CPT 86803, M1228 through M1232, M1234, M1235

- LOINC taxonomy: 11076-7, 11077-5, 13125-0, 13955-0, 16128-1, 16129-9, 16936-7, 22324-8, 22325-5, 22326-3, 22327-1, 22328-9, 22329-7, 23870-9, 23871-7, 24363-4, 33462-3, 34162-8, 40726-2, 44813-4, 44831-6, 47365-2, 47441-1, 48159-8, 49846-9, 51824-1, 5198-7, 5199-5, 53376-0, 54914-7, 57006-9, 72376-7, 75886-2, 75887-0, 79189-7, 81116-6, 89359-4, 92889-5, 92890-3, 95237-4, 95206-9, 9608-1, 9609-9, 9610-7 [BGP HEP C TEST LOINC CODES]
- Site-populated taxonomy BGP HEP C TEST TAX

Hepatitis C Confirmation Test

Any of the following documented any time prior to the end of the Report Period:

- CPT 86804, 87520, 87521, 87522, G9203, G9207, G9209, M1228, M1229 [BGP HEP C CONF CPTS]
- LOINC taxonomy: 10676-5, 11011-4, 11259-9, 20416-4, 20571-6, 29609-5, 32286-7, 34703-9, 34704-7, 38180-6, 38998-1, 41996-0, 42003-4, 42617-1, 47252-2, 48574-8, 48575-5, 48576-3, 48796-7, 49372-6, 49376-7, 49380-9, 49605-9, 49758-6, 50023-1, 5010-4, 5012-0, 53825-6, 59052-1, 6422-0, 74856-6, 75888-8, 82512-5, 82513-3, 88453-6, 92731-9, 96273-8, 104715-8 [BGP HEP C CONF TEST LOINC CODES]
- Site-populated taxonomy BGP HEP C CONF TEST TAX

If patient has more than one confirmatory test, CRS will first look for a test with a positive result, and if none is found, then will look for a test with a negative result. If there is no test with a result, CRS will use the first test documented.

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

Positive Ab Test Result

Defined as a result starting with ">" or containing "Pos," "React," or "Detec."

Negative Ab Test Result

Defined as result starting with "<," or containing "Neg," "Non," "Not," or "None."

Positive Confirmation Test Result

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

Negative Confirmation Test Result

Defined as a result containing "Neg," "Non," "Not," or "None."

Hepatitis C Treatment

Medication taxonomy BGP HCV DAA MEDS

- Medications are: glecaprevir and pibrentasvir

2.7.3.6 Patient Lists

- List of patients born between 1945 and 1965 with no prior Hepatitis C diagnosis who were ever screened for Hepatitis C.
- List of patients born between 1945 and 1965 with no prior Hepatitis C diagnosis or screening who were ever screened for Hepatitis C.
- List of patients with Hep C screening and positive result.
- List of patients with Hep C screening and negative result.
- List of patients with positive Ab result.
- List of patients with Hep C diagnosis.
- List of patients with Hep C Dx/positive Ab result who were given Hep C confirmatory test.
- List of patients with Hep C Dx/positive Ab result who were not given Hep C confirmatory test.
- List of patients with Hep C confirmatory test and positive result.
- List of patients with Hep C confirmatory test and negative result.
- List of patients with positive confirmatory test who were ever cured.
- List of patients with positive confirmatory test who were never cured.
- List of patients with positive confirmatory test who are currently cured.
- List of patients with positive confirmatory test who are not currently cured.
- List of User Population patients 18+ with no prior Hep C diagnosis who were ever screened for Hep C.
- List of User Population patients 18+ with no prior Hep C diagnosis who were never screened for Hep C.
- List of User Population patients 18+ with Hep C screening and positive result.
- List of User Population patients 18+ with Hep C screening and negative result.
- List of pregnant patients with no prior Hep C diagnosis who were screened for Hep C in the past 20 months.
- List of pregnant patients with no prior Hep C diagnosis who were not screened for Hep C in the past 20 months.

- List of pregnant patients with Hep C screening and positive result.
- List of User Population patients age 18 months and older with new Hep C diagnosis and treatment.
- List of User Population patients age 18 months and older with new Hep C diagnosis and no treatment.

2.7.4 Chlamydia Testing

2.7.4.1 Owner and Contact

Richard Haverkate, MPH

2.7.4.2 National Reporting

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

2.7.4.3 Denominators

1. Female Active Clinical patients aged 16–29 years. Broken down by age groups: 16–20, 21–25, 21–24, and 25-29.
2. Female User Population patients aged 16–29 years. Broken down by age groups: 16–20, 21–25, and 25-29.
3. Female Active Clinical patients aged 16–29 who are identified as sexually active with no hospice indicator during the Report Period. Broken down by age groups: 16–20, 21–24, and 25–29.
4. Female User Population patients aged 16–29 who are identified as sexually active with no hospice indicator during the Report Period. Broken down by age groups: 16–20, 21–24, and 25–29.

2.7.4.4 Numerators

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

Note: This numerator does *not* include refusals.

2. Patients with documented refusal during the Report Period.

2.7.4.5 Definitions

Hospice

Hospice is defined as any of the following during the Report Period:

- SNOMED data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care).
- Visit, V CPT, V POV or Problem List entry where the status is not Inactive or Deleted: SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory, hospice encounter, hospice diagnosis).
- CPT 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046.

Sexually Active

Any of the following during the Report Period:

- POV ICD-10: A34, A51.* through A53.*, A54.00 through A54.1, A54.21, A54.24 through A54.9, A55 through A58, A59.00 through A59.01, A59.03 through A59.9, A60.00, A60.03 through A60.9, A63.*, A64, B20, B97.33 through B97.35, B97.7, F52.6, F53*, G44.82, N70.*, N71.*, N93.0, N94.1, N96, N97.*, O*, T38.4*, T83.3*, Z20.2, Z21, Z22.4, Z30.* through Z34.*, Z36*, Z37.*, Z39.*, Z3A.*, Z64.0 through Z64.1, Z72.51 through Z72.53, Z79.3, Z92.0, Z97.5, Z98.51 [BGP SEXUAL ACTIVITY DXS]
- CPT 11975 through 11977, 57022, 57170, 58300, 58301, 58600, 58605, 58611, 58615, 58970 through 58976, 59000 through 59899, 76801, 76805, 76811, 76813, 76815 through 76828, 76941, 76945, 76946, 80055, 80081, 82105, 82106, 82143, 82731, 83632, 83661 through 83664, 84163, 84704, 86592, 86593, 86631, 86632, 87110, 87164, 87166, 87270, 87320, 87490 through 87492, 87590 through 87592, 87620 through 87622, 87624, 87625, 87660, 87661, 87800, 87801, 87808, 87810, 87850, 88141 through 88155, 88164 through 88175, 88235, 88267, 88269, G0101, G0123, G0124, G0141 through G0148, G0475, G0476, H1000, H1001, H1003 through H1005, P3000, P3001, Q0091, S0199, S4981, S8055
- Dispensed prescription contraceptives
- Pregnancy, miscarriage, or abortion
- Pregnancy test with no prescription for isotretinoin or x-ray on the date of the pregnancy test or the six days after the pregnancy test.

Pregnancy Definition

Any of the following:

- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period
- At least one visit during the Report Period, where the primary provider is not a Community Health Representative (CHR) (Provider code 53) with any of the following:
  - Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-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]
  - CPT 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828 [BGP PREGNANCY CPT CODES]

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

Miscarriage Definition

- Any of the following: POV ICD-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]
- CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]

Abortion Definition

Any of the following:

- POV 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-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

Pregnancy Test

- CPT 81025, 84702, 84703

Prescription Contraceptives

Medication taxonomy BGP HEDIS CONTRACEPTION MEDS.

- Medications are: desogestrel-ethinyl estradiol, dienogest-estradiol multiphasic, drospirenone-ethinyl estradiol, drospirenone-ethinyl estradiol-levomefolate biphasic, ethinyl estradiol-ethynodiol, ethinyl estradiol-etonogestrel, ethinyl estradiol-folic acid-levonorgestrel, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norelgestromin, ethinyl estradiol-norethindrone, ethinyl estradiol-norgestimate, ethinyl estradiol-norgestrel, etonogestrel, levonorgestrel, medroxyprogesterone, mestranol-norethindrone, norethindrone, diaphragm, nonxynol 9

Isotretinoin Medications

Medication taxonomy BGP HEDIS ISOTRETINOIN MEDS.

- Medication is: isotretinoin

X-Ray

- Radiology or CPT 70010 through 76499

Chlamydia Test

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

- LOINC taxonomy: 14461-8, 14463-4, 14464-2, 14465-9, 14467-5, 14468-3, 14470-9, 14471-7, 14472-5, 14474-1, 14507-8, 14509-4, 14510-2, 14511-0, 14513-6, 16599-3, 16600-9, 16601-7, 16602-5, 21189-6, 21190-4, 21191-2, 21192-0, 21613-5, 23838-6, 31768-5, 31771-9, 31772-7, 31774-3, 31775-0, 31776-8, 31777-6, 34709-6, 34710-4, 36902-5, 36903-3, 42931-6, 43304-5, 43404-3, 43405-0, 43406-8, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45072-6, 45074-2, 45075-9, 45076-7, 45077-5, 45078-3, 45079-1, 45080-9, 45081-7, 45082-5, 45083-3, 45084-1, 45085-8, 45086-6, 45089-0, 45090-8, 45091-6, 45092-4, 45093-2, 45094-0, 45095-7, 45096-5, 45097-3, 45098-1, 45099-9, 45100-5, 45101-3, 45102-1, 45103-9, 47211-8, 47212-6, 49096-1, 4993-2, 50387-0, 53925-4, 53926-2, 557-9, 57287-5, 57288-3, 6349-5, 6354-5, 6355-2, 6356-0, 6357-8, 64017-7, 70161-5, 70162-3, 70163-1, 70164-9, 72828-7, 77577-5, 80363-5, 80364-3, 80360-1, 80361-9, 80362-7, 80365-0, 80367-6, 82306-2, 88221-7, 89648-0, 90357-5, 90358-3, 91860-7, 91861-5, 91873-0, 92683-2, 92684-0, 96612-7, 99778-3, 101696-3, 106058-1 [BGP CHLAMYDIA LOINC CODES]

Refusal

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

2.7.4.6 Patient Lists

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

2.7.5 Syphilis Screening

2.7.5.1 Owner and Contact

Richard Haverkate, MPH; Oskian Kouzouian, Data Coordinator

2.7.5.2 National Reporting

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

2.7.5.3 Denominators

1. User Population patients ages 13 years and older. Broken down by sex.
2. User Population patients ages 13 through 64 with a new syphilis diagnosis 60 days prior to the beginning of the Report Period through 60 days before the end of the Report Period.
3. User Population Female patients ages 15 through 44 with a new syphilis diagnosis 60 days prior to the beginning of the Report Period through 60 days before the end of the Report Period..

2.7.5.4 Numerators

1. Patients screened for syphilis during the Report Period.
2. Patients prescribed medication within 60 days of Syphilis diagnosis.

Note: This numerator does *not* include refusals.

2.7.5.5 Definitions

Syphilis Screen

- CPT 86780, 86592, 86593
- Site-populated taxonomy BGP SYPHILIS TEST
- LOINC taxonomy: 20507-0, 20505-8, 24110-9, 29310-0, 31147-2, 34382-2, 5393-4

Syphilis Diagnosis

- POV or Problem List entry where the status is not Inactive or Deleted:

  ICD-10: A51.*, A52.0*, A52.7*, A52.8, A52.9, A53.0, A53.9

Syphilis Treatment

Medication taxonomy BGP SYPHILLIS MEDS

Medication is: bicillinPatient Lists

- List of User Population patients ages 13 and older with documented Syphilis screening.
- List of User Population patients ages 13 and older without documented Syphilis screening.
- List of User Population patients age 13-64 with new Syphilis Dx and treatment.

- List of User Population patients age 13-64 with new Syphilis Dx and no treatment.
- List of Female User Population patients age 15-44 with new Syphilis Dx and treatment.
- List of Female User Population patients age 15-44 with new Syphilis Dx and no treatment.

2.7.6 STI Screening

2.7.6.1 Owner and Contact

Richard Haverkate, MPH

2.7.6.2 National Reporting

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

2.7.6.3 Denominators

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

2.7.6.4 Numerators

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

Note: This numerator does not include refusals.

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

2.7.6.5 Definitions

Key STIs

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

- Chlamydia: ICD-9: 079.88, 079.98, 099.41, 099.50 through 099.59; ICD-10: A56.*, A74.81 through A74.9
- Gonorrhea: ICD-9: 098.0 through 098.89; ICD-10: A54.*, O98.2*
- HIV/AIDS: ICD-9: 042, 079.53, V08; ICD-10: B20, B97.35, Z21, O98.711 through O98.73 [BGP HIV/AIDS DXS]
- Syphilis: ICD-9: 090.0 through 093.9, 094.1 through 097.9; ICD-10: A51.* through A53.*

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

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

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

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

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

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

Date	Visit	Total Incidents
August 1, 2025	Patient screened for Chlamydia	0
August 8, 2025	Patient diagnosed with Chlamydia	1
October 15, 2025	Patient diagnosed with Chlamydia	2
October 25, 2025	Follow-up for Chlamydia	2
November 15, 2025	Patient diagnosed with Chlamydia	2
March 1, 2026	Patient diagnosed with Chlamydia	3

Denominator Logic for Needed Screenings

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

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

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

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

Numerator Logic

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

HIV/AIDS Screening

Any of the following during the specified time period:

- CPT 80081, 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806, 87901, 87906 [BGP CPT HIV TESTS]
- Site-populated taxonomy BGP HIV TEST TAX
- LOINC taxonomy: 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, 7917-8, 7918-6, 7919-4, 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]

HIV Screening Refusal

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

2.7.6.6 Patient Lists

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

2.8 Other Clinical Measures Group

2.8.1 Proportion of Days Covered by Medication Therapy

2.8.1.1 Owner and Contact

Chris Lamer, PharmD

2.8.1.2 National Reporting

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

2.8.1.3 Denominators

1. User Population patients aged 18 years and older who had two or more prescriptions for beta blockers and no hospice indicator during the Report Period.

2. User Population patients aged 18 years and older who had two or more prescriptions for RAS Antagonists and no documented history of ESRD or one or more prescriptions for ARB/Neprilysin inhibitor combination medications during the Report Period.

3. User Population patients aged 18 years and older who had two or more prescriptions for calcium channel blockers (CCB) and no hospice indicator during the Report Period.

4. User Population patients aged 18 years and older who had two or more prescriptions for biguanides and no documented history of ESRD and no hospice indicator during the Report Period.

5. User Population patients aged 18 years and older who had two or more prescriptions for sulfonylureas and no documented history of ESRD and no hospice indicator during the Report Period.

6. User Population patients aged 18 years and older who had two or more prescriptions for thiazolidinediones and no documented history of ESRD and no hospice indicator during the Report Period.

7. User Population patients aged 18 years and older who had two or more prescriptions for DiPeptidyl Peptidase (DPP)-IV Inhibitors and no documented history of ESRD and no hospice indicator during the Report Period.

8. User Population patients aged 18 years and older who had two or more prescriptions for Diabetes All Class medications and no documented history of ESRD during the Report Period.

9. User Population patients aged 18 years and older who had two or more prescriptions for statins during the Report Period.

10. User Population patients aged 18 years and older who had two or more prescriptions for non-warfarin oral anticoagulants and no hospice indicator during the Report Period.

11. User Population patients aged 18 years and older who had three or more prescriptions for antiretroviral agents and no hospice indicator during the Report Period.

12. User Population patients with COPD who had two or more prescriptions for long-acting inhaled bronchodilators and no prescriptions for nebulized bronchodilators or hospice indicator during the Report Period.

13. User Population patients aged 18 years and older who had two or more prescriptions for non-infused disease-modifying agents treating multiple sclerosis (MS) totaling a 56-day supply or more and no prescriptions for infused medications treating MS or hospice indicator during the Report Period.

2.8.1.4 Numerators

1. Patients with Proportion of Days Covered (PDC) 80% or more during the Report Period.

2. Patients with a gap in medication therapy 30 days or longer.

3. Patients with PDC 90% or higher during the Report Period (with Denominator 11).

2.8.1.5 Definitions

Denominator Inclusion

Patients must have at least two prescriptions for that particular type of medication (or at least three prescriptions for antiretroviral medication) on two unique dates of service at any time during the Report Period. Medications must not have a comment of RETURNED TO STOCK.

> **Note:** Outside medications and e-prescribed medications (prescription number begins with "X" or days' supply is zero) will not be included in these measures.

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

Index Prescription Start Date

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

Medications

Medications are defined with the following taxonomies:

- BGP PQA BETA BLOCKER MEDS
  - Beta-blocker Medications and Combinations (acebutolol, atenolol [+/- chorthalidone], betaxolol, bisoprolol [+/-hydrochlorothiazide], carvedilol, labetalol, metoprolol [+/-hydrochlorothiazide], metoprolol tartrate, nadolol [+/-bendroflumethiazide], nebivolol [+/- valsartan], penbutolol sulfate, pindolol, propranolol [+/-hydrochlorothiazide], timolol maleate)
- BGP PQA RASA MEDS
  - Angiotensin Converting Enzyme Inhibitor Medications and Combinations (benazepril [+/- amlodipine, hydrochlorothiazide], captopril [+/- hydrochlorothiazide], enalapril [+/- hydrochlorothiazide], fosinopril [+/- hydrochlorothiazide], lisinopril [+/- hydrochlorothiazide], moexipril [+/- hydrochlorothiazide], perindopril [+/- amlodipine], quinapril [+/- hydrochlorothiazide], ramipril, trandolopril [+/- verapamil]); Angiotensin II Inhibitor Medications and Combinations (azilsartan [+/- chlorthalidone], candesartan [+/- hydrochlorothiazide], eprosartan [+/- hydrochlorothiazide], irbesartan [+/- hydrochlorothiazide], losartan [+/- hydrochlorothiazide], olmesartan [+/- amlodipine, hydrochlorothiazide], telmisartan [+/- amlopdipine, hydrochlorothiazide], valsartan [+/- amlodipine, hydrochlorothiazide nebivolol]); Direct Renin Inhibitor Medications and Combinations (aliskiren [+/- amlodipine, hydrochlorothiazide])
- BGP PQA CCB MEDS
  - Calcium-Channel Blocker Medications and Combinations (amlodipine [+/- akiskiren, atorvastatin, benazepril, hydrochlorothiazide, olmesartan, perindopril, telmisartan, trandolapril, valsartan], diltiaze, felodipine, isradipine, nicardipin, nifedipine [long acting only], nisoldipine, verapamil [+/- trandolapril])
- BGP PQA BIGUANIDE MEDS
  - Biguanide Medications and Combinations (metformin [+/- alogliptin, canagliflozin, dapagliloflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin])
- BGP PQA SULFONYLUREA MEDS
  - Sulfonylurea Medications and Combinations (chlorpropamide, glimepiride [+/- pioglitazone], glipizide [+/- metformin], glyburide [+/- metformin], tolazamide, tolbutamide)
- BGP PQA THIAZOLIDINEDIONE MEDS

  - Thiazolidinedione Medications and Combinations (pioglitazone [+/- alogliptin, glimepiride, metformin], rosiglitazone [+/- metformin])
- BGP PQA DPP IV MEDS
  - DPP-IV Inhibitor Medications and Combinations [alogliptin (+/- metformin, pioglitazone], linagliptin [+/- empagliflozin, metformin], saxagliptin [+/- metformin, dapagliflozin], sitagliptin [+/- metformin, ertugliflozin, simvastatin])
- BGP PQA DIABETES ALL CLASS
  - Biguanide medications (see list above); Sulfonylurea medications (see list above); Thiazolidinedione medications (see list above); DPP-IV Inhibitor medications (see list above); GIP/GLP-1 Receptor Agonists (albiglutide, dulaglutide, exenatide, liraglutide, lixisenatide, semaglutide, tirzepatide); Meglitinides and Combinations (nateglinide, repaglinide [+/- metformin]); Sodium glucose co-transporter2 (SGLT2) inhibitors and Combinations (canagliflozin [+/- metformin], dapagliflozin [+/- metformin, saxagliptin], empagliflozin [+/- metformin, linagliptin], ertugliflozin [+/- sitagliptin, metformin])
- BGP PQA STATIN MEDS
  - Statin Medications and Combinations (atorvastatin [+/- amlodipine, ezetimibe], fluvastatin, lovastatin [+/- niacin], pitavastatin, pravastatin, rosuvastatin (+/- ezetimibe), simvastatin [+/- ezetimibe, niacin, sitagliptin])
- BGP PQA NON-WARFARIN ANTICOAG
  - Non-Warfarin Oral Anticoagulants (apixaban, dabigatran, edoxaban, rivaroxaban)
- BGP PQA WARFARIN MEDS
  - Warfarin, Low Molecular Weight Heparin, Heparin, SC Factor Xa inhibitor (dalteparin, enoxaparin, fondaparinux, heparin, warfarin)

- BGP PQA ANTIRETROVIRAL MEDS
  - Single Agents (abacavir, atazanavir, darunavir, delavirdine, didanosine, dolutegravir, efavirenz, elvitegravir, emtricitabine, enfuvirtide, etravirine, fosamprenavir, indinavir, lamivudine, maraviroc, nelfinavir, nevirapine, raltegravir, rilpivirine, ritonavir, saquinavir, stavudine, tenofovir, tipranavir, zidovudine); Combination Agents (abacavir-dolutegravir-lamivudine, abacavir-lamivudine, abacavir-lamivudine-zidovudine, atazanavir-cobicistat, bictegravir-emtricitabine-tenofovir, darunavir-cobicistat, dolutegravir-rilpivirine, efavirenz-emtricitabine-tenofovir, efavirenz-lamivudine-tenofovir, elvitegravir-cobicistat-emtricitabine-tenofovir, emtricitabine-rilpivirine-tenofovir, emtricitabine-tenofovir, lamivudine-tenofovir, lamivudine-zidovudine, lopinavir-ritonavir)
- BGP PQA ARB NEPRILYSIN INHIB
  - ARB/Neprilysin Inhibitor Combinations (sacubitril/valsartan)
- BGP PQA LA INHALED BRONCHO MED
  - Long-acting Inhaled Bronchodilator Medications and Combinations (aclidinium, formoterol [+/- budesonide, glycopyrrolate], glycopyrrolate [+/- formoterol], indacaterol [+/- glycopyrrolate], olodaterol, salmeterol [+/- fluticasone], tiotropium [+/- olodaterol], umeclidinium [+/- vilanterol, aclidinium], vilanterol [+/- fluticasone, umeclidinium])
- BGP PQA NEBULIZED BRONCHO MEDS
  - Nebulized Bronchodilator Medications (albuterol sulfate, arformoterol tartrate, formoterol fumarate, glycopyrrolate, ipratropium bromide, ipratropium-albuterol, levalbuterol HCl)
- BGP PQA NON-INFUSED MS MEDS
  - Beta-Interferons (interferon beta 1a, interferon beta 1b, peginterferon beta-1a); Immunomodulators (daclizumab, fingolimid, glatiramer); Pyrimidine Synthesis Inhibitors (teriflunomide); Nrf2 Activators (dimethyl fumerate)
- BGP PQA INFUSED MS MEDS
  - Infused Disease Modifying Agents for MS (alemtuzumab, mitoxantrone, natalizumab, ocrelizumab)

ESRD

Any of the following ever:

- CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918 through 90925 (old codes), 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90951 through 90970, 90989, 90993, 90997, 90999, 99512, G0257, G9231, M1187, M1188, 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 PXRM 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]

Chronic Obstructive Pulmonary Disease (COPD)

Any of the following during the Report Period:

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

Hospice

Hospice is defined as any of the following during the Report Period:

- SNOMED data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care).
- Visit, V CPT, V POV or Problem List entry where the status is not Inactive or Deleted: SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory, hospice encounter, hospice diagnosis).
- CPT 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046.

Each PDC Numerator

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

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

Note: If a medication was started and then discontinued, CRS will recalculate the number of Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example:
– Rx Date: November 15, 2025
– Discontinued Date: November 19, 2025
Recalculated number of Days Prescribed:
$\text{November } 19, 2025 - \text{November } 15, 2025 = 4$

Example of PDC

Report Period: January 1 through December 31, 2025

- First prescription:
  - Index Rx Start Date: March 1, 2025
  - Days' Supply: 90
  - Prescription covers patient through May 29, 2025
- Second prescription:
  - Rx Date: May 26, 2025
  - Days' Supply: 90
  - Prescription covers patient through August 27, 2025Third prescription:
  - Rx Date: September 11, 2025
  - Days' Supply: 180
  - Gap:
    $September\ 11, 2025 - August\ 27, 2025 = 15\ days$
  - Prescription covers patient through March 8, 2026

Patient's measurement period:

$March\ 1, 2025\ through\ December\ 31, 2025 = 306\ days$

Days patient was covered:

$March\ 1, 2025\ through\ August\ 27, 2025 +$
$September\ 11, 2025\ through\ December\ 31, 2025 = 292\ days$

PDC:

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

Each Gap Numerator

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

Example of Medication Gap 30 Days or Longer:

Report Period: January 1 through December 31, 2025

- First prescription:
  - Rx Date: April 1, 2025
  - Days' Supply: 30
  - Prescription covers patient through April 30, 2025
- Second prescription:
  - Rx Date: July 1, 2025
  - Days' Supply: 90
  - Gap #1:
    $July\ 1, 2025 - April\ 30, 2025 = 61\ days$

Prescription covers patient through September 28, 2025

- Third prescription:
  - Rx Date: October 1, 2025
  - Days' Supply: 90
  - Gap #2:
    $October\ 1, 2025 - September\ 28 - 2025 = 2\ days$

Prescription covers patient through December 29, 2025

$$Gap\ \#1 \geq 30\ days$$

Patient will be included in the numerator for that medication.

2.8.1.6 Patient Lists

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

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

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

2.8.2 Concurrent Use of Opioids and Benzodiazepines

2.8.2.1 Owner and Contact

Chris Lamer, PharmD

2.8.2.2 National Reporting

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

2.8.2.3 Denominators

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

2.8.2.4 Numerators

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

2.8.2.5 Definitions

Denominator

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

Opioid Medications

Medication taxonomy BGP PQA OPIOID MEDS.

- Medications are (excludes injectable formulations): buprenorphine (excludes single-agent and combination buprenorphine products used to treat opioid use disorder), butorphanol, codeine, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, opium, oxycodone, oxymorphone, pentazocine, tapentadol, tramadol). Medications must not have a comment of RETURNED TO STOCK.

> **Note:** Outside medications and e-prescribed medications (prescription number begins with "X" or days' supply is zero) will not be included in these measures.

Hospice

Hospice is defined as any of the following during the Report Period:

- SNOMED data set PXRM BGP IPC INPT ENC (Inpatient encounter) with DISCHARGE SNOMED CT data set PXRM BGP IPC DISCHG HOSPICE (discharge to home or health care facility for hospice care).
- Visit, V CPT, V POV or Problem List entry where the status is not Inactive or Deleted: SNOMED data set PXRM BGP IPC HOSPICE (hospice care ambulatory, hospice encounter, hospice diagnosis).
- CPT 99377, 99378, G0182, G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046.

Cancer

- POV ICD-10: C00.* through C43.*, C4A.*, C45.0 through C96.*, D37.* through D49.*, Q85.0* [BGP PQA CANCER DXS]

Numerator

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

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

Benzodiazepine Medications

Medication taxonomy BGP PQA BENZODIAZ OP MEDS.

- Medications are (excludes injectable formulations): alprazolam, chlordiazepoxide, clobazam, clonazepam, clorazepate, diazepam, estazolam, flurazepam, lorazepam, midazolam, oxazepam, quazepam, temazepam, triazolam. Medications must not have a comment of RETURNED TO STOCK.

> **Note:** Outside medications and e-prescribed medications (prescription number begins with "X" or days' supply is zero) will not be included in these measures.

2.8.2.6 Patient Lists

- List of Active Clinical patients aged 18 years and older with two or more prescriptions for opioids with 30 or more days of concurrent use of benzodiazepines.

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

2.8.3 Medication Therapy Management Services

2.8.3.1 Owner and Contact

Chris Lamer, PharmD

2.8.3.2 National Reporting

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

2.8.3.3 Denominators

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

2.8.3.4 Numerators

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

2.8.3.5 Definitions

Patients Receiving Medications

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

MTM

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

2.8.3.6 Patient List

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

2.8.4 Optometry

2.8.4.1 Owner and Contact

Gregory Smith, OD, FAAO

2.8.4.2 National Reporting

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

2.8.4.3 Denominators

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

2.8.4.4 Numerators

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

2.8.4.5 Definitions

Primary Open-Angle Glaucoma

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

- ICD-10: H40.10* - H40.12*, H40.15* [BGP OPEN ANGLE GLAUCOMA DXS]
- SNOMED data set PXRM OPEN ANGLE GLAUCOMA (Problem List only)

Optic Nerve Head Evaluation

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

2.8.4.6 Patient Lists

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

Acronyms

Acronym	Term Meaning
ADA	American Dental Association
AI/AN	American Indian/Alaska Native
AMI	Acute Myocardial Infarction
ASA	Acetylsalicylic Acid
BH	Behavioral Health
BHS	Behavioral Health System
BMI	Body Mass Index
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CCB	Calcium Channel Blockers
CD4	Cluster Difference 4
CHD	Coronary Heart Disease
CPT	Current Procedural Terminology
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
CVX	Vaccine Code
DM	Diabetes Mellitus
DPST	Demo/Test Patient Search Template
DTaP	Diphtheria Tetanus Acellular Pertussis
EDD	Earliest Due Date
EGA	Estimated Gestational Age
ER	Emergency Room
ESRD	End Stage Renal Disease
EX	Exercise
FY	Fiscal Year
GPRA	Government Performance and Results Act of 1993
GPRAMA	GPRA Modernization Act
HEDIS	Healthcare Effectiveness Data and Information Set
HiB	Haemophilus Influenzae Type B
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICD	International Classification of Diseases

Acronym	Term Meaning
IHS	Indian Health Service
IMM	Immunization
LOINC	Logical Observations Identifiers, Names, Codes
LMWH	Low Molecular Weight Heparin
MTM	Medication Therapy Management
NMI	Not Medically Indicated
OMB	Office of Management and Budget
PCC	Patient Care Component
PCI	Percutaneous Coronary Interventions
POV	Purpose of Visit
PRC	Purchased and Referred Care
RPMS	Resource and Patient Management System
SNOMED	Systemized Nomenclature of Medicine
STI	Sexually Transmitted Infection
SUD	Substance Use Disorder
TIA	Transient Ischemic Attack
UACR	Urine Albumin-to-Creatinine Ratio

Contact Information

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