RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System

(BGP)

Selected Measures (Local) 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 Selected Measures (Local) Report

The performance measure topics and their definitions that are included in the Clinical Reporting System (CRS) 2025 version 25.1 Selected Measures (Local) Reports are shown in Section 2.0. Performance measures that are also included in the National Government Performance and Results Act of 1993 (GPRA)/GPRA Modernization Act (GPRAMA) Report are shown in Section 1.1.

Many performance measure topics include both the Active Clinical and User Population denominators. For brevity, the User Population denominator is not listed separately. To see which topics include the User Population denominator, refer to the *CRS Clinical Performance Measure Logic Manual for FY 2025 Clinical Measures*.

1.1 Performance Measures Included in the CRS 2025 National GPRA/GPRAMA Report

The following performance measures are reported in the CRS 2025 National GPRA/GPRAMA Report.

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

Table 1-1: Document notations

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

Notation	Location	Meaning
Asterisk (*)	Anywhere in a code	A wildcard character indicating that the code given has one or more additional characters at this location.
Brackets ([ ])	In logic definitions	Contains the name of the taxonomy where the associated codes reside.

DIABETES GROUP

- Diabetes Prevalence
  - +Diabetes Diagnosis Ever
  - §Diabetes Diagnosis during GPRA Year
- Glycemic Control
  - +Documented Alc
  - GPRA: Poor Glycemic Control
  - §A1c greater than or equal to (≥) 7 and less than (<) 8
  - Good Glycemic Control
  - A1c less than (<) 7
- Blood Pressure Control
  - §Blood Pressure (BP) Assessed
  - GPRA: Controlled BP (less than [<] 140/90)
- Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes
  - GPRA: With Statin Therapy
  - §With Denominator Exclusions
- Nephropathy Assessment
  - GPRA: Estimated Glomerular Filtration Rate (GFR) & Quantitative Urine Albumin-to-Creatinine Ratio (UACR) or History of End Stage Renal Disease (ESRD)
- Retinopathy Assessment
  - GPRA: Retinopathy Evaluation (No Refusals)

DENTAL GROUP

- Access to Dental
  - GPRA: Annual Dental Visit (No Refusals)
- Dental Sealants
  - GPRA: Dental Sealants (rate)

  - §Dental Sealants (No Refusals; count; not rate)
- Topical Fluoride
  - GPRA: Topical Fluoride (rate)
  - §Topical Fluoride Application (No Refusals; count; not rate)

IMMUNIZATIONS

- Influenza
  - GPRA: Influenza Immunization 6 months – 17 years
  - GPRAMA: Influenza Immunization 18 years and older
- Adult Immunizations
  - §1 Tdap/Td past 10 years
  - §1 Tdap ever
  - §1 Influenza
  - § 2 Shingrix
  - §1 up-to-date Pneumococcal
  - §1:1:1 (Tdap/Td, Tdap, Influenza)
  - §1:1 (Tdap/Td, Tdap)
  - §1:1:1:2 (Tdap/Td, Tdap, Influenza, 2 Shingrix)
  - §1:1:2 (Tdap/Td, Tdap, 2 Shingrix)
  - §1:1:1:2:1 (Tdap/Td, Tdap, Influenza, 2 Shingrix, up-to-date Pneumococcal)
  - §1:1:2:1 (Tdap/Td, Tdap, Zoster 2 Shingrix, up-to-date Pneumococcal)
  - GPRA: All Age-appropriate Immunizations
- Childhood Immunizations (19 through 35 months)
  - §Active Clinical Patients with 4:3:1:3*:3:1:4 (No Refusals)
  - GPRA: Active IMM Patients with 4:3:1:3*:3:1:4 (No Refusals)
  - §4 DTaP
  - §3 Polio
  - §1 MMR (Measles, Mumps, Rubella)
  - §3 or 4 HiB (Haemophilus Influenza Type B)
  - §3 Hepatitis B
  - §1 Varicella
  - §4 Pneumococcal

CANCER SCREENING

- Cervical Cancer

  - GPRA: Pap smear in past three years or for age 30+, Pap & HPV in past five years or HPV Primary (No Refusals)
- Mammogram Rates
  - GPRA: Mammogram (No Refusals)
- Colorectal Cancer Screening
  - GPRA: Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during Report Period, Flexible Sigmoidoscopy or CT colonography in past five years, or Colonoscopy in past 10 years, or FIT-DNA in past three years (No Refusals)
  - §FOBT or FIT
- Tobacco Use and Exposure Assessment
  - §Tobacco Assessment
  - §Tobacco Users
    - §Smokers
    - §Smokeless Users
    - §Other Substance Users
    - §E-Cigarette Users
  - §Exposed to Environmental Tobacco Smoke (ETS)
- Tobacco Cessation
  - GPRA: Tobacco Cessation Counseling, Smoking Cessation Aid, or Quit Tobacco Use
  - §Tobacco Cessation Counseling or Smoking Cessation Aid (No Refusals)
  - §Quit Tobacco Use

BEHAVIORAL HEALTH

- Alcohol Screening
  - GPRA: Alcohol Screening 9–75 (No Refusals)
  - §Alcohol-Related Education
  - §Positive Alcohol Screen
- Screening, Brief Intervention, and Referral to Treatment
  - §Screening for Alcohol Use
  - §Positive Screen
  - GPRA: Brief Negotiated Interview/Brief Interview (BNI/BI)
  - §Referral to Treatment

- Intimate Partner Violence/Domestic Violence (IPV/DV) Screening
  - GPRAMA: IPV/DV Screening (No Refusals)
- Depression Screening
  - GPRA: Depression Screening or Mood Disorder Diagnosis age 12–17 years (No Refusals)
  - GPRA: Depression Screening or Mood Disorder Diagnosis age 18+ years (No Refusals)
  - §Depression Screening
  - §Mood Disorder Diagnosis

CARDIOVASCULAR DISEASE-RELATED

- Childhood Weight Control
  - GPRA: Body Mass Index (BMI) 95% and Up
- Controlling high blood pressure — million hearts
  - GPRA: BP less than (<) 140/90
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
  - GPRA: Statin Therapy
  - §With Denominator Exclusions

STD GROUP

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

OTHER CLINICAL

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

- Patients 30 through 394 days old who were exclusively or mostly breastfed at 9 months old
- Patients 30 through 394 days old who were exclusively or mostly breastfed at the age of 1 year

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

1.2 CRS Denominator Definitions

1.2.1 For All Denominators

- All patients with name "DEMO, PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the Patient Care Component (PCC) Management Reports, Other section), will be excluded automatically for all denominators.
- For all measures except as noted, patient age is calculated as of the beginning of the Report Period.

1.2.2 Active Clinical Population

1.2.2.1 National GPRA/GPRAMA Reporting

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

1.2.2.2 Local Reports

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

1.2.3 User Population

1.2.3.1 National GPRA/GPRAMA Reporting

- Must have been seen at least once in the three years prior to the end of the Report Period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation), 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.

1.2.3.2 Local Reports

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

1.2.4 Active Clinical Plus BH Population

1.2.4.1 National GPRA/GPRAMA Reporting

- Must have two visits to medical or behavioral health (BH) 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 a listing of these clinics.
- Must be alive on the last day of the Report Period.
- Must be AI/AN; defined as Beneficiary 01.
- Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined PRC catchment area.

1.2.4.2 Local Reports

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

2.0 Performance Measure Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the *CRS 2025 version 25.1 Selected Measures (Local) Report*.

2.1 Diabetes Group

2.1.1 Diabetes Prevalence

2.1.1.1 Owner and Contact

Diabetes Program: Carmen Licavoli

2.1.1.2 National Reporting

NATIONAL (included in National GPRA/GPRAMA Report; *not* reported to OMB and Congress)

2.1.1.3 Denominators

1. User Population patients.

2.1.1.4 Numerators

1. Patients diagnosed with diabetes ever.
2. Patients diagnosed with diabetes during the Report Period.

2.1.1.5 Definitions

Diabetes Diagnosis

Diabetes diagnosis is defined as at least one Purpose of Visit [POV] diagnosis recorded in the V POV file or Problem List Entry where the status is not Deleted:

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

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

2.1.1.6 Patient List

List of diabetic patients with most recent diagnosis.

2.1.2 Diabetes Comprehensive Care

2.1.2.1 Owner and Contact

Diabetes Program: Carmen Licavoli

2.1.2.2 National Reporting

Not reported nationally

2.1.2.3 Denominators

1. Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two Diabetes Mellitus (DM)-related visits ever *or* DM entry on the Problem List.

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

3. Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List, without a documented history of bilateral foot amputation or two separate unilateral foot amputations.

2.1.2.4 Numerators

1. Patients with A1c *and* blood pressure assessed *and* nephropathy assessment *and* retinal exam *and* diabetic foot exam.

> **Note:** This numerator does *not* include controlled blood pressure, only blood pressure assessment.

2. Patients with hemoglobin A1c documented during the Report Period, regardless of result.

3. Patients with blood pressure documented during the Report Period.

4. Patients with controlled blood pressure during the Report Period, defined as less than (<) 140/90. This measure is not included in the comprehensive measure (Numerator 1).

5. 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 *or* with evidence of diagnosis or treatment of end-stage renal disease (ESRD) at any time before the end of the Report Period.

6. Patients receiving a qualified retinal evaluation during the Report Period (with Denominator 2).

   Note: This numerator does *not* include refusals.

7. Patients with diabetic foot exam during the Report Period (with Denominator 3).

   Note: This numerator does *not* include refusals.

2.1.2.5 Definitions

Diabetes

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

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

A1c

Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result.

A1c defined as:

- Current Procedural Terminology (CPT) 83036, 83037, 3044F through 3046F, 3047F (old code), 3051F, 3052F [BGP HGBA1C CPTS]
- Logical Observations Identifiers, Names, Codes (LOINC) taxonomy: 17855-8, 17856-6, 41995-2, 4547-6, 4548-4, 4549-2, 71875-9, 96595-4 [BGP HGBA1C LOINC CODES]
- Site-populated taxonomy DM AUDIT HGB A1C TAX

BP Documented

Exclusions: When calculating all Blood Pressure measurements (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 the mean of the last three BPs documented during the Report Period. If three BPs are not available, it uses the mean of last two BPs, or one BP if there is only one documented. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by 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 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.

Controlled BP

CRS uses a mean, as described previously. 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 blood pressure measurements, it will search for the most recent of any of the following codes documented during the Report Period:

- BP Documented: CPT 0001F, CPT 2000F, G9273, G9274 [BGP BP MEASURED CPT]; *or*
- Systolic: CPT 3074F, 3075F, or 3077F [BGP SYSTOLIC BP CPTS] with Diastolic: CPT 3078F, 3079F, or 3080F [BGP DIASTOLIC BP CPTS]. The systolic and diastolic values do *not* have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used.
- The following combinations represent BP less than 140/90 and will be included in the Controlled BP numerator: CPT 3074F or 3075F *and* 3078F or 3079F, *or* G9273. All other combinations will *not* be included in the Controlled BP numerator.

Nephropathy Assessment

Defined as any of the following:

- Estimated GFR with result during the Report Period, defined as any of the following:
  - 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 (UACR) during the Report Period, defined as any of the following:
  - 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 the laboratory supervisor that the names added to the taxonomy reflect quantitative test values.

- 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 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)
  - International Classification of Diseases (ICD) 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]

Qualified Retinal Evaluation

Either of the following:

- Diabetic retinal exam
- Other eye exam

The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Seven standard fields stereoscopic photos (Early Treatment Diabetic Retinopathy Study [ETDRS]) evaluated by an optometrist or ophthalmologist.

- Any photographic method formally validated[1] to 7 standard fields (ETDRS).

Diabetic Retinal Exam

Any of the following during the Report Period:

- Exam code 03 Diabetic Eye Exam (dilated retinal examination or formally validated[2] ETDRS photographic equivalent).
- CPT 2021F Dilated macular exam, 2022F, 2023F and G2102 Dilated retinal eye exam, 2024F, 2025F and G2103 Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist, 2026F, 2033F and G2104 Eye imaging formally validated[3] to match the diagnosis from seven standard field stereoscopic photos, S0620 Routine ophthalmological examination including refraction; new patient, S0621 Routine ophthalmological examination including refraction; established patient, S3000 Diabetic indicator; retinal eye exam, dilated, bilateral; M1220, M1221 Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence [BGP DM RETINAL EXAM CPTS].

Other Eye Exam

Any of the following during the Report Period:

- Non-DNKA (did not keep appointment) visits to ophthalmology or optometry clinics with an optometrist or ophthalmologist, or visits to formally validated[4] teleophthalmology retinal evaluation clinics. Searches for the following codes in the following order:
  - CPT 67028, 67038 (old code), 67039, 67040, 92002, 92004, 92012, 92014, 92018, 92019 [BGP DM EYE EXAM CPTS]
  - Clinic code A2 (Diabetic Retinopathy)[5]
  - Clinic codes 17[6] or 18[7] with Provider code 08, 24, or 79 where the Service Category is not C (Chart Review) or T (Telecommunications)

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

[3] Ibid.

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

[5] Validated photographic (teleretinal) retinal surveillance (American Telemedicine Association validation category 3).

[6] Ophthalmology or Optometry clinic codes (17, 18) cannot be used for non-qualifying photographic DR examination methods[2] unless a dilated retinal examination by an ophthalmologist or optometrist is also accomplished during the same encounter.

[7] Ibid.

Bilateral Blindness

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-9: 369.01, 369.03, 369.04; ICD-10: H54.0* [BGP BILATERAL BLINDNESS DXS]
  - SNOMED data set PXRM BGP BILAT BLINDNESS (Problem List only)
  - SNOMED data set PXRM BGP BLINDNESS UNSPECIFIED with Laterality equal to Bilateral (Problem List only)
  - One code from (SNOMED data set PXRM BGP LEFT EYE BLIND [Problem List only] *or* SNOMED data set PXRM BGP BLINDNESS UNSPECIFIED with Laterality equal to Left [Problem List only]) *and* one code from (SNOMED data set PXRM BGP RIGHT EYE BLIND [Problem List only] *or* SNOMED data set PXRM BGP BLINDNESS UNSPECIFIED with Laterality equal to Right [Problem List only])

Bilateral Eye Enucleation

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

Diabetic Foot Exam

Any of the following:

- Exam code 28 Diabetic Foot Exam, Complete
- Non-DNKA visit with a podiatrist (Provider codes 33, 84, 25)
- Non-DNKA visit to Podiatry Clinic or Diabetic Foot Clinic (Clinic codes 65 and B7)
- CPT 2028F, G0245, G0246, G9226 [BGP CPT FOOT EXAM]

Bilateral Foot Amputation

- CPT 27290.50 through 27295.50, 27590.50 through 27592.50, 27598.50, 27880.50 through 27882.50 (50 modifier indicates bilateral), G9224 [BGP CPT BILAT FOOT AMP]
- Procedure ICD-10: 0Y640ZZ [BGP BILAT FOOT AMP PROCEDURES]
- Diagnosis (Problem List entry where the status is not Deleted): SNOMED data set PXRM BGP ABSENCE OF FOOT BIL (Problem List only)

Two Separate Foot Amputations

Requires either of the following:

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

Right-Foot Amputation

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-10: Z89.511, Z89.611, Z89.431, Z89.441 [BGP RIGHT FOOT AMP DXS]
  - SNOMED data set PXRM BGP ABSENCE OF FOOT RIGHT (Problem List only)
- Procedure ICD-10: 0Y620ZZ, 0Y670ZZ, 0Y6F0ZZ, 0Y6C***, 0Y6H***, 0Y6M0Z0 [BGP RIGHT FOOT AMP PROCS]

Left-Foot Amputation

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-10: Z89.512, Z89.612, Z89.432, Z89.442 [BGP LEFT FOOT AMP DXS]
  - SNOMED data set PXRM BGP ABSENCE OF FOOT LEFT (Problem List only)
- Procedure ICD-10: 0Y630ZZ, 0Y680ZZ, 0Y6G0ZZ, 0Y6D***, 0Y6J***, 0Y6N0Z0 [BGP LEFT FOOT AMP PROCS]

Foot Amputation on Unknown Side

- CPT 27290 through 27295, 27590 through 27598, 27880 through 27889 [BGP FOOT AMP CPTS]
- Procedure ICD-9: 84.10, 84.13 through 84.19 [BGP FOOT AMP PROCEDURES]
  - POV ICD-9: V49.73 through V49.77; ICD-10: Z89.439, Z89.449 [BGP UNILATERAL FOOT AMP DXS]

2.1.2.6 Patient List

Diabetic patients with documented tests, if any.

2.1.3 Diabetes: Glycemic Control

2.1.3.1 Owner and Contact

Diabetes Program: Carmen Licavoli

2.1.3.2 National Reporting

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

2.1.3.3 Denominators

1. GPRA: User Pop Diabetic patients, defined as User Population patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List. Key denominator for this and all diabetes-related topics that follow.

2. Active Diabetic patients; defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List.

3. Active Adult Diabetic patients, defined by meeting the following criteria:

   - Who are 19 and older at the beginning of the Report Period
   - Whose first ever DM diagnosis occurred prior to the Report Period
   - Who had at least two DM related visits ever *or* DM entry on the Problem List
   - With at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period
   - Never have had a creatinine value greater than (>) 5

2.1.3.4 Numerators

1. Hemoglobin A1c documented during the Report Period, *regardless of result.*

2. GPRA: Poor control: A1c greater than (>) 9.

3. A1c is greater than or equal to (≥) 7 and less than (<) 8

4. Good control: A1c less than (<) 8.

5. A1c less than (<) 7.

6. Without result. Patients with A1c documented but no value.

2.1.3.5 Definitions

Diabetes

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

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

Serum Creatinine

- Site-populated taxonomy DM AUDIT CREATININE TAX
- LOINC taxonomy: 14682-9, 2160-0, 38483-4, 59826-8, 96590-5, 101475-2 [BGP CREATININE LOINC CODES]

> **Note:** CPT codes are not included since they do not store the result, which is used in this topic.

A1c

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

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

- A1c defined as any of the following:
  - CPT 83036, 83037, 3044F through 3046F, 3047F (old code), 3051F, 3052F [BGP HGBA1C CPTS]
  - LOINC taxonomy: 17855-8, 17856-6, 41995-2, 4547-6, 4548-4, 4549-2, 71875-9, 96595-4 [BGP HGBA1C LOINC CODES]
  - Site-populated taxonomy DM AUDIT HGB A1C TAX
- Without result is defined as A1c documented but with no value.
- CPT 3044F represents A1c less than (<) 7 and will be included in the A1c less than (<) 7 and A1c less than (<) 8 numerators.
- CPT 3046F represents A1c greater than (>) 9 and will be included in the A1c greater than (>) 9 numerator.
- CPT 3051F represents A1c greater than or equal to (≥) 7 and less than (<) 8 and will be included in the A1c greater than or equal to (≥) 7 and less than (<) 8 and A1c less than (<) 8 numerators.

2.1.3.6 GPRA 2025 Target

Poor Glycemic Control: During GPRA Year 2025, achieve the target rate of 12.5% for the proportion of patients with diagnosed diabetes who have poor glycemic control (defined as A1c greater than [>] 9).

2.1.3.7 Patient List

List of diabetic patients with most recent A1c value, if any.

2.1.4 Diabetes: Blood Pressure Control

2.1.4.1 Owner and Contact

Diabetes Program: Carmen Licavoli

2.1.4.2 National Reporting

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

2.1.4.3 Denominators

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

2. Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List.

3. Active Adult Diabetic patients, defined by meeting the following criteria:

   - Who are age 19 years and older at the beginning of the Report Period
   - Whose first ever DM diagnosis occurred prior to the Report Period
   - Who had at least two DM related visits ever *or* DM entry on the Problem List
   - With at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period
   - Never have had a creatinine value greater than (>) 5

2.1.4.4 Numerators

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

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

3. Patients with blood pressure that is not controlled.

2.1.4.5 Definitions

Diabetes

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

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

Serum Creatinine

- Site-populated taxonomy DM AUDIT CREATININE TAX
- LOINC taxonomy: 14682-9, 2160-0, 38483-4, 59826-8, 96590-5, 101475-2 [BGP CREATININE LOINC CODES]

> **Note:** CPT codes are not included since they do not store the result, which is used in this topic.

Exclusions

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

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

BP Documented

CRS uses the 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) BPs and dividing by three (or two).

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.

Controlled BP

CRS uses a mean, as described previously where BP is less than (<) 140/90. If *both* the mean systolic and diastolic values do not meet the criteria for controlled, then the value is considered not controlled.

BP Documented and Controlled BP

If CRS is not able to calculate a mean BP from blood pressure measurements, it will search for the most recent of any of the following codes documented on non-ER visits during the Report Period:

- BP Documented: CPT 0001F, 2000F, G9273, G9274 [BGP BP MEASURED CPT]; *or*
- Systolic: CPT 3074F, 3075F, or 3077F [BGP SYSTOLIC BP CPTS] *with* Diastolic: CPT 3078F, 3079F, or 3080F [BGP DIASTOLIC BP CPTS]. The systolic and diastolic values do not have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used.
- The following combinations represent BP less than (<) 140/90 and will be included in the Controlled BP numerator: CPT 3074F or 3075F *and* 3078F or 3079F, *or* G9273. All other combinations will *not* be included in the Controlled BP numerator.

2.1.4.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 57.5% for the proportion of patients with diagnosed diabetes who have achieved BP control (defined as less than [<] 140/90).

2.1.4.7 Patient List

List of diabetic patients with blood pressure value, if any.

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

2.1.5.1 Owner and Contact

Diabetes Program: Carmen Licavoli

2.1.5.2 National Reporting

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

2.1.5.3 Denominators

1. GPRA: User Pop Diabetic patients, defined as User Population patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List, ages 40 through 75; and User Pop Diabetic patients with documented atherosclerotic cardiovascular disease (ASCVD) or age 20 through 75 with a low-density lipoprotein (LDL) greater than or equal to (≥) 190 or an active diagnosis of familial hypercholesterolemia or age 40 through 75 with a 10-year ASCVD risk score of greater than or equal to (≥) 20%. Broken down by age groups.

2. User Pop Diabetic patients, defined as User Population patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List, ages 39 and under with documented ASCVD or an LDL greater than or equal to (≥) 190 or an active diagnosis of familial hypercholesterolemia.

3. User Pop Diabetic patients, defined as User Population patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List, ages 40 through 75 with documented ASCVD or an LDL greater than or equal to (≥) 190 or an active diagnosis of familial hypercholesterolemia or a 10-year ASCVD risk score of greater than or equal to (≥) 20%.

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 LDL less than (<) 190, no ASCVD or active diagnosis of familial hypercholesterolemia, and no 10-year ASCVD risk score of greater than or equal to (≥) 20%.

6. User Pop Diabetic patients, defined as User Population patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List, ages 40 through 75; and User Pop Diabetic patients with documented ASCVD or age 20 through 75 with an LDL greater than or equal to (≥) 190 or an active diagnosis of familial hypercholesterolemia, or age 40 through 75 with a 10-year ASCVD risk score of greater than or equal to (≥) 20%, including denominator exclusions and exceptions.

2.1.5.4 Numerators

1. GPRA: Patients who are statin therapy users during the Report Period or who receive an order (prescription) to receive statin therapy at any point during the Report Period.

2. Patients with any of the listed denominator exclusions or exceptions (with Denominators 3 and 6).

   A. Patients with statin-associated muscle symptoms or an allergy to statin medication.

2.1.5.5 Definitions

Diabetes

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

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

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

LDL

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

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

Familial hypercholesterolemia

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

- POV ICD-10: E78.01 [BGP ECQM HYPERCHOL DXS]
- SNOMED data set PXRM BGP ECQM HYPERCHOL

10-year ASCVD risk score

Any of the following during the report period:

- Measurement ACC (10 YEAR ASCVD RISK).

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 care encounter, hospice care 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* [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 are:** 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 greater than or equal to (≥) (Report Period Begin Date – Prescription Date)

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

2.1.5.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 52.6% for the proportion of patients with diagnosed diabetes and cardiovascular disease who are on statin therapy.

2.1.5.7 Patient List

List of diabetic patients with statin therapy or exclusion, if any.

2.1.6 Diabetes: Nephropathy Assessment

2.1.6.1 Owner and Contact

Diabetes Program: Carmen Licavoli

2.1.6.2 National Reporting

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

2.1.6.3 Denominators

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

2. Active Diabetic patients; defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List.

3. Active Adult Diabetic patients, defined by meeting the following criteria:

   - Who are age 19 years and older at the beginning of the Report Period
   - Whose first ever DM diagnosis occurred prior to the Report Period
   - Who had at least two DM related visits ever *or* DM entry on the Problem List
   - With at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period
   - Never have had a creatinine value greater than (>) 5

2.1.6.4 Numerators

1. GPRA: 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 *or* with evidence of diagnosis or treatment of end-stage renal disease (ESRD) at any time before the end of the Report Period.

2.1.6.5 Definitions

Diabetes

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

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

Serum Creatinine

- Site-populated taxonomy DM AUDIT CREATININE TAX, or
- LOINC taxonomy: 14682-9, 2160-0, 38483-4, 59826-8, 96590-5, 101475-2 [BGP CREATININE LOINC CODES]

> **Note**: CPT codes are not included since they do not store the result, which is used in this topic.

Estimated GFR

- Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or
- 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]

Urine Albumin-to-Creatinine Ratio

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

> **Note:** Check with your laboratory supervisor to confirm that the names you add to your taxonomy reflect quantitative test values.

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 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]

2.1.6.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 44.8% for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

2.1.6.7 Patient List

List of diabetic patients with nephropathy assessment, if any.

2.1.7 Diabetic Retinopathy

2.1.7.1 Owner and Contact

Gregory Smith, OD, FAAO

2.1.7.2 National Reporting

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

2.1.7.3 Denominators

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

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

3. Active Adult Diabetic patients, without a documented history of bilateral blindness or bilateral eye enucleation, defined by meeting the following criteria:

   - Who are age 19 years and older at the beginning of the Report Period
   - Whose first ever DM diagnosis occurred prior to the Report Period
   - Who had at least two DM-related visits ever *or* DM entry on the Problem List
   - With at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period
   - Never have had a creatinine value greater than (>) 5

2.1.7.4 Numerators

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

Note: This numerator does *not* include refusals.

   A. Patients receiving diabetic retinal exam during the Report Period.

   B. Patients receiving other eye exams during the Report Period.

C. Patients with a validated teleretinal[8] visit during the Report Period.

D. Patients with an Ophthalmology visit during the Report Period.

E. Patients with an Optometry visit during the Report Period.

2.1.7.5 Definitions

Diabetes

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

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

Serum Creatinine

Either of the following:

- Site-populated taxonomy DM AUDIT CREATININE TAX
- LOINC taxonomy: 14682-9, 2160-0, 38483-4, 59826-8, 96590-5, 101475-2 [BGP CREATININE LOINC CODES]

> **Note**: CPT codes are not included since they do not store the result, which is used in this topic.

Qualified Retinal Evaluation

- Diabetic retinal exam
- Other eye exam.

The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated[9] to seven standard fields (ETDRS).

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

Diabetic Retinal Exam

Any of the following during the Report Period:

- Exam code 03 Diabetic Eye Exam (dilated retinal examination or formally validated[10] ETDRS photographic equivalent)
- CPT 2021F Dilated macular exam, 2022F, 2023F and G2102 Dilated retinal eye exam, 2024F, 2025F and G2103 Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist, 2026F, 2033F and G2104 Eye imaging formally validated[11] to match the diagnosis from seven standard field stereoscopic photos, S0620 Routine ophthalmological examination including refraction; new patient, S0621 Routine ophthalmological examination including refraction; established patient, or S3000 Diabetic indicator; retinal eye exam, dilated, bilateral; M1220, M1221 Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence [BGP DM RETINAL EXAM CPTS].

Other Eye Exam

- Non-DNKA (did not keep appointment) visits to ophthalmology or optometry clinics with an optometrist or ophthalmologist, or visits to formally validated[12] teleophthalmology retinal evaluation clinics. Searches for the following codes in the following order:
  - CPT 67028, 67038 (old code), 67039, 67040, 92002, 92004, 92012, 92014, 92018, 92019 [BGP DM EYE EXAM CPTS]
  - Clinic code A2 (Diabetic Retinopathy)[13]
  - Clinic codes 17[14] or 18[15] with Provider code 08, 24, or 79 where the Service Category is not C (Chart Review) or T (Telecommunications).

JVN Visit

- Clinic code A2

Ophthalmology Visit

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

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

[11] Ibid.

[12] Ibid.

[13] Validated photographic (teleretinal) retinal surveillance (American Telemedicine Association validation category 3).

[14] Ophthalmology or Optometry clinic codes (17, 18) cannot be used for non-qualifying photographic DR examination methods[9] unless a dilated retinal examination by an ophthalmologist or optometrist is also accomplished during the same encounter.

[15] Ibid.

Optometry Visit

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

Bilateral Blindness

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-9: 369.01, 369.03, 369.04; ICD-10: H54.0* [BGP BILATERAL BLINDNESS DXS]
  - SNOMED data set PXRM BGP BILAT BLINDNESS (Problem List only)
  - SNOMED data set PXRM BGP BLINDNESS UNSPECIFIED with Laterality equal to Bilateral (Problem List only)
  - One code from (SNOMED data set PXRM BGP LEFT EYE BLIND (Problem List only) *or* SNOMED data set PXRM BGP BLINDNESS UNSPECIFIED with Laterality equal to Left [Problem List only]) *and* one code from (SNOMED data set PXRM BGP RIGHT EYE BLIND [Problem List only] *or* SNOMED data set PXRM BGP BLINDNESS UNSPECIFIED with Laterality equal to Right [Problem List only])

Bilateral Eye Enucleation

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

2.1.7.6 GPRA 2025 Target:

During GPRA Year 2025, achieve the target rate of 47.6% for the proportion of patients with diagnosed diabetes who receive an annual retinal examination.

2.1.7.7 Patient List

List of diabetic patients with qualified retinal evaluation, if any.

2.1.8 Diabetic Access to Dental Services

2.1.8.1 Owner and Contact

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

2.1.8.2 National Reporting

Not reported nationally

2.1.8.3 Denominators

1. Active Diabetic patients; defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List.

2.1.8.4 Numerators

1. Patients with a documented dental visit during the Report Period.

Note: This numerator does *not* include refusals.

2.1.8.5 Definitions

Diabetes

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

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

Documented Dental Visit

Any of the following:

- IHS Dental Tracking code 0000 or 0190
- RPMS Dental/ADA CDT code 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 code 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]

2.1.8.6 Patient List

List of diabetic patients and documented dental visit, if any.

2.2 Dental Group

2.2.1 Access to Dental Services

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 National GPRA/GPRAMA Report; reported to OMB and Congress)

2.2.1.3 Denominators

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

2.2.1.4 Numerators

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

Note: This numerator does *not* include refusals.

2.2.1.5 Definitions

Documented Dental Visit

Any of the following:

- IHS Dental Tracking code 0000 or 0190
- RPMS Dental codes/ADA CDT 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 code D0110 through D0390, D0415 through D9952, D9970 through D9974, D9995, D9996, D9999 [BGP DENTAL VISIT CPT CODES]
- Exam 30
- POV ICD-10: Z01.20, Z01.21, Z13.84, Z29.3 [BGP DENTAL VISIT DXS]

2.2.1.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 27.0% for the proportion of patients who receive dental services.

2.2.1.7 Patient List

List of patients with documented dental visit and date.

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 National GPRA/GPRAMA Report; reported to OMB and Congress)

2.2.2.3 Denominators

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

2.2.2.4 Numerators

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

Note: This numerator does *not* include refusals.

2.2.2.5 Definitions

Intact Dental Sealant

- Any of the following documented during the Report Period:
  - RPMS Dental/ADA CDT codes 1351, 1352, 1353, D1351, D1352, D1353
  - CPT codes 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.

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

2.2.2.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 11.8% for the proportion of patients with at least one or more intact dental sealants.

2.2.2.7 Patient List

List of patients with intact dental sealants.

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 National GPRA/GPRAMA Report; reported to OMB and Congress)

2.2.3.3 Denominators

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

2.2.3.4 Numerators

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

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

Note: This numerator does *not* include refusals.

3. Count only (no percentage comparison to denominator). 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

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 codes 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]

For the count measure, 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 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 27.4% for the proportion of patients who received one or more topical fluoride applications.

2.2.3.7 Patient List

List of patients who received at least one topical fluoride application during Report Period.

2.3 Immunization Group

2.3.1 Influenza

2.3.1.1 Owner and Contact

National Immunization Program: Uzo Chukwuma, MPH

2.3.1.2 National Reporting

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

2.3.1.3 Denominators

1. Active Clinical patients broken down by age groups: 6 months through 17 years, 18 years and older, 18 through 49 years, 50 through 64 years, 65 years and older.
2. Active Clinical patients ages 18 through 49 years and considered high risk for influenza.
3. Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List.
4. User Population patients broken down by age groups: 6 months through 17 years, 18 years and older, 18 through 49 years, 50 through 64 years, 65 years and older.
    A. GPRA: Active Clinical patients ages 6 months to 17 years.
    B. GPRA: Active Clinical patients ages 18 years and older.
5. User Population patients ages 18 through 49 years and considered high risk for influenza.

2.3.1.4 Numerators

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

> **Note:** The only refusals included in this numerator are not medically indicated (NMI) refusals.

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

2.3.1.5 Definitions

Diabetes

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

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

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

Persons Considered High Risk for Influenza

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

- HIV Infection: ICD-9: 042, 042.0 through 044.9 (old codes), 079.53, V08; ICD-10: B20, B52.0, B97.35, Z21
- Diabetes: ICD-9: 250.00 through 250.93; ICD-10: E08.2*, E09.2*, E10.* through E13.*
- Rheumatic Heart Disease: ICD-9: 393. through 398.99; ICD-10: I05.* through I09.*
- Hypertensive Heart Disease: ICD-9: 402.00 through 402.91; ICD-10: I11.*
- Hypertensive Heart or Renal Disease: ICD-9: 404.00 through 404.93; ICD-10: I13.*
- Ischemic Heart Disease: ICD-9: 410.00 through 414.9; ICD:10: I20.0 through I22.8, I24.0 through I25.83, I25.89, I25.9

- Pulmonary Heart Disease: ICD-9: 415.0 through 416.9; ICD-10: I26.* through I27.*
- Other Endocardial Heart Disease: ICD-9: 424.0 through 424.9; ICD-10: I34.* through I39
- Cardiomyopathy: ICD-9: 425.0 through 425.9; ICD-10: I42.*, I43
- Congestive Heart Failure: ICD-9: 428.0 through 428.9, 429.2; ICD-10: I50.1, I50.20, I50.22 through I50.30, I50.32 through I50.40, I50.42 through I50.9
- Chronic Bronchitis: ICD-9: 491.0 through 491.9; ICD-10: J41.*, J42
- 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: 494.0 through 496.; ICD-10: J44.*, J47.*
- Pneumoconioses: ICD-9: 500 through 505; ICD-10: J60 through J64, J66.8 through J67.6, J67.8 through J67.9
- Chronic Liver Disease: ICD-9: 571.0 through 571.9; ICD-10: K70.11 through K70.41, K73.0 through K74.5, K74.69, K75.81
- Nephrotic Syndrome: ICD-9: 581.0 through 581.9; ICD-10: N02.*, N04.*, N08
- Renal Failure: ICD-9: 585.6, 585.9; ICD-10: N18.6 through N19
- 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

2.3.1.6 GPRA 2025 Target

Children: During GPRA Year 2025, achieve the target rate of 18.3% for the proportion of patients ages 6 months through 17 years who receive an influenza immunization.

Adults: During GPRA Year 2025, achieve the target rate of 21.0% for the proportion of patients ages 18 years and older who receive an influenza immunization.

2.3.1.7 Patient List

List of patients with Influenza code, if any.

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 National GPRA/GPRAMA Report; reported to OMB and Congress)

2.3.2.3 Denominators

1. Active Clinical patients ages 19 through 50 years.
2. Active Clinical patients ages 51 through 65 years.
3. Active Clinical patients ages 66 years and older.
4. Active Clinical patients ages 19 years and older.
5. User Pop Diabetic patients, defined as User Population patients diagnosed with diabetes prior to the Report Period, *and* at two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List.
6. User Population patients ages 19 through 50 years.
7. User Population patients ages 51 through 65 years.
8. User Population patients ages 66 years and older.
9. GPRA: User Population patients ages 19 years and older.

2.3.2.4 Numerators

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

1. Patients who have received 1 dose of Tdap or Td in the past 10 years, including contraindications (with Denominators 1 through 3, 6 through 8).
2. Patients who have received 1 dose of Tdap ever, including contraindications (with Denominators 1 through 3, 6 through 8).

3. Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period (with Denominators 1 through 3 and 6 through 8).
4. Patients who have received 2 doses of Shingrix ever, including contraindications (with Denominators 2, 3, 7, and 8).
5. Patients with up-to-date Pneumococcal vaccine (with Denominators 3, 5 and 8).
6. Patients who have received the 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period), including contraindications (with Denominators 1 and 6).
7. Patients who have received the 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever), including contraindications (with Denominators 1 and 6).
8. Patients who have received the 1:1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix), including contraindications (with Denominators 2 and 7).
9. Patients who have received the 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix), including contraindications (with Denominators 2 and 7).
10. Patients who have received the 1:1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 2 Shingrix, 1 up-to-date Pneumococcal vaccine), including contraindications (with Denominators 3 and 8).
11. Patients who have received the 1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix, 1 up-to-date Pneumococcal vaccine), including contraindications (with Denominators 3 and 8).
12. GPRA: Patients who have received all age-appropriate immunization combinations (with Denominators 4 and 9).

2.3.2.5 Definitions

Diabetes

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

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

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

Age-appropriate Immunization Combinations

- Ages 19–50 years: 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
- Ages 51–65 years: 1:1:2 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 doses of Shingrix ever)
- Ages 66 and older: 1:1:2:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 Shingrix ever, 1 up-to-date Pneumococcal vaccine

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

- Immunization (CVX) code: 115
- CPT 90715 [BGP CPT TDAP/TD]

Tdap Contraindication

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

- Immunization Package contraindication of "Anaphylaxis"
- PCC NMI Refusal

Td Immunization

Any of the following documented in the past 10 years:

- Immunization (CVX) code 9, 113, 138, 139, 196
- POV ICD-9: V06.5 [BGP TD IZ DXS]
- CPT 90714, 90718 [BGP CPT TDAP/TD]

Td Contraindication

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

- Immunization Package contraindication of "Anaphylaxis"
- PCC NMI Refusal

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

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

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 (PPSV23) 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

2.3.2.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 39.0% for the proportion of adult patients 19 years and older who receive their age-appropriate immunizations.

2.3.2.7 Patient List

List of patients 19 years and older or DM diagnosis with IZ or contraindication, if any.

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 National GPRA/GPRAMA Report; reported to OMB and Congress)

2.3.3.3 Denominators

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

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

2.3.3.4 Numerators

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

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

    A. Patients with (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal.

2. Patients who have received 4 doses of DTaP ever, including contraindications.

    A. Patients with (1) a contraindication or (2) a documented NMI refusal.

3. Patients who have received 3 doses of Polio ever, including contraindications, and evidence of disease.

    A. Patients with (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal.

4. Patients who have received 1 dose of MMR ever, including contraindications, and evidence of disease.

    A. Patients with (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal.

5. Patients who have received 3 or 4 doses of HiB ever, including contraindications.

    A. Patients with (1) a contraindication or (2) a documented NMI refusal.

6. Patients who have received 3 doses of Hepatitis B vaccine ever, including contraindications, and evidence of disease.

    A. Patients with (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal.

7. Patients who have received 1 dose of Varicella ever, including contraindications, and evidence of disease.

    A. Patients with (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal.

8. Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including contraindications.

    A. Patients with (1) a contraindication or (2) a documented NMI refusal.

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

A. Patients with (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI refusal.

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

    A. Patients with (1) a contraindication or (2) a documented NMI refusal.

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

    A. Patients with (1) a contraindication or (2) a documented NMI refusal.

2.3.3.5 Definitions

Patient Age

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

Timing of Doses

Because 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 Report Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the previous year or baseline periods.

Dosage and Types of Immunizations

- **4 Doses of DTaP**
  - 4 DTaP or DTP or Tdap
  - 1 DTaP or DTP or Tdap and 3 DT or Td
  - 1 DTaP or DTP or Tdap and 3 each of Diphtheria and Tetanus
  - 4 DT and 4 Acellular Pertussis
  - 4 Td and 4 Acellular Pertussis
  - 4 each of Diphtheria, Tetanus, and Acellular Pertussis
- **3 Doses of Polio**

  - 3 OPV
  - 3 IPV
  - Combination of OPV and IPV totaling 3 doses
- **1 Dose of MMR**
  - MMR
  - 1 M/R and one Mumps
  - 1 R/M and one Measles
  - 1 each of Measles, Mumps, and Rubella
- **3 or 4 doses of HIB, depending on the vaccine administered**
- **3 doses of Hepatitis B**
- **1 dose of Varicella**
- **4 doses of Pneumococcal**
- **1 dose of Hepatitis A**
- **2 or 3 doses of Rotavirus, depending on the vaccine administered**
- **2 doses of Influenza**

Not Medically Indicated (NMI) Refusal, Contraindication, and Evidence of Disease Information

Except for the Immunization Program Numerators, the following will also count toward meeting the definition, as defined in the following subsections:

- NMI refusals
- Evidence of disease
- Contraindications for individual immunizations

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 of the patient's vaccinations must be part of the smaller dose series. For example, for a patient to count toward the Rotavirus numerator with only 2 doses, all 2 doses must be included in the 2-dose series codes listed in the Rotavirus definition. A patient with a mix of 2-dose and 3-dose series codes will need 3 doses to count toward the numerator. An exception to this is for the HIB vaccine: if the first 2 doses are part of the 3-dose series, then the patient only needs 3 doses (even if the third dose is included in the 4-dose series).

- Each immunization must be refused and documented separately. For example, if a patient has an NMI refusal for Rubella only, then there must be an immunization, contraindication, or separate NMI refusal for the Measles and Mumps immunizations.
- For immunizations where the required number of doses is greater than one, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI refusal for Hepatitis B, the patient will be included in the numerator.
- For immunizations where the required number of doses is greater than one, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report Period).
- To be counted in Subnumerator A, a patient must meet the numerator definition *and* have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in Subnumerator A.
- For the separate numerator for REF refusal (Patient Refusal for Service) in PCC or a Parent or Patient refusal in the IZ program, the conditions must be met:
  - Each immunization must be refused and documented separately. For example, if a patient has a REF refusal for Rubella, then there also must be an immunization, contraindication, or separate REF refusal for Measles and Mumps.
  - Where the required number of doses is greater than one, only one REF refusal in PCC or one Parent or Patient refusal in the IZ program is necessary to be counted in the numerator. For example, for the 4 DTaP numerators, only one refusal is necessary to be counted in the refusal numerator.

NMI Refusal Definitions

PCC Refusal type NMI for any of the following codes:

- **DTaP**
  - Immunization (CVX) codes 20, 50, 102, 106, 107, 110, 120, 130, 132, 146
  - CPT 90696 through 90698, 90700, 90721, 90723 [BGP CPT DTAP/DTP/TDAP]
- **DTP**

  - Immunization (CVX) codes 1, 22, 102, 198
  - CPT 90701, 90711 (old code), 90720 [BGP CPT DTAP/DTP/TDAP]
- **Tdap**
  - Immunization (CVX) code 115
  - CPT 90715 [BGP CPT DTAP/DTP/TDAP]
- **DT**
  - Immunization (CVX) code 28
  - CPT 90702
- **Td**
  - Immunization (CVX) codes 9, 113, 138, 139, 196
  - CPT 90714, 90718 [BGP CPT TDAP/TD]
- **Diphtheria**
  - CPT 90719
- **Tetanus**
  - Immunization (CVX) codes 35, 112
  - CPT 90703
- **Acellular Pertussis**
  - Immunization (CVX) code 11
- **OPV**
  - Immunization (CVX) codes 2, 89
  - CPT 90712
- **IPV**
  - Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146
  - CPT 90696 through 90698, 90711 (old code), 90713, 90723
- **MMR**
  - Immunization (CVX) codes 3, 94
  - CPT 90707, 90710
- **M/R**
  - Immunization (CVX) code 4
  - CPT 90708
- **R/M**
  - Immunization (CVX) code 38
  - CPT 90709 (old code)

- **Measles**
  - Immunization (CVX) code 5
  - CPT 90705
- **Mumps**
  - Immunization (CVX) code 7
  - CPT 90704
- **Rubella**
  - Immunization (CVX) code 6
  - CPT 90706
- **HiB**
  - Immunization (CVX) codes 17, 22, 46 through 49, 50, 51, 102, 120, 132, 146, 148, 198
  - CPT 90644 through 90648, 90697, 90698, 90720 through 90721, 90737 (old code), 90748 [BGP HIB CPT]
- **Hepatitis B**
  - Immunization (CVX) codes 8, 42 through 45, 51, 102, 104, 110, 132, 146, 189, 193, 198, 220
  - CPT 90636, 90697, 90723, 90731 (old code), 90739, 90740, 90743 through 90748, 90759, G0010 [BGP HEPATITIS CPTS]
- **Varicella**
  - Immunization (CVX) codes 21, 94
  - CPT 90710, 90716
- **Pneumococcal**
  - Immunization (CVX) codes 33, 100, 109, 133, 152, 215, 216, 327 [BGP CHILD IZ PNEUMO CVX CODES]
  - CPT 90669, 90670, 90671, 90677, 90684, 90732, G0009, G9279 [BGP CHILD IZ PNEUMO CPT 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 90689, 90694, 90724 (old code), 90756, G0008, Q2034 through Q2039 [BGP CPT FLU]

Contraindication Definitions

- Encephalopathy due to vaccination

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

  - ICD-9: 323.51; ICD-10: G04.32 [BGP ENCEPHALOPATHY DXS]
  - SNOMED data set PXRM BGP IPC IZ ENCEPHAL
- Vaccine adverse effect

  POV or Problem List entry where the status is not Deleted: ICD-9: E948.4 through E948.6; ICD-10: T50.A15* [BGP VACCINE ADVERSE EFFECT]
- Immunodeficiency

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

  - ICD-9: 279.*; ICD-10: D80.*, D81.0 through D81.7, D81.89, D81.9, D82.* through D84.*, D89.3, D89.8*, D89.9 [BGP IMMUNODEFICIENCY DXS]
  - SNOMED data set 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

- **DTaP IZ Definitions**
  - Immunization (CVX) codes 20, 50, 102, 106, 107, 110, 120, 130, 132, 146
  - POV ICD-9: V06.1
  - CPT 90696 through 90698, 90700, 90721, 90723 [BGP CPT DTAP/DTP/TDAP]
- **DTaP Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
  - Encephalopathy due to vaccination with a vaccine adverse-effect
- **DTP IZ Definitions**
  - Immunization (CVX) codes 1, 22, 102, 198
  - POV ICD-9: V06.1, V06.2, V06.3 [BGP DTP IZ DXS]
  - CPT 90701, 90711 (old code), 90720 [BGP CPT DTAP/DTP/TDAP]
- **DTP Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **Tdap IZ Definitions**
  - Immunization (CVX) code 115
  - CPT 90715 [BGP CPT DTAP/DTP/TDAP]
- **Tdap contraindication definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **DT IZ Definitions**
  - Immunization (CVX) code 28
  - POV ICD-9: V06.5 [BGP TD IZ DXS]
  - CPT 90702
- **DT Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"

- **Td IZ Definitions**
  - Immunization (CVX) codes 9, 113, 138, 139, 196
  - POV ICD-9: V06.5 [BGP TD IZ DXS]
  - CPT 90714, 90718 [BGP CPT TDAP/TD]
- **Td Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **Diphtheria IZ Definitions**
  - POV ICD-9: V03.5 [BGP DIPHTHERIA IZ DXS]
  - CPT 90719
- **Diphtheria Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **Tetanus Definitions**
  - Immunization (CVX) codes 35, 112
  - POV ICD-9: V03.7 [BGP TETANUS TOXOID IZ DXS]
  - CPT 90703
- **Tetanus Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **Acellular Pertussis Definitions**
  - Immunization (CVX) code 11
  - POV ICD-9: V03.6 [BGP PERTUSSIS IZ DXS]
- **Acellular Pertussis Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **OPV Definitions**
  - Immunization (CVX) codes 2, 89
  - CPT 90712
- **OPV Contraindication Definition**
  - Immunization Package contraindication of "Immune Deficiency"
- **IPV Definitions**
  - Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146
  - POV ICD-9: V04.0, V06.3 [BGP IPV IZ DXS]
  - CPT 90696 through 90698, 90711 (old code), 90713, 90723
- **IPV Evidence of Disease Definitions**

  - POV or PCC Problem List (active or inactive) ICD-9: 730.70 through 730.79; ICD-10: M89.6* [BGP OPV EVID DISEASE]
  - SNOMED data set PXRM BGP POLIO (Problem List only)
- **IPV contraindication definition:**
  - Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy"
- **MMR Definitions**
  - Immunization (CVX) codes 3, 94
  - POV ICD-9: V06.4 [BGP MMR IZ DXS]
  - CPT 90707, 90710
- **MMR Contraindication Definitions**
  - Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," or "Neomycin Allergy"
  - Immunodeficiency
  - HIV
  - Lymphoreticular cancer, multiple myeloma or leukemia
- **M/R Definitions**
  - Immunization (CVX) code 4
  - CPT 90708
- **M/R Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **R/M Definitions**
  - Immunization (CVX) code 38
  - CPT 90709 (old code)
- **R/M Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **Measles Definitions**
  - Immunization (CVX) code 5
  - POV ICD-9: V04.2 [BGP MEASLES IZ DXS]
  - CPT 90705
- **Measles Evidence of Disease Definition**
  - POV or PCC Problem List (active or inactive) ICD-9: 055*; ICD-10: B05.* [BGP MEASLES EVIDENCE]
  - SNOMED data set PXRM BGP IPC MEASLES EVID (Problem List only)

- **Measles Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **Mumps Definitions**
  - Immunization (CVX) code 7
  - POV ICD-9: V04.6 [BGP MUMPS IZ DXS]
  - CPT 90704
- **Mumps Evidence of Disease Definition**
  - POV or PCC Problem List (active or inactive) ICD-9: 072*; ICD-10: B26.* [BGP MUMPS EVIDENCE]
  - SNOMED data set PXRM BGP IPC MUMPS EVID (Problem List only)
- **Mumps Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **Rubella Definitions**
  - Immunization (CVX) code 6
  - POV ICD-9: V04.3 [BGP RUBELLA IZ DXS]
  - CPT 90706
- **Rubella Evidence of Disease Definitions**
  - POV or PCC Problem List (active or inactive) ICD-9: 056*, 771.0; ICD-10: B06.* [BGP RUBELLA EVIDENCE]
  - SNOMED data set PXRM BGP IPC RUBELLA EVID (Problem List only)
- **Rubella Contraindication Definition**
  - Immunization Package contraindication of "Anaphylaxis"
- **HiB Definitions**
  - 3-dose series:
    - Immunization (CVX) codes 49, 51
    - CPT 90647, 90748
  - 4-dose series:
    - Immunization (CVX) codes 17, 22, 46 through 48, 50, 102, 120, 132, 146, 148, 198
    - POV ICD-9: V03.81 [BGP HIB IZ DXS]
    - CPT 90644 through 90646, 90648, 90697, 90698, 90720, 90721, 90737 (old code)
- **HiB Contraindication Definition**

  - Immunization Package contraindication of “Anaphylaxis”
- **Hepatitis B Definitions**
  - Immunization (CVX) codes 8, 42 through 45, 51, 102, 104, 110, 132, 146, 189, 193, 198, 220
  - CPT 90636, 90697, 90723, 90731 (old code), 90739, 90740, 90743 through 90748, 90759, G0010 [BGP HEPATITIS CPTS]
- **Hepatitis B Evidence of Disease Definitions**
  - POV or PCC Problem List (active or inactive) ICD-10: B16.*, B18.0, B18.1, B19.1* [BGP HEP EVIDENCE]
  - SNOMED data set PXRM BGP IPC HEP B EVID (Problem List only)
- **Hepatitis B contraindication definition**
  - Immunization Package contraindication of “Anaphylaxis”
- **Varicella Definitions**
  - Immunization (CVX) codes 21, 94
  - POV ICD-9: V05.4 [BGP VARICELLA IZ DXS]
  - CPT 90710, 90716
- **Varicella Evidence of Disease Definitions**
  - POV or PCC Problem List (active or inactive) ICD-9: 052*, 053*; ICD-10: B01.* through B02.* [BGP VARICELLA EVIDENCE]
  - SNOMED data set PXRM BGP IPC VZV EVID (Problem List only)
  - Immunization Package contraindication of “Hx of Chicken Pox” or “Immune”
- **Varicella Contraindication Definitions**
  - Immunization Package contraindication of “Anaphylaxis,” “Immune Deficiency,” or “Neomycin Allergy”
  - Immunodeficiency
  - HIV
  - Lymphoreticular cancer, multiple myeloma or leukemia
- **Pneumococcal Definitions**
  - Immunization (CVX) codes 33, 100, 109, 133, 152, 215, 216, 327 [BGP CHILD IZ PNEUMO CVX CODES]
  - POV ICD-9: V03.82 [BGP PNEUMO IZ DXS]
  - CPT 90669, 90670, 90671, 90677, 90684, 90732, G0009, G9279 [BGP CHILD IZ PNEUMO CPT CODES]
- **Pneumococcal Contraindication Definition**

  - Immunization Package contraindication of “Anaphylaxis”
- **Hepatitis A Definitions**
  - Immunization (CVX) codes 31, 52, 83, 84, 85, 104, 193
  - CPT 90632 through 90634, 90636, 90730 (old code) [BGP HEPATITIS A CPTS]
- **Hepatitis A Evidence of Disease Definitions**
  - POV or PCC Problem List (active or inactive) ICD-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 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 37.8% for the proportion of AI/AN children ages 19 through 35 months who have received the recommended immunizations.

> **Notes:** In FY 2013, the GPRA measure changed to the 4:3:1:3*:3:1:4 combination, which includes 3 or 4 HiB.
>
> In FY 2011, the GPRA measure changed to the 4:3:1:3:3:1:4 combination, which includes pneumococcal.

2.3.3.7 Patient List

List of patients 19 through 35 months of age with IZ, if any. 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.

> **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.

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 GPRA Developmental Report; not reported to OMB and Congress)

2.3.4.3 Denominators

1. User Population patients age 13 years.
2. Male User Population patients age 13 years.

3. Female User Population patients age 13 years.
4. User Population patients ages 13 through 17 years.
5. Male User Population patients ages 13 through 17 years.
6. Female User Population patients ages 13 through 17 years.

2.3.4.4 Numerators

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

1. Patients who have received the 1:1:2* combination (i.e., 1 Tdap or Td, 1 Meningococcal, 2 or 3 HPV), including contraindications.
   A. Patients with (1) a contraindication or (2) a documented NMI refusal.
2. Patients who have received the 1:1 combination (i.e., 1 Tdap or Td, 1 Meningococcal), including contraindications.
   A. Patients with (1) a contraindication or (2) a documented NMI refusal.
3. Patients who have received 1 dose of Tdap or Td ever, including contraindications.
   A. Patients with (1) a contraindication or (2) a documented NMI refusal.
   B. Patients who have received 1 dose of Tdap ever, including contraindications.
4. Patients who have received 1 dose of meningococcal ever, including contraindications.
   A. Patients with (1) a contraindication or (2) a documented NMI refusal.
5. Patients who have received 2 or 3 doses of HPV ever, including contraindications.
   A. Patients with (1) a contraindication or (2) a documented NMI refusal.

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—in order to qualify for 2 doses, the patient must have the first dose prior to their 15th birthday and the 2 doses must be separated by a minimum of five months

Not Medically Indicated (NMI) Refusal and Contraindication Information

Not Medically Indicated refusals and contraindications for individual immunizations will also count toward meeting the definition, as defined in the following subsections.

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

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
  - 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 Definition**
  - 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 Definition**
  - 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 Definition**
  - Immunization Package contraindication of “Anaphylaxis”
- **HPV**
  - Immunization (CVX) codes: 62, 118, 137, 165
  - CPT 90649, 90650, 90651
- **HPV Contraindication Definition**
  - Immunization Package contraindication of “Anaphylaxis”

2.3.4.6 Patient List

List of patients 13 through 17 years of age with IZ, if any. 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.

2.4 Cancer Screen Group

2.4.1 Cervical Cancer Screening

2.4.1.1 Owner and Contact

CAPT Suzanne England, DNP, APRN

2.4.1.2 National Reporting

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

2.4.1.3 Denominators

1. Female Active Clinical patients ages 24 through 64 years without a documented history of hysterectomy. Patients must be at least 24 years of age at the beginning of the Report Period and under 65 years of age as of the end of the Report Period.
2. Female Active Clinical patients ages 24 through 29 without documented history of hysterectomy.
3. Female Active Clinical patients ages 30 through 64 without documented history of hysterectomy.
4. GPRA: Female User Population patients ages 24 through 64 years without a documented history of hysterectomy.
5. Female User Population patients ages 24 through 29 without documented history of hysterectomy.
6. Female User Population patients ages 30 through 64 without documented history of hysterectomy.

2.4.1.4 Numerators

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

1. GPRA: Patients with documented Pap smear in past three years, or if the patient is 30 to 64 years of age, either a Pap Smear documented in the past three years or a Pap Smear and an HPV DNA documented on the same day in the past five years or HPV Primary in the past five years (with Denominators 1 and 4).
2. Patients with a Pap Smear documented in the past three years (with Denominators 2, 3, 5 and 6).
3. Patients with a Pap Smear documented three to five years ago, and an HPV DNA documented on the same day in the past five years (with Denominators 3 and 6).
4. Patients with HPV Primary in the past 5 years (with Denominator 6).

2.4.1.5 Definitions

Age

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

Hysterectomy

Defined as any of the following ever:

- Procedure ICD-9: 68.4 through 68.9; ICD-10: 0UTC*ZZ, 0UT90ZL, 0UT9*ZZ [BGP HYSTERECTOMY PROCEDURES]
- CPT 51925, 56308 (old code), 58150, 57540, 57545, 57550, 57555, 57556, 58152, 58200 through 58294, 58548, 58550 through 58554, 58570 through 58573, 58575, 58951, 58953 through 58954, 58956, 59135 [BGP HYSTERECTOMY CPTS]
- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-9: 618.5, 752.43, V88.01, V88.03; ICD-10: N99.3, Z12.72, Z90.710, Z90.712, Q51.5 [BGP HYSTERECTOMY DXS]
  - SNOMED data set PXRM BGP HYSTERECTOMY DX (Problem List only)
- Women's Health procedure called Hysterectomy

Pap Smear

- Lab Pap Smear
- POV ICD-9: V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, 795.0*; ICD-10: R87.61*, R87.810, R87.820, Z01.42, Z12.4 [BGP PAP SMEAR DXS]
- CPT 88141 through 88154, 88160 through 88167, 88174 through 88175, G0123, G0124, G0141, G0143 through G0145, G0147, G0148, P3000, P3001, Q0091 [BGP CPT PAP]
- Women's Health procedure called Pap Smear and where the result does *not* have "ERROR/DISREGARD"
- LOINC taxonomy: 10524-7, 18500-9, 19762-4, 19763-2, 19764-0, 19765-7, 19766-5, 19767-3, 19768-1, 19769-9, 19770-7, 19771-5, 19772-3, 19773-1, 19774-9, 33717-0, 39086-4, 47527-7, 47528-5, 49034-2, 49050-8, 104866-9 [BGP PAP LOINC CODES]
- Site-populated taxonomy BGP PAP SMEAR TAX

HPV DNA

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

- Lab HPV
- POV ICD-9: V73.81, 079.4, 795.05, 795.09, 795.15, 795.19, 796.75, 796.79; ICD-10: B97.7, R85.618, R85.81, R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51 [BGP HPV DXS]
- CPT 87620 through 87622 (old codes), 87623 through 87625, G0476, 0429U [BGP HPV CPTS]
- Women's Health procedure called HPV Screen and where the result does *not* have "ERROR/DISREGARD"
- Women's Health procedure called Pap Smear and where the HPV field equals "Yes"
- LOINC taxonomy: 10705-2, 11083-3, 11481-9, 12222-6, 12223-4, 13321-5, 13322-3, 14499-8, 14500-3, 14501-1, 14502-9, 14503-7, 14504-5, 14505-2, 14506-0, 16280-0, 17398-9, 17399-7, 17400-3, 17401-1, 17402-9, 17403-7, 17404-5, 17405-2, 17406-0, 17407-8, 17408-6, 17409-4, 17410-2, 17411-0, 17412-8, 18478-8, 18479-6, 18480-4, 21440-3, 21441-1, 22434-5, 30167-1, 32047-3, 38372-9, 42481-2, 42770-8, 43170-0, 43209-6, 43210-4, 43211-2, 44543-7, 44544-5, 44545-2, 44546-0, 44547-8, 44548-6, 44549-4, 44550-2, 44551-0, 48560-7, 49891-5, 49896-4, 50642-8, 55298-4, 55299-2, 56140-7, 59263-4, 59264-2, 59420-0, 61372-9, 61373-7, 61374-5, 61375-2, 61376-0, 61377-8, 61378-6, 61379-4, 61380-2, 61381-0, 61382-8, 61383-6, 61384-4, 61385-1, 61386-9, 61387-7, 61388-5, 61389-3, 61390-1, 61391-9, 61392-7, 61393-5, 61394-3, 61395-0, 61396-8, 6510-2, 6511-0, 6512-8, 6513-6, 6514-4, 6515-1, 6516-9, 69002-4, 69358-0, 70061-7, 71431-1, 71432-9, 73732-0, 73959-9, 74763-4, 74776-6, 74777-4, 74778-2, 74779-0, 75406-9, 75664-3, 75694-0, 75695-7, 75696-5, 76498-5, 77375-4, 77376-2, 77377-0, 77378-8, 77379-6, 77380-4, 77394-5, 77395-2, 77396-0, 77399-4, 77400-0, 7975-6, 81439-2, 82354-2, 82456-5, 82457-3, 82675-0, 86560-0, 86561-8, 86562-6, 86563-4, 86564-2, 91073-7, 91851-6, 91852-4, 91853-2, 91854-0, 91855-7, 91856-5, 93777-1, 93778-9, 94425-6, 95539-3, 95538-5, 95537-7, 95536-9, 95535-1, 95534-4, 95533-6, 95532-8, 97156-4, 97157-2, 104170-6, 104132-6, 104752-1, 104766-1, 106051-6 [BGP HPV LOINC CODES]
- Site-populated taxonomy BGP HPV TAX

HPV Primary

- Lab HPV Primary
- CPT 87624

- LOINC taxonomy: 59420-0, 71432-9, 77377-0, 77379-6, 77378-8, 95532-8, 97156-4, 104132-6, 104752-1, 104766-1 [BGP HPV PRIMARY LOINC CODES]
- Site-populated taxonomy BGP HPV PRIMARY TAX

2.4.1.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 35.6% for the proportion of female patients ages 24 through 64 years without a documented history of hysterectomy who have had a Pap screen within the previous three years, or if the patient is over 30, had a Pap screen in the past three years or a Pap screen and HPV DNA on the same day within the previous five years.

2.4.1.7 Patient List

List of women 24 through 64 years of age with documented Pap smear, if any.

2.4.2 Cancer Screening: Mammogram Rates

2.4.2.1 Owner and Contact

CAPT Suzanne England, DNP, APRN

2.4.2.2 National Reporting

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

2.4.2.3 Denominators

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

2.4.2.4 Numerators

1. GPRA: Patients with documented mammogram in past two years.

   Note: This numerator does *not* include refusals.

2. Patients with documented mammogram refusal in past year.

2.4.2.5 Definitions

Age

Age of the patient is calculated at the beginning of the Report Period. Patients must be at least 52 years old 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"

Refusal Mammogram

Any of the following in the past year:

- Radiology MAMMOGRAM for CPT 77046 through 77049, 77052 through 77059, 77065 through 77067, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202 [BGP CPT MAMMOGRAM]

2.4.2.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 40.5% for the proportion of female patients ages 52 through 74 years who have had mammography screening within the last two years.

2.4.2.7 Patient List

List of women 52 through 74 years old with mammogram or refusal, if any.

2.4.3 Colorectal Cancer Screening

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

2.4.3.1 Owner and Contact

Epidemiology Program: Don Haverkamp

2.4.3.2 National Reporting

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

2.4.3.3 Denominators

1. Active Clinical patients ages 45 through 75 years without a documented history of colorectal cancer or total colectomy. Broken down by sex.

> **Note:** Since HEDIS calculates age at the end of the Report Period, the patients at the beginning of the Report Period must be at least 45 years of age and 46 years of age at the end of the Report Period.

2. GPRA: User Population patients ages 45 through 75 years without a documented history of colorectal cancer or total colectomy. Broken down by sex.

2.4.3.4 Numerators

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

2.4.3.5 Definitions

Denominator Exclusions

Any diagnosis ever of one of the following:

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

- 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, 50196-5, 56490-6, 56491-4, 57803-9, 57905-2, 58453-2, 80372-6, 104738-0 [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

Screening Refusals in Past Year

- FOBT or FIT

  Refusal of any of the following:

  - Lab Fecal Occult Blood test
  - CPT code 82270, 82274, 89205 (old code), G0328 [BGP FOBT CPTS]
- Flexible Sigmoidoscopy

  Refusal of any of the following:

  - Procedure ICD-9: 45.24; ICD-10: 0DJD8ZZ [BGP SIG PROCS]
  - CPT 45330 through 45347, 45349, 45350, G0104 [BGP SIG CPTS]
- CT Colonography

  Refusal of any of the following:

  - CPT 74261 through 74263 [BGP CT COLONOGRAPHY CPTS]
- Colonoscopy

Refusal of any of the following:

- Procedure ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43; 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

  Refusal of any of the following:

  - Lab FIT-DNA test
  - CPT 81528, G0464

2.4.3.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 24.6% for the proportion of clinically appropriate patients ages 45 through 75 years who have received colorectal screening.

2.4.3.7 Patient List

List of patients 45 through 75 years old with CRC screening or refusal, if any.

2.4.4 Tobacco Use and Exposure Assessment

2.4.4.1 Owner and Contact

Chris Lamer, PharmD

2.4.4.2 National Reporting

NATIONAL (included in National GPRA/GPRAMA Report; *not* reported to OMB and Congress)

2.4.4.3 Denominators

1. Active Clinical patients ages 5 years and older. Broken down by sex and age groups: 5 through 13 years, 14 through 17 years, 18 through 24 years, 25 through 44 years, 45 through 64 years, 65 years and older.
2. Pregnant female User Population patients with no documented miscarriage or abortion.

2.4.4.4 Numerators

1. Patients screened for tobacco use during the Report Period (during the past 20 months for pregnant female patients denominator).
2. Patients identified during the Report Period (during the past 20 months for pregnant female patients denominator) as current tobacco users.
   A. Current smokers
   B. Current smokeless tobacco users
   C. Current E-Cigarette user
3. Patients identified as smokers of substances other than tobacco during the Report Period (during the past 20 months for pregnant female patients denominator).
4. Patients exposed to environmental tobacco smoke (ETS) during the Report Period (during the past 20 months for pregnant female patients denominator).

2.4.4.5 Definitions

Pregnancy

Any of the following:

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

- At least two visits during the past 20 months, where the primary provider is not a CHR (Provider code 53) with any of the following:
  - Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-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 who had their tobacco assessment prior to that.

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]

Tobacco Screening

Time frame for pregnant female patients is the past 20 months

- Any Health Factor for category Tobacco [C004], TOBACCO (SMOKING) [C017], TOBACCO (SMOKELESS-CHEWING/DIP) [C016], E-CIGARETTES [C019], TOBACCO (EXPOSURE) [C015]
- Tobacco-related diagnoses (POV or Problem List entry where the status is not Inactive or Deleted):
  - ICD-10: F17.2*, O99.33*, Z71.6, Z72.0, Z87.891 [BGP TOBACCO DXS]
  - SNOMED data set PXRM BGP TOBACCO SCREENED (Problem List only)
- RPMS Dental/ADA CDT code 1320, D1320
- Patient Education codes containing “TO-,” “-TO,” “-SHS,” 305.1, 305.1* (old codes), 649.00 through 649.04, V15.82, F17.2*, O99.33*, Z71.6, Z72.0, Z87.891, D1320, 99406, 99407, G0030, 1034F, 1035F, 1036F, 1000F, 4000F, 4001F, 4004F, G9016, G9275, G9276, G9458, or SNOMED 408939007 or data set PXRM BGP TOBACCO SCREENED.
- CPT D1320, 99406, 99407, G0030, G9016, G9275, G9276, G9458, 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User), 1000F (Tobacco Use Assessed), 4000F, 4001F, 4004F. [BGP TOBACCO SCREEN CPTS]

Tobacco Users

Time frame for pregnant female patients is the past 20 months

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

Current Smokers

Time frame for pregnant female patients is the past 20 months

- 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-10: F17.200, F17.203 through F17.210, F17.213 through F17.219, F17.290, F17.293 through F17.299, O99.33* [BGP GPRA SMOKING DXS]
  - SNOMED data set PXRM BGP TOBACCO SMOKER (Problem List only)
- CPT 99406, 99407, G9016, 1034F [BGP SMOKER CPTS]

Current Smokeless

Time frame for pregnant female patients is the past 20 months

- Health Factors: Current Smokeless [F003], Current Smoker and Smokeless [F030]
- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
  - ICD-10: F17.220, F17.223 through F17.229 [BGP GPRA SMOKELESS DXS]

  - SNOMED data set PXRM BGP TOBACCO SMOKELESS (Problem List only)
- CPT 1035F [BGP SMOKELESS TOBACCO CPTS]

E-Cigarettes

Time frame for pregnant female patients is the past 20 months

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

Other substance

Time frame for pregnant female patients is the past 20 months

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

ETS

Time frame for pregnant female patients is the past 20 months

- Health Factors: Smoker in Home [F006], Exposure to ETS [F031]

2.4.4.6 Patient List

List of patients 5 and older with documented tobacco screening, if any.

2.4.5 Tobacco Cessation

2.4.5.1 Owner and Contact

Whitney Moseley, BSN, RN, LCDR

2.4.5.2 National Reporting

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

2.4.5.3 Denominators

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

2.4.5.4 Numerators

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

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

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

2.4.5.5 Definitions

Denominator

Current Tobacco Users or Tobacco Users in Cessation:

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

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

Tobacco User Health Factors (TUHFs):

- SMOKER category:
  - Current Smoker, status unknown [F002]
  - Current Smoker, every day [F108]
  - Current Smoker, some day [F109]
  - Heavy Tobacco Smoker [F121]
  - Light Tobacco Smoker [F122]
- SMOKELESS category:
  - Current Smokeless [F003]
- E-Cigarettes category:
  - Current E-cigarette user w/nicotine [F124]

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

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

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

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

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

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

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

Tobacco Cessation Counseling

Any of the following documented anytime during the Report Period:

- Patient education codes containing "TO-," "-TO," "-SHS," 305.1, 305.1* (old codes), 649.00 through 649.04, V15.82, F17.2*, O99.33*, Z71.6, Z72.0, Z87.891, D1320, 99406, 99407, 4000F, G0030, G9016, G9458, or SNOMED data set PXRM BGP TOBACCO SCREENED.
- Clinic code 94 (tobacco cessation clinic)
- RPMS Dental/ADA CDT code 1320, D1320
- CPT D1320, 99406, 99407, G0030, G9016, G9458, 4000F
- POV ICD-10: Z71.6

Prescription for Tobacco Cessation Aid

Any of the following documented anytime during the Report Period:

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

- Prescription for any medication with a name containing "NICOTINE PATCH," "NICOTINE POLACRILEX," "NICOTINE INHALER," or "NICOTINE NASAL SPRAY" that does not have a comment of RETURNED TO STOCK
- CPT 4001F

Quit Tobacco Use

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

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

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

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

Health Factor to SNOMED Mapping

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

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

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

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

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

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

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

2.4.5.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 27.5% for the proportion of tobacco-using patients who receive tobacco cessation intervention or quit tobacco use.

2.4.5.7 Patient List

List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use.

2.5 Behavioral Health Group

2.5.1 Alcohol Screening

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 National GPRA/GPRAMA Report; reported to OMB and Congress)

2.5.1.3 Denominators

1. Active Clinical Plus BH patients ages 9 through 75 years. Broken down by age groups: 9 through 17 and 18 through 75.
2. Active Clinical Plus BH patients ages 9 through 75 years screened for alcohol use during the Report Period, not including refusals or patient education. Broken down by age groups: 9 through 17 and 18 through 75.

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

3. Female Active Clinical patients ages 14 through 46 (child-bearing age).
4. Female Active Clinical patients ages 14 through 46 screened for alcohol use during the Report Period, not including refusals.

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

5. GPRA: User Population patients ages 9 through 75. Broken down by sex and age groups: 9 through 17 and 18 through 75.
6. User Population patients ages 9 through 75 screened for alcohol use during the Report Period, not including refusals or patient education. Broken down by age groups: 9 through 17 and 18 through 75.

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

2.5.1.4 Numerators

1. GPRA: Patients screened for alcohol use or had an alcohol-related diagnosis during the Report Period (with Denominators 1 and 5).

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

2. Patients with alcohol-related patient education during the Report Period (with Denominators 1 and 5).
3. Patients who were screened positive for alcohol use (with Denominators 2, 4, and 6).
4. Patients screened for alcohol use, had an alcohol-related diagnosis, or received alcohol-related patient education during the Report Period (with Denominator 3).

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

   A. Patients with alcohol screening during the Report Period.
   B. Patients with alcohol-related diagnosis during the Report Period.
   C. Patients with alcohol-related patient education during the Report Period.

2.5.1.5 Definitions

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

Alcohol Screening

Any of the following during the Report Period:

- Exam code 35
- 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, H0050, 3016F [BGP ALCOHOL SCREENING CPTS]
- Measurement of AUDT, AUDC, or CRFT

Alcohol-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 through F10.29, F10.920 through F10.982, F10.99, G62.1 [BGP ALCOHOL DXS]
  - 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

Alcohol-Related Patient Education

Any of the following during the Report Period:

- All Patient Education codes containing "AOD-" or "-AOD," "CD-" or "-CD" (old codes), or F10.1*, F10.20, F10.220-F10.29, F10.920-F10.982, F10.99, G62.1 [BGP ALCOHOL DXS], 99408, 99409, G0396, G0397, G0442, G0443, G2011, G2196, G2197, H0049, H0050, 3016F [BGP ALCOHOL SCREENING CPTS], or SNOMED 408947007 or data set PXRM BGP ETOH RELATED DX.

Positive Screen for Alcohol Use

Any of the following for patients with alcohol screening:

- Exam code 35 Alcohol Screening result of "Positive"
- Health factor of CAGE or CAGE-AID result of 1/4, 2/4, 3/4, or 4/4 [F019-F022, F211-F214]

- TAPS-Alcohol Health Factors Alcohol-Problem Use [F176], Alcohol-High Risk [F177], or Alcohol-Early Remission, but at Risk [F179]
- CPT G0396, G0397, G2011, G2197, 99408, 99409 [BGP ALCOHOL POSITIVE SCRN CPTS]
- AUDT result of greater than or equal (≥) to 8, AUDC result of greater than or equal to (≥) 4 for men and greater than or equal to (≥) 3 for women, CRFT result of 2–6

2.5.1.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 36.0% for the proportion of patients ages 9 through 75 years who receive screening for alcohol use.

2.5.1.7 Patient List

List of patients with documented alcohol screening and result if any.

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

2.5.2.1 Owner and Contact

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

2.5.2.2 National Reporting

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

2.5.2.3 Denominators

1. Active Clinical Plus BH patients ages 9 through 75 years. Broken down by sex and age groups: 9 through 17, 18 through 75.
2. Active Clinical Plus BH patients ages 9 through 75 years screened positive for risky or harmful alcohol use during the Report Period. Broken down by sex and age groups: 9 through 17, 18 through 75.
3. User Population patients ages 9 through 75 years. Broken down by age groups: 9 through 17, 18 through 75.
4. GPRA: User Population patients ages 9 through 75 years who screened positive for risky or harmful alcohol use during the Report Period. Broken down by age groups: 9 through 17, 18 through 75.

2.5.2.4 Numerators

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

2.5.2.5 Definitions

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

Ambulatory Care

- Service Category A (Ambulatory)

Telemedicine Visit

- Service Category M (Telemedicine)

Screening for Risky or Harmful Alcohol Use

Any of the following:

- Exam code 35
- Any CAGE [F018-F022] or CAGE-AID [F210-F214] Health Factor
- Any TAPS-Alcohol Health Factor [F175-F179]
- CPT G0396, G0397, G0442, G0443, G2011, G2196, G2197, H0049, H0050, 99408, 99409, 3016F [BGP ALCOHOL SCREENING CPTS]
- Measurement in PCC of AUDT, AUDC, CRFT

Positive Screen for Risky or Harmful Alcohol Use

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

- Exam code 35 Alcohol Screening result of Positive

- Health factor of CAGE or CAGE-AID result of 1/4, 2/4, 3/4, or 4/4 [F019-F022, F211-F214]
- TAPS-Alcohol Health Factors Alcohol-Problem Use [F176], Alcohol-High Risk [F177], or Alcohol-Early Remission, but at Risk [F179]
- 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

BNI/BI

Any of the following documented at the Ambulatory Care or Telemedicine visit or within seven days of the Ambulatory Care or Telemedicine visit, which excludes chart reviews:

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

Referral to Treatment

- Patient education code AOD-TX

2.5.2.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 15.8% for the proportion of patients ages 9 through 75 years who screened positive for risky or harmful alcohol use and who received a Brief Negotiated Interview (BNI) or Brief Intervention (BI) within seven days of screen.

2.5.2.7 Patient List

- List of patients with screening for risky or harmful alcohol use, results of screen, BNI/BI, and referral, if any.

2.5.3 Screening for Substance Use

2.5.3.1 Owner and Contact

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

2.5.3.2 National Reporting

NATIONAL (included in GPRA Developmental Report; not reported to OMB and Congress)

2.5.3.3 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.

2.5.3.4 Numerators

1. GPRA Developmental: Patients screened for substance use or who had a substance-related diagnosis or procedure during the Report Period (with Denominators 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).

2.5.3.5 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])
- B: 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])

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

2.5.3.6 Patient List

- List of patients with documented substance screening and result if any.

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

2.5.4.1 Owner and Contact

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

2.5.4.2 National Reporting

NATIONAL (included in GPRA Developmental Report; not reported to OMB and Congress)

2.5.4.3 Denominators

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

2.5.4.4 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.

2.5.4.5 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* [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), 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, AUDC, 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

2.5.4.6 Patient List

- List of female patients ages 14–46 years or pregnant with documented SUD screening, pregnancy intention, BI, and referral, if any.

2.5.5 Intimate Partner (Domestic) Violence Screening

2.5.5.1 Owner and Contact

IHS Division of Behavioral Health (DBH): Tamara D. James, PhD; Nicole Stahlmann, MN, RN, SANE-A, AFN-BC, FNE-A/P

2.5.5.2 National Reporting

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

2.5.5.3 Denominators

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

2.5.5.4 Numerators

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

Note: This numerator does *not* include refusals.

   A. Patients with documented IPV/DV exam.

   B. Patients with IPV/DV related diagnosis.

   C. Patients provided with IPV/DV patient education or counseling.

2.5.5.5 Definitions

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

IPV/DV Screening

Defined as at least one of the following:

- **IPV/DV Screening**
  - Exam code 34
  - BHS IPV/DV exam
- **IPV/DV Related Diagnosis**
  - POV or Problem List ICD-10: T74.11X*, T74.21X*, T74.31X*, T74.91X*, T76.11X*, T76.21X*, T76.31X*, T76.91X*, Z91.410 [BGP DV DXS]
  - SNOMED data set PXRM BGP IPV DV DX (Problem List only)
  - BHS POV 43.*, 44.*
- **IPV/DV Patient Education**

  - Patient Education codes containing “DV-” or “-DV”, T74.11XA, T74.21XA, T74.31XA, T74.91XA, T76.11XA, T76.21XA, T76.31XA, T76.91XA, Z91.410 [BGP IPV/DV EDUC DXS], or SNOMED 413457006 or data set PXRM BGP IPV DV DX
- **IPV/DV Counseling**
  - POV ICD-10: Z69.11 [BGP IPV/DV COUNSELING ICDS]

2.5.5.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 36.1% for the proportion of female patients ages 14 through 46 years who receive screening for domestic violence.

2.5.5.7 Patient List

List of female patients 14–46 years old with documented IPV/DV screening, if any.

2.5.6 Depression Screening

2.5.6.1 Owner and Contact

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

2.5.6.2 National Reporting

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

2.5.6.3 Denominators

1. Active Clinical patients ages 12 through 17 years. Broken down by sex.
2. Active Clinical patients ages 18 years and older. Broken down by sex.
   A. Active Clinical patients ages 65 and older. Broken down by sex
3. Active Diabetes patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List. Broken down by sex.
4. 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. Broken down by sex.

5. GPRA: User Population patients ages 12 through 17. Broken down by sex.
6. GPRA: User Population patients ages 18 and older. Broken down by sex.

2.5.6.4 Numerators

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

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

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

2. Patients with depression-related education in past year.

> **Note:** Depression-related patient education does not count toward the GPRAMA numerator and is included as a separate numerator only.

2.5.6.5 Definitions

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

Diabetes

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

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

CHD

For 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 ECQM 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

Depression Screening

Any of the following:

- Exam code 36
- POV ICD-10: Z13.3* [BGP DEPRESSION SCRN DXS]
- CPT 1220F, 3725F, G0444 [BGP DEPRESSION SCREEN CPTS]
- BHS Problem code 14.1 (screening for depression)
- Measurement of PHQ9, PHQT, or EPDS.

Mood Disorders

At least two visits during the Report Period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are:

- ICD-10: F01.51, F06.31 through F06.34, F1*.*4, F10.159, F10.180, F10.181, F10.188, F10.259, F10.280, F10.281, F10.288, F10.959, F10.980, F10.981, F10.988, F30.*, F31.0 through F31.71, F31.73 through F31.75, F31.77, F31.81 through F31.9, F32.* through F39, F43.21, F43.23 [BGP MOOD DISORDERS]
- BHS POV 14, 15

Depression-Related Patient Education

Any of the following during the Report Period:

- Patient education codes containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or "PDEP-" (postpartum depression), or containing 290.13, 290.21, 290.43, 296.*, 296.30, 296.31, 296.32, 296.33, 296.34, 296.36, 296.82, 298.0, 300.4, 301.12, 309.0, 309.1, 309.28, 311; ICD-10: F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.*, F34.1, F34.81, F34.89, F43.21, F43.23, F53, O90.6, O99.340, O99.341, O99.342, O99.343, O99.345, or SNOMED data sets PXRM BGP IPC DEPRESSION DX, PXRM BGP IPC BIPOLAR DX, or PXRM BGP IPC DYSTHYMIA

Behavioral Health Clinic

Clinic codes C4, C9, 14, 43, 48

2.5.6.6 GPRA 2025 Target

Ages 12–17 years: During GPRA Year 2025, achieve the target rate of 36.1% for the proportion of patients ages 12 through 17 years who receive annual screening for depression.

Age 18 years and older: During GPRA Year 2025, achieve the target rate of 39.6% for the proportion of adults ages 18 years and older who receive annual screening for depression.

2.5.6.7 Patient List

List of patients with documented depression screening or diagnosed with mood disorder, if any.

2.5.7 Suicide Risk Assessment

2.5.7.1 Owner and Contact

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

2.5.7.2 National Reporting

NATIONAL (included in GPRA Developmental Report; not reported to OMB and Congress)

2.5.7.3 Denominators

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

2.5.7.4 Numerators

1. Patients with documented suicide risk assessment.

2.5.7.5 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

2.5.7.6 Patient List

List of patients seen in the ED or Urgent Care who have a documented suicide risk assessment.

2.5.8 Antidepressant Medication Management

2.5.8.1 Owner and Contact

CAPT Kailee Fretland, PharmD, BCPS, IHS Division of Behavioral Health (DBH)

2.5.8.2 National Reporting

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

2.5.8.3 Denominators

1. As of the 120th day of the Report Period, Active Clinical Plus BH patients ages 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

2. As of the 120th day of the Report Period, User Population patients ages 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

2.5.8.4 Numerators

1. Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions or refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks).

2. Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions or refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (six months).

2.5.8.5 Definitions

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

Major Depression

POV ICD-10: F32.0 through F32.4, F32.8 through F33.3, F33.41, F33.9 [BGP MAJOR DEPRESSION (ADM)]

Index Prescription (Rx) Start Date

The date of the earliest prescription for antidepressant medication filled during the denominator inclusion period.

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

Antidepressant Medications

Medication taxonomy BGP HEDIS ANTIDEPRESSANT MEDS.

- Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinephrine reuptake inhibitors (SNRI), and other antidepressants. Medications must not have a comment of RETURNED TO STOCK.

Denominator Inclusions

To be included in the denominator, patient must meet the following condition:

- Filled a prescription for an antidepressant medication (see the list of medications above) within the 121st day of the year prior to the Report Period to the 120th day of the Report Period. For example, if Report Period is October 1, 2024 through September 30, 2025, the patient must have filled a prescription during January 31, 2024 through January 29, 2025. In V Medication, Date Discontinued must not be equal to the prescription, (i.e., visit date).

Denominator Exclusions

Patients with any of the following will be excluded from the denominator:

- Patients who did not have a diagnosis of major depression in an inpatient, outpatient, ED, intensive outpatient, or partial hospitalization setting (defined as Service Categories A and H) during the 60 days prior to the IPSD (inclusive) through 60 days after the IPSD (inclusive).
- Patients who had a new or refill prescription for antidepressant medication (see the list of medications that follows) within 105 days prior to the Index Rx Start Date are excluded as they do not represent new treatment episodes.

Effective Acute Phase Treatment Numerator

For all antidepressant medication prescriptions filled (see the list of medications that follows) within 114 days of the Index Rx Date, from V Medication CRS counts the days prescribed (i.e., treatment days) from the Index Rx Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 31 days or if the patient does not have 84 treatment days within the 114-day time frame, the patient is not included in 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:
$November\ 19, 2025 - November\ 15, 2025 = 4$

Example of Patient Included in Numerator:

- First prescription:
  - Index Rx Date: November 1, 2024
  - Number of Days Prescribed: 30
    $November\ 1, 2024 + 30\ days = December\ 1, 2024$

  Prescription covers the patient through December 1, 2024

- Second prescription:
  - Rx Date: December 15, 2024
  - Number of Days Prescribed: 30:
  - Gap #1 equals 14 days:
    $December\ 15,\ 2024 - December\ 1,\ 2024 = 14\ days$

  Prescription covers the patient through January 14, 2025.

- Third prescription:
  - Rx Date: January 10, 2025
  - Number of Days Prescribed: 30
  - No gap days
    $November\ 1, 2024\ + 114\ days = February\ 23, 2025$

  Prescription covers the patient through February 13, 2025.

- Patient's 84th treatment day occurs on February 7, 2025:

  $February\ 7, 2025 \leq February\ 23, 2025$

  $Number\ of\ gap\ days = 14, which\ is\ < 31$

  Patient is included in the Numerator.

Example of Patient Not Included in Numerator:

- First prescription:
  - Index Rx Date: November 1, 2024
  - Number of Days Prescribed: 30
    $November\ 1, 2024\ + 30\ days = December\ 1, 2024$

  Prescription covers the patient through December 1, 2024.

- Second prescription:
  - Rx Date: December 15, 2024
  - Number of Days Prescribed: 30:
  - Gap #1 equals 14 days:
    $December\ 15,\ 2024 - December\ 1,\ 2024 = 14\ days$

  Prescription covers the patient through January 14, 2025.

- Third prescription:
  - Rx Date: February 1, 2025
  - Number of Days Prescribed: 30
  - Gap #2 equals 18 days:
    $February\ 1, 2025 - January\ 14, 2025 = 18$
  - Total number of gap days = 32:
    $14 + 18 = 32$

  Patient is not included in the numerator.

Effective Continuation Phase Treatment Numerator

For all antidepressant medication prescriptions (see the previous list of medications) filled within 231 days of the Index Rx Date, CRS counts the days prescribed (i.e., treatment days) (from V Medication) from the Index Rx Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231-day time frame, the patient is not included in 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:
> $November\ 19, 2025 - November\ 15, 2025 = 4$

2.5.8.6 Patient List

List of patients with new depression diagnosis and acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

2.6 Cardiovascular Disease Related Group

2.6.1 Obesity Assessment

2.6.1.1 Owner and Contact

Nutrition Program, Stacy Hammer, MPH, RDN, LD

2.6.1.2 Denominators

1. Active Clinical patients ages 2 through 74 years. Broken down by sex and age groups: 2 through 5 years, 6 through 11 years, 12 through 19 years, 20 through 24 years, 25 through 34 years, 35 through 44 years, 45 through 54 years, 55 through 74 years.

2. User Population patients ages 2 through 74 years. Broken down by sex and age groups: 2 through 5 years, 6 through 11 years, 12 through 19 years, 20 through 24 years, 25 through 34 years, 35 through 44 years, 45 through 54 years, 55 through 74 years.

2.6.1.3 Numerators

1. Patients for whom BMI can be calculated.

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

   A. For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables.

B. For those with a BMI calculated, patients considered obese using BMI and standard tables.

C. Total of overweight and obese.

2. Patients with documented refusal in past year.

2.6.1.4 Definitions

BMI

CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For ages 19 through 50 years, height and weight must be recorded within last 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. Overweight but not obese is defined as BMI of 25 through 29 for adults ages 19 years and older. Obese is defined as BMI of 30 or more for adults 19 years of age and older. For ages 2 through 18 years, definitions are based on standard tables.

Patients whose BMI either is greater or less than the Data Check Limit range shown in the BMI Standard Reference Data Table in PCC will not be included in the report counts for Overweight or Obese.

Refusals

Include REF (refused), NMI, and UAS (unable to screen) and must be documented during the past year. For ages 18 years and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 years and older, the height and weight must be refused during the past year and are not required to be on the same visit.

2.6.1.5 Patient List

List of patients with current BMI, if any.

2.6.2 Childhood Weight Control

2.6.2.1 Owner and Contact

Dr. Thomas Faber

2.6.2.2 National Reporting

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

2.6.2.3 Denominators

1. Active Clinical Patients ages 2 to 5 years for whom a BMI could be calculated. Broken down by sex and age groups: 2, 3, 4, and 5.
2. GPRA: User Population Patients ages 2 to 5 years for whom a BMI could be calculated.

2.6.2.4 Numerators

1. Patients with BMI in the 85th to 94th percentile
2. GPRA: Patients with a BMI at or above the 95th percentile.
3. Patients with a BMI at or above the 85th percentile.

2.6.2.5 Definitions

Age

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

BMI

CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure reported differently than in Obesity Assessment since this age group is children ages 2 to 5, whose BMI values are age-dependent. The BMI values are categorized as Overweight for patients with a BMI in the 85th to 94th percentile and Obese for patients with a BMI at or above the 95th percentile.

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

Table 2-4: Data Check Limit

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

2.6.2.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 22.0% for the proportion of children with a BMI of 95% or higher.

2.6.2.7 Patient List

List of patients ages 2 through 5 years, with current BMI.

2.6.3 Weight Assessment and Counseling for Nutrition and Physical Activity

2.6.3.1 Owner and Contact

Nutrition Program, Stacy Hammer, MPH, RDN, LD

2.6.3.2 National Reporting

NATIONAL (included in GPRA Developmental Report; not reported to OMB and Congress)

2.6.3.3 Denominators

1. Active Clinical patients ages 3 and older with no current diagnosis of pregnancy. Broken down by sex and age groups: 3 through 11, 12 through 17, 18 and older.

2.6.3.4 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.

2.6.3.5 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 18 and under, a height and weight must be taken on the same day any time during the Report Period. For ages 19 through 50 years, height and weight must be recorded within last 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 through Z68.54 [BGP BMI DXS]

Counseling for Nutrition

- CPT 97802 through 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

2.6.3.6 Patient List

List of patients ages 3 and older with assessments, if any.

2.6.4 Nutrition and Exercise Education for At Risk Patients

2.6.4.1 Owner and Contact

Patient Education Program: Chris Lamer, PharmD

Nutrition Program: Stacy Hammer, MPH, RDN, LD

2.6.4.2 National Reporting

Not reported nationally

2.6.4.3 Denominators

1. Active Clinical patients ages 6 years and older considered overweight (including obese). Broken down by sex.
    A. Active Clinical patients ages 6 years and older considered obese. Broken down by age and sex and age groups.
2. Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever *or* DM entry on the Problem List.

2.6.4.4 Numerators

1. Patients provided with medical nutrition therapy during the Report Period.

2. Patients provided with nutrition education during the Report Period.
3. Patients provided with exercise education during the Report Period.
4. Patients provided with other related exercise and nutrition (lifestyle) education.

2.6.4.5 Definitions

Diabetes

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

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

Overweight Categories

Defined as including both obese and overweight categories calculated by BMI.

- **Overweight**
  - Ages 19 years and older, BMI greater than or equal to (≥) 25.
- **Obese**
  - Ages 19 years and older, BMI greater than or equal to (≥) 30.
- For ages 18 years and under, definition based on standard tables. CRS calculates BMI at the time the report is run, using NHANES II. For ages 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 ages 50 years, height and weight within last two years, not required to be recorded on same day.

Medical Nutrition Therapy

- CPT 97802 through 97804, G0270, G0271 [BGP CPT NUTRITION COUNSELING]
- Primary or secondary provider codes 07, 29
- Clinic codes 67, 36

Nutrition Education

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

Exercise Education

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

Related Exercise and Nutrition Education

- Patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00, 278.01, S9449, S9451, S9452, S9470, or SNOMED data set PXRM BGP PT ED EXERCISE NUTR
- CPT S9449, S9451, S9452, S9470 [BGP OTHER REL EDUC CPTS]

2.6.4.6 Patient List

List of at risk patients, with education if any.

2.6.5 Physical Activity Assessment

2.6.5.1 Owner and Contact

Patient Education Program: Chris Lamer, PharmD

Nutrition Program: Alberta Becenti

2.6.5.2 National Reporting

NATIONAL (included in GPRA Developmental Report; not reported to OMB and Congress)

2.6.5.3 Denominators

1. Active Clinical patients ages 5 years and older. Broken down by sex and age groups: 5 through 11, 12 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 74, 75 and older.

2. Numerator 1 (Active Clinical Patients assessed for physical activity during the Report Period). Broken down by sex and age groups: 5 through 11, 12 through 19, 20 through 24, 25 through 34, 35 through 44, 45 through 54, 55 through 74, 75 and older.

3. User Population patients ages 5 years and older. Broken down by sex.

4. Numerator 1 (User Population Patients assessed for physical activity during the Report Period). Broken down by sex.

2.6.5.4 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).

2.6.5.5 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."

2.6.5.6 Patient List

List of patients with physical activity assessment and any exercise education or goals.

2.6.6 Cardiovascular Disease and Blood Pressure Control

2.6.6.1 Owner and Contact

Dr. Dena Wilson; Chris Lamer, PharmD

2.6.6.2 National Reporting

NATIONAL (included in GPRA Developmental Report; *not* reported to OMB and Congress)

2.6.6.3 Denominators

1. Active Clinical patients ages 18 and older. Broken down by sex.

2. Active 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. Broken down by sex.

3. User Population patients ages 18 years and older. Broken down by sex.

2.6.6.4 Numerators

1. Patients with BP value documented during the Report Period.

2.6.6.5 Definitions

CHD

For 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 ECQM 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 the 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 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.

2.6.6.6 Patient List

List of Patients 18 years of age and older, or who have CHD with BP value, if any.

2.6.7 Controlling High Blood Pressure – Million Hearts

2.6.7.1 Owner and Contact

Dr. Dena Wilson; Chris Lamer, PharmD

2.6.7.2 National Reporting

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

2.6.7.3 Denominators

1. GPRA: Million Hearts (NQF 0018): User Population patients ages 18 through 85 years diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy. Broken down by age groups 18 through 59 and 60 through 85.

2.6.7.4 Numerators

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

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

2.6.7.5 Definitions

Age

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

Hypertension

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

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

ESRD

Any of the following ever:

- CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918 through 90925 (old codes), 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90951 through 90970, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, 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]

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]

BP Values

Exclusions: When calculating all BPs, the following visits will be excluded:

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

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

2.6.7.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 48.2% for the proportion of patients with blood pressure less than (<) 140/90.

2.6.7.7 Patient List

List of patients with hypertension and BP value, if any.

2.6.8 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

2.6.8.1 Owner and Contact

Dr. Dena Wilson; Chris Lamer, PharmD

2.6.8.2 National Reporting

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

2.6.8.3 Denominators

1. GPRA: User Population patients ages 40 through 75 years with diabetes or a 10-year ASCVD risk score of greater than or equal to (≥) 20% or patients any age with documented ASCVD or patients age 20 through 75 with an LDL greater than or equal to (≥) 190 or an active diagnosis of familial hypercholesterolemia.

2. User Population patients ages 39 and under with documented ASCVD or ages 20 through 39 with an LDL greater than or equal to (≥) 190 or an active diagnosis of familial hypercholesterolemia.

3. User Population patients ages 40 through 75 with a 10-year ASCVD risk score of greater than or equal to (≥) 20% or documented ASCVD or an LDL greater than or equal to (≥) 190 or an active diagnosis of familial hypercholesterolemia.

4. User Population patients age 76 and older with documented ASCVD.

5. User Population patients ages 40 through 75 with diabetes with LDL less than (<) 190, no ASCVD or active diagnosis of familial hypercholesterolemia, and no 10-year ASCVD risk score of greater than or equal to (≥) 20%.

6. User Population patients ages 40 through 75 with diabetes or a 10-year ASCVD risk score of greater than or equal to (≥) 20% or patients any age with documented ASCVD or patients age 20 through 75 with an LDL greater than or equal to (≥) 190 or an active diagnosis of familial hypercholesterolemia, including denominator exclusions and exceptions.

2.6.8.4 Numerators

1. GPRA: Patients who are statin therapy users during the Report Period or who receive an order (prescription) to receive statin therapy at any point during the Report Period.

2. Patients with any of the listed denominator exclusions or exceptions (with Denominator 6).

   A. Patients with statin-associated muscle symptoms or an allergy to statin medication.

2.6.8.5 Definitions

Diabetes

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

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

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

LDL

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

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

Familial hypercholesterolemia

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

- POV ICD-10: E78.01 [BGP ECQM HYPERCHOL DXS]
- SNOMED data set PXRM BGP ECQM HYPERCHOL

10-year ASCVD risk score

Any of the following during the report period:

- Measurement ACC (10 YEAR ASCVD RISK).

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 are:** 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 greater than or equal to (≥) (Report Period Begin Date – Prescription Date)

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

2.6.8.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 36.9% for the proportion of at-risk patients who receive statin therapy.

2.6.8.7 Patient List

List of patients 40–75 years old with diabetes or 21 and older with CVD or LDL greater than or equal to (≥) 190 or familial hypercholesterolemia with statin therapy or exclusion, if any.

2.6.9 Appropriate Medication Therapy after a Heart Attack

2.6.9.1 Owner and Contact

Dr. Dena Wilson; Chris Lamer, PharmD

2.6.9.2 National Reporting

NATIONAL (included in GPRA Developmental Report; *not* reported to OMB and Congress)

2.6.9.3 Denominators

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

2.6.9.4 Numerators

1. Patients with active prescription for or who have a contraindication or previous adverse reaction to beta blockers.

   Note: This numerator does *not* include refusals.

   A. Patients with active prescription for beta blockers.

   B. Patients with contraindication or previous adverse reaction to beta-blocker therapy.

2. Patients with active prescription for or who have a contraindication or previous adverse reaction to ASA (aspirin) or other anti-platelet agent.

   Note: This numerator does *not* include refusals.

   A. Patients with active prescription for ASA (aspirin) or other anti-platelet agent.

   B. Patients with contraindication or previous adverse reaction to ASA (aspirin) or other anti-platelet agent.

3. Patients with active prescription for or who have a contraindication or previous adverse reaction to Angiotensin Converting Enzyme Inhibitors/Angiotensin Receptor Blocker (ACEIs/ARBs.)

   Note: This numerator does *not* include refusals.

A. Patients with active prescription for ACEIs/ARBs

B. Patients with contraindication or previous adverse reaction to ACEIs/ARBs

4. Patients with active prescription for or who have a contraindication or previous adverse reaction to statins.

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

A. Patients with active prescription for statins

B. Patients with 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/ARB, and statin) or who have a contraindication or previous adverse reaction.

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

2.6.9.5 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 (Against Medical Advice [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), or T (Status Post).
- Patients with a Provider Narrative beginning with "Consider," "Doubtful," "Maybe," "Possible," "Perhaps," "Rule Out," "R/O," "Probable," "Resolved," "Suspect," "Suspicious," or "Status Post."

To Be Included in the Numerators,

A patient must meet one of the following two conditions:

- 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. "Active" prescription defined as:

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

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

Contraindication 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, ADR, or allergy will be counted in sub-numerator B.

> **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:
> $November\ 19, 2025 - November\ 15, 2025 = 4$

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 (Patient Allergies File)
  - 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 (Aspirin) or Other Anti-Platelet Numerator Logic

- **ASA medication codes**
  - Defined with medication taxonomy DM AUDIT ASPIRIN DRUGS
- **Other antiplatelet 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-platelet**

  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 (Patient Allergies File)
  - 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:** Angiotensin Converting Enzyme Inhibitors (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 (Patient Allergies File)
  - 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 (Patient Allergies File)
  - 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" 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

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/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]

2.6.9.6 Patient List

List of patients with AMI, with appropriate medication therapy, if any.

2.6.10 Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation

2.6.10.1 Owner and Contact

Dr. Dena Wilson

2.6.10.2 Denominators

1. User Population patients ages 18 years and older who have a documented diagnosis of ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation any time prior to the end of the Report Period.

2.6.10.3 Numerators

1. Patients who received a prescription for anticoagulant during the Report Period.

2.6.10.4 Definitions

Ischemic Stroke or TIA with Atrial Fibrillation

POV of any of the following: (ICD-9: 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, 435.0, 435.1, 435.2, 435.3, 435.8, 435.9, 436, 437.1, 438.*, V12.54; ICD-10: G45.0 through G45.2, G45.8, G45.9, G46.0 through G46.8, I63.*, I69.*, Z86.73 [BGP TIA DXS]) and POV ICD-9: 427.31; ICD-10: I48.0 through I48.2*, I48.91 (atrial fibrillation) [BGP ATRIAL FIBRILLATION DXS].

Anticoagulant Therapy

Patient must receive a prescription for Warfarin, aspirin, or other anti-platelet during the Report Period to be counted as receiving anticoagulant therapy.

For all prescriptions, medications must not have a comment of RETURNED TO STOCK.

Warfarin Medication

Any medication in site-populated BGP PQA WARFARIN MEDS taxonomy.

Aspirin Medication

Any medication in site-populated DM AUDIT ASPIRIN DRUGS taxonomy.

Other Anti-Platelet or Anticoagulant Medication

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

2.6.10.5 Patient List

List of patients with stroke or TIA and atrial fibrillation with anticoagulant therapy, if any.

2.6.11 Heart Failure and Evaluation of LVS Function

2.6.11.1 Owner and Contact

Dr. Dena Wilson; Chris Lamer, PharmD

2.6.11.2 National Reporting

OTHER NATIONAL (included in new Other National Measures Report; *not* reported to OMB and Congress)

2.6.11.3 Denominators

1. Active Clinical ages 18 years and older discharged with heart failure during the Report Period.

2.6.11.4 Numerators

1. Patients whose left ventricular systolic (LVS) function was evaluated before arrival, during hospitalization, or is planned for after discharge.

2.6.11.5 Definitions

Age

Age of the patient is calculated as of the hospital admission date

Heart Failure

- POV primary diagnosis code of ICD-10: I11.0, I13.0, I13.2, I50.* *and* with Service Category H (hospitalization) [BGP HEART FAILURE DXS].

> **Note:** If a patient has multiple admissions matching these criteria during the Report Period, the earliest admission will be used.

Denominator Exclusions

Defined as any of the following:

- Patients receiving comfort measures only (i.e., patients who received palliative care and usual interventions were not received because a medical decision was made to limit care).
- Patients with a Discharge Type of Transferred or Irregular or containing "Death."
- Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospitalization.

Comfort Measures

- POV ICD-9: ICD-10: Z51.5 documented during hospital stay [BGP PALLIATIVE CARE DXS]
- CPT G9054

LVAD or Heart Transplant

Any of the following during hospital stay:

- Procedure ICD-10: 02HA**Z, 02PA*RZ, 02RK0JZ, 02RL0JZ, 02UA4JZ, 02WA0JZ, 02WA0QZ, 02WA0RZ, 02WA3QZ, 02WA3RZ, 02WA4QZ, 02WA4RZ, 02YA0Z*, 5A02*10, 5A02*16, 5A02*1D [BGP CRS LVAD/HEART TRANS PROC]

Evaluation of LVS Function

Any of the following:

- An ejection fraction ordered or documented anytime one year prior to discharge date, defined as any of the following:
  - Measurement "CEF"
  - Procedure ICD-10: B205*ZZ, B206*ZZ, B215*ZZ, B216*ZZ [BGP CMS EJECTION FRACTION PROC]
  - CPT 78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314 through 93318, 93350, 93543, 93555 [BGP CMS EJECTION FRACTION CPTS]
- RCIS (Referred Care Information System) order for Cardiovascular Disorders referral that is ordered during the hospital stay but no later than the hospital discharge date. (RCIS referral defined as:

  - ICD Diagnostic Category Cardiovascular Disorders combined with any of the following CPT Categories: Evaluation or Management, Non-surgical Procedures, or Diagnostic Imaging.)
- Any of the following documented anytime one year prior to discharge date:
  - Echocardiogram: Procedure ICD-10: B245YZZ, B245ZZ4, B245ZZZ, B246YZZ, B246ZZ4, B246ZZZ, B24BYZZ, B24BZZ4, B24BZZZ [BGP CMS ECHOCARDIOGRAM PROCS]
  - Cardiac Catheterization with a Left Ventriculogram: Procedure ICD-10: 4A02*N7, 4A02*N8, B205*ZZ, B206*ZZ, B215*ZZ, B216*ZZ [BGP CMS CARDIAC CATH/LV PROCS]

2.6.11.6 Patient List

List of Active Clinical heart failure patients 18 and older who received evaluation of LVS function, if any.

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 National GPRA/GPRAMA Report; reported to OMB and Congress)

2.7.1.3 Denominators

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

2.7.1.4 Numerators

1. Patients who were screened for HIV during the past 20 months (with Denominator 1).

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

Note:	This numerator does *not* include refusals.

3. GPRA: 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* include refusals. No denominator and is a total count only, not a percentage.

5. Patients with HIV diagnosis ever.

6. Patients with first HIV diagnosis during the Report Period.

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)

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]

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, 105080-6, 106762-8 [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

> **Note:** The time frame for screening for the pregnant patients' denominator is anytime during the past 20 months and for User Population patients 13 through 64 years of age is anytime during the Report Period.

2.7.1.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 42.5% for the proportion of patients who have ever been screened for HIV.

2.7.1.7 Patient List

List of pregnant patients or User Population patients with documented HIV test, if any.

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 GPRA Developmental Report; *not* reported to OMB and Congress)

2.7.2.3 Denominators

1. User Population patients 13 and older with at least two direct care visits, (i.e., not contract or PRC) during the Report Period with HIV diagnosis *and* one HIV visit in 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, 80223-1, 80699-2, 80700-8, 80702-4, 80708-1, 80704-0, 80709-9, 80711-5, 8123-2, 8127-3, 8128-1, 8129-9, 89315-6, 89316-4, 89317-2, 89318-0, 89319-8, 89320-6, 89326-3, 89328-9, 89329-7, 89331-3, 89333-9, 89338-8, 89340-4, 89431-1, 89360-2, 89362-8, 89337-0, 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 List

List of patients 13 and older diagnosed with HIV, with CD4 test, viral load or antiretroviral Rx, if any.

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 GPRA Developmental 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 twelve weeks or greater after a positive confirmation test (cured) (with Denominator 3).
6. Patients who had a negative confirmation test twelve 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 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 MEDSMedications are: glecaprevir and pibrentasvir

2.7.3.6 Patient List

List of patients with documented Hepatitis C screening or confirmatory test ever, if any.

2.7.4 Chlamydia Testing

2.7.4.1 Owner and Contact

Richard Haverkate, MPH

2.7.4.2 National Reporting

NATIONAL (included in GPRA Developmental Report; *not* reported to OMB and Congress)

2.7.4.3 Denominators

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

- 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 70010-76499

Chlamydia Test

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

List of patients with documented Chlamydia screening or refusal, if any.

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 GPRA Developmental 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 and age groups: 13 through 19, 20 through 24, 25 through 29, 30 through 34, 35 through 39, 40 through 44, 45 through 49, 50 through 54, 55 and older.

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, 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 List

List of patients with documented Syphilis screening, if any.

2.7.6 Sexually Transmitted Infection (STI) Screening

2.7.6.1 Owner and Contact

Richard Haverkate, MPH

2.7.6.2 National Reporting

NATIONAL (included in GPRA Developmental Report; *not* reported to OMB and Congress)

2.7.6.3 Denominators

1. 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. Count only (no percentage comparison to denominator). The total count of Active Clinical patients who were diagnosed with one or more key STIs during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by sex.

2. Count only (no percentage comparison to denominator). The total count of separate key STI incidents for Active Clinical patients during the defined period.

3. For use with denominator #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.

4. For use with denominator #1: 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 previously 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 the previous definition) occurring between 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. A second incident of the same STI (other than HIV) is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident.

Table 2-5: Logic for identifying separate incidents of key STIs

Date	Visit	Total Incidents
August 1, 2024	Patient screened for Chlamydia	0
August 8, 2024	Patient diagnosed with Chlamydia	1
October 15, 2024	Patient diagnosed with Chlamydia	2
October 25, 2024	Follow-up for Chlamydia	2
November 15, 2024	Patient diagnosed with Chlamydia	2
March 1, 2025	Patient diagnosed with Chlamydia	3

Denominator Logic for Needed Screenings (Denominator #1)

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, 105080-6, 106762-8 [BGP HIV TEST LOINC CODES]

- **HIV Screening Refusal**

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

2.7.6.6 Patient List

List of patients diagnosed with one or more STIs during the defined time period with related screenings or refusal.

2.8 Other Clinical Measures Group

2.8.1 Asthma

2.8.1.1 Owner and Contact

Chris Lamer, PharmD

2.8.1.2 National Reporting

Not reported nationally

2.8.1.3 Denominators

1. Active Clinical patients. Broken down by age groups: younger than 15 years, 15 through 34 years, 35 through 64 years, 65 years and older.
2. Numerator 1 (Patients who have had two asthma-related visits during the Report Period or with persistent asthma). Broken down by age groups: younger than 15 years, 15 through 34 years, 35 through 64 years, 65 years and older.

2.8.1.4 Numerators

1. Patients who have had two asthma-related visits during the Report Period or with persistent asthma (with Denominator 1).
    A. Patients from Numerator 1 who have been hospitalized at any hospital for asthma during the Report Period (with Denominator 2).
    B. Patients from Numerator 1 who have visited the ER or Urgent Care for asthma during the Report Period (with Denominator 2).
    C. Patients from Numerator 1 who have a Severity of 1 or diagnosis of intermittent asthma (with Denominator 2).
    D. Patients from Numerator 1 who have a Severity of 2 or diagnosis of mild persistent asthma (with Denominator 2).
    E. Patients from Numerator 1 who have a Severity of 3 or diagnosis of moderate persistent asthma (with Denominator 2).

F. Patients from Numerator 1 who have a Severity of 4 or diagnosis of severe persistent asthma (with Denominator 2).

G. Patients from Numerator 1 who have no documented Severity (with Denominator 2).

2.8.1.5 Definitions

Asthma Visits

Asthma visits are defined as diagnosis (POV) ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS].Persistent Asthma

Any of the following:

- Problem List entry where the status is not Inactive or Deleted for ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS] with Severity of 2, 3, or 4 at *any* time before the end of the Report Period
- Problem List entry where the status is not Inactive or Deleted for ICD-10: J45.30-J45.32, J45.40-J45.42, J45.50-J45.52; SNOMED data set PXRM ASTHMA PERSISTENT at *any* time before the end of the Report Period or
- Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented *any* time before the end of the Report Period.

Severity

Severity is defined as a Severity of 1, 2, 3, or 4 in an active entry in the PCC Problem List for ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS] or in V Asthma.

Intermittent Asthma

Intermittent Asthma defined as POV or Problem List entry where the status is not Inactive or Deleted for ICD-10: J45.20, J45.21, J45.22; SNOMED 427679007.

Mild Persistent Asthma

Mild Persistent Asthma defined as POV or Problem List entry where the status is not Inactive or Deleted for ICD-10: J45.30, J45.31, J45.32; SNOMED 426979002.

Moderate Persistent Asthma

Moderate Persistent Asthma defined as POV or Problem List entry where the status is not Inactive or Deleted for ICD-10: J45.40, J45.41, J45.42; SNOMED 427295004.

Severe Persistent Asthma

Severe Persistent Asthma defined as POV or Problem List entry where the status is not Inactive or Deleted for ICD-10: J45.50, J45.51, J45.52; SNOMED 426656000.

Hospitalizations

Hospitalizations are defined as service category H with primary POV ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS].

ER and Urgent Care

ER and Urgent Care visits are defined as Clinic codes 30 or 80 with primary POV ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS].

2.8.1.6 Patient List

List of patients diagnosed with asthma and any asthma-related hospitalizations, ER, or Urgent Care visits.

2.8.2 Asthma Assessments

2.8.2.1 Owner and Contact

Chris Lamer, PharmD

2.8.2.2 National Reporting

Not reported nationally

2.8.2.3 Denominators

1. Active Clinical patients ages 5 years and older with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups: 5 through 14 years, 15 through 34 years, 35 through 64 years, and 65 years and older.

2.8.2.4 Numerators

1. Patients with asthma management plan during the Report Period.
2. Patients with severity documented at any time before the end of the Report Period.
3. Patients with control documented during the Report Period.

4. Patients who were assessed for number of symptom free days during the Report Period.
5. Patients with number of symptom free days score of 0 through 5.
6. Patients with number of symptom free days score of 6 through 12.
7. Patients with number of symptom free days score of 13 through 14.
8. Patients who were assessed for number of school or work days missed during the Report Period.
9. Patients with number of school or work days missed score of 0 through 2.
10. Patients with number of school or work days missed score of 3 through 7.
11. Patients with number of school or work days missed score of 8 through 14.

2.8.2.5 Definitions

Denominator Exclusions

Patients diagnosed with emphysema or COPD at any time on or before the end of the Report Period are excluded from the denominator.

Emphysema

Any visit at any time on or before the end of the Report Period with 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)

COPD

Any visit at any time on or before the end of the Report Period with POV or Problem List entry where the status is not Deleted:

- 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]
- SNOMED data set PXRM BGP COPD (Problem List only)

Persistent Asthma

Meeting any of the following four criteria that follow within the year prior to the beginning of the Report Period and during the Report Period:

- At least one visit to Clinic code 30 (Emergency Medicine) with primary diagnosis ICD-9: 493.*; ICD-10: J45.* (asthma) [BGP ASTHMA DXS]

- At least one acute inpatient discharge with primary diagnosis ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS]. Acute inpatient discharge defined as Service Category of H
- At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS] and at least two asthma medication dispensing events (see the definition that follows)
- At least four asthma medication dispensing events (see the definition that follows). If the sole medication was leukotriene modifiers, then must also have at least one visit with POV ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS] in the same year as the leukotriene modifier (i.e., during the Report Period or within the year prior to the beginning of the Report Period.), or

Meeting any of the following criteria:

- Problem List entry where the status is not Inactive or Deleted for ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS] with Severity of 2, 3, or 4 at any time before the end of the Report Period
- Problem List entry where the status is not Inactive or Deleted for ICD-10: J45.30-J45.32, J45.40-J45.42, J45.50-J45.52; SNOMED data set PXRM ASTHMA PERSISTENT at *any* time before the end of the Report Period, or
- Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the Report Period.

Dispensing Event

One prescription of an amount lasting 30 days or less. For prescriptions longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day prescription is equal to three dispensing events:

$$100 \div 30 = 3.33, rounded\ down\ to\ 3$$

Also, two different prescriptions dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

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:
$November\ 19, 2025 - November\ 15, 2025 = 4$

- Asthma medication codes for denominator defined with medication taxonomies:
  - BGP HEDIS ASTHMA MEDS
  - BGP HEDIS ASTHMA LEUK MEDS
  - BGP HEDIS ASTHMA INHALED MEDS
  - Medications are: Antiasthmatic Combinations (dyphylline-guaifenesin, guaifenesin-theophylline), Antibody Inhibitor (omalizumab), Inhaled Steroid Combinations (budesonide-formoterol, fluticasone-salmeterol, formoterol-mometasone, fluticasone-vilanterol), Inhaled Corticosteroids (belclomethasone, budesonide, ciclesonide, flunisolide, fluticasone CFC Free, mometasone), Lekotriene Modifiers (montelukast, zafirlukast, zileuton), Methylxanthines (dyphylline, theophylline), Short-Acting, Inhaled Beta-2 Agonists (albuterol, levalbuterol, pirbuterol), Anti-interleukin-5 (mepolizumab, reslizumab). Medications must not have a comment of RETURNED TO STOCK.

Asthma Management Plan

Defined as Patient Education code ASM-SMP or containing SNOMED code 698605001.

Severity

Severity documented defined as meeting any of the following criteria:

- Problem List entry where the status is not Inactive or Deleted for ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS] with Severity of 2, 3, or 4 at any time before the end of the Report Period or
- Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the Report Period.
- Diagnosis of Mild Persistent Asthma: ICD-10: J45.30, J45.31, J45.32; SNOMED 426979002, Moderate Persistent Asthma: ICD-10: J45.40, J45.41, J45.42; SNOMED 427295004, or Severe Persistent Asthma: ICD-10: J45.50, J45.51, J45.52; SNOMED 426656000 *any* time before the end of the Report Period.

Control

Control documented defined as ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS] with Asthma Control recorded in the V POV file.

Symptom Free Days

Number of symptom-free days defined as the most recent V Measurement documented during the Report Period.

School or Work Days Missed

Number of school or work days missed defined as the most recent V Measurement documented during the Report Period.

2.8.2.6 Patient List

List of asthmatic patients with assessments, if any.

2.8.3 Proportion of Days Covered by Medication Therapy

2.8.3.1 Owner and Contact

Chris Lamer, PharmD

2.8.3.2 National Reporting

NATIONAL (included in GPRA Developmental Report; not reported to OMB and Congress)

2.8.3.3 Denominators

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

3. User Population patients ages 18 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 ages 18 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 ages 18 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 ages 18 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 ages 18 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 ages 18 and older who had two or more prescriptions for Diabetes All Class medications and no documented history of ESRD or hospice indicator during the Report Period.

9. User Population patients ages 18 and older who had two or more prescriptions for statins and no hospice indicator during the Report Period.

10. User Population patients ages 18 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 ages 18 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 ages 18 and older who had two or more prescriptions for non-infused disease modifying agents treating multiple sclerosis (MS) totaling 56 days' supply or more and no prescriptions for infused medications treating MS during the Report Period.

2.8.3.4 Numerators

1. Patients with proportion of days covered (PDC) greater than or equal to 80% during the Report Period.

2. Patients with a gap in medication therapy greater than or equal to 30 days.

3. Patients with PDC greater than or equal to 90% during the Report Period (with Denominator 11).

2.8.3.5 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:

> **Note:** HCL designation is Hydrogen Chloride. HCZL is Hydrochlorothiazide.

- 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

Proportion of days covered 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:
$November\ 19, 2025 - November\ 15, 2025 = 4$

Example of Proportion of Days Covered

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, 2025
- Third 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 Greater Than or Equal to 30 Days:

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.

2.8.3.6 Patient List

List of patients 18 and older prescribed medication therapy medication with proportion of days covered and gap days.

2.8.4 Primary Medication Non-adherence

2.8.4.1 Owner and Contact

Chris Lamer, PharmD

2.8.4.2 National Reporting

Not reported nationally

2.8.4.3 Denominators

1. Number of e-prescriptions for newly initiated drug therapy for chronic medications for Active Clinical patients ages 18 and older.

2.8.4.4 Numerators

1. Number of medications returned to stock within 30 days.

2.8.4.5 Definitions

Denominator Inclusion

To be included in the denominator, the e-prescription must be for a chronic medication during the Report Period.

Denominator Exclusions

- Any prescription where there is a prescription dispensing record in the preceding 180 days for the same drug.
- Any duplicate medications, defined as any medication that has been e-prescribed twice in a 30-day period with no prescription fill in between the e-prescriptions.
- Any prescription sent to an outside pharmacy, as it is not possible to know if the medication was returned to stock.

Chronic Medications

Defined by the following taxonomies:

- BGP PQA ASTHMA INHALED STEROIDS
  - beclomethasone, budesonide, budesonide-formoterol, ciclesonide, flunisolide, fluticasone, fluticasone-salmeterol, fluticasone-umeclidinium-vilanterol, fluticasone-vilanterol, mometasone, mometasone-formoterol
- BGP PQA COPD
  - aclidinium, budesonide-formoterol, fluticasone-salmeterol xinafoate powder, fluticasone-umeclidinium-vilanterol, fluticasone-vilanterol, formoterol, glycopyrrolate, glycopyrrolate-formoterol, indacaterol, indacaterol-glycopyrrolate, ipratropium, ipratropium-albuterol, Luticasone-vilanterol, olodaterol, roflumilast, salmeterol, tiotropium, tiotropium-olodaterol, umeclidinium, umeclidinium-vilanterol
- BGP PQA DIABETES ALL CLASS
  - Biguanide Medications and Combinations (metformin [+/- alogliptin, canagliflozin, dapagliloflozin, empagliflozin, ertugliflozin, glipizide, glyburide, linagliptin, pioglitazone, repaglinide, rosiglitazone, saxagliptin, sitagliptin]); Sulfonylurea Medications and Combinations (chlorpropamide, glimepiride [+/- pioglitazone], glipizide [+/- metformin], glyburide [+/- metformin], tolazamide, tolbutamide, Rosiglitazone-glimepiride); Thiazolidinedione Medications and Combinations (pioglitazone [+/- alogliptin, glimepiride, metformin], rosiglitazone [+/-

metformin] Rosiglitazone-glimepiride); DPP-IV Inhibitor Medications and Combinations (alogliptin [+/- metformin, pioglitazone], linagliptin [+/- empagliflozin, metformin], saxagliptin [+/- metformin, dapagliflozin], sitagliptin [+/- metformin, ertugliflozin, simvastatin]); 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 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 STATIN MEDS
  - atorvastatin (+/- amlodipine, ezetimibe), fluvastatin, lovastatin (+/- niacin), pitavastatin, pravastatin, rosuvastatin (+/- ezetimibe), simvastatin (+/- ezetimibe, niacin, sitagliptin)

Numerator Inclusion

To be included in the numerator, the e-prescription medication must have a comment of RETURNED TO STOCK within 30 days of the prescription date (i.e., visit date).

2.8.4.6 Patient List

List of patients 18 and older with an e-prescription for chronic medications, with returned to stock, if any.

2.8.5 Concurrent Use of Opioids and Benzodiazepines

2.8.5.1 Owner and Contact

Chris Lamer, PharmD

2.8.5.2 National Reporting

NATIONAL (included in GPRA Developmental Report; *not* reported to OMB and Congress)

2.8.5.3 Denominators

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

2.8.5.4 Numerators

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

2.8.5.5 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.

2.8.5.6 Patient List

List of patients 18 and older with concurrent use of opioids and benzodiazepines, if any.

2.8.6 Medications Education

2.8.6.1 Owner and Contact

Patient Education Program: Chris Lamer, PharmD

2.8.6.2 National Reporting

Not reported nationally

2.8.6.3 Denominators

1. Active Clinical patients with medications dispensed at their facility during the Report Period.
2. User Population patients with medications dispensed at their facility during the Report Period.

2.8.6.4 Numerators

1. Patients who were provided patient education about their medications in any location.

2.8.6.5 Definitions

Patients receiving medications

Are identified any entry in the VMed file for your facility.

Medication Education

Any Patient Education code containing “M-” or “-M” or Patient Education codes DMC-IN, FP-DPO, FP-OC, *-NEB, *-MDI, or FP-TD.

2.8.6.6 Patient List

List of patients receiving medications with med education, if any.

2.8.7 Medication Therapy Management Services

2.8.7.1 Owner and Contact

Chris Lamer, PharmD

2.8.7.2 National Reporting

NATIONAL (included in GPRA Developmental Report; *not* reported to OMB and Congress)

2.8.7.3 Denominators

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

2.8.7.4 Numerators

1. Patients who received medication therapy management (MTM) during the Report Period.

2.8.7.5 Definitions

Patients Receiving Medications

Are identified any entry in the VMed file for your facility.

Medication Therapy Management

MTM defined as:

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

2.8.7.6 Patient List

List of patients 18 and older receiving medications with medication therapy management, if any.

2.8.8 Public Health Nursing

2.8.8.1 Owner and Contact

Tina Tah, RN, BSN, MBA

2.8.8.2 National Reporting

OTHER NATIONAL (included in new Other National Measures Report; not reported to OMB and Congress)

2.8.8.3 Denominators

1. User Population patients.

2.8.8.4 Numerators

1. For User Population only, the number of patients in the denominator served by Public Health Nurses (PHNs) in any setting, including Home.
2. For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting.
3. For User Population only, the number of patients in the denominator served by PHNs in a HOME setting.
4. For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME setting.
5. Count only (no percentage comparison to denominator). Number of visits to User Population patients by PHNs in any setting, including Home.
    A. Number of visits to patients age 0 through 28 days (Neonate)
    B. Number of visits to patients age 29 days to 12 months (Infants)
    C. Number of visits to patients ages 1 through 64 years
    D. Number of visits to patients ages 65 and older (Elders)
    E. Number of PHN driver/interpreter (Provider code 91) visits
6. Count only (no percentage comparison to denominator). Number of visits to User Population patients by PHNs in Home setting. Broken down into age groups: 0 through 28 days (neonate), 29 days through 12 months (infants), 1 through 64 years, 65 and older (elders).
    A. Number of Home visits to patients age 0 through 28 days (Neonate)
    B. Number of Home visits to patients age 29 days to 12 months (Infants)
    C. Number of Home visits to patients ages 1 through 64 years
    D. Number of Home visits to patients ages 65 and older (Elders)
    E. Number of PHN driver/interpreter (Provider code 91) visits

2.8.8.5 Definitions

PHN Visit-Any Setting

Any visit with Primary or Secondary Provider codes 13 or 91.

PHN Visit-Home

Any visit with one of the following:

- Clinic code 11 and a primary or secondary provider code of 13 or 91
- Location Home (as defined in Site Parameters) and a Primary or Secondary Provider code 13 or 91

2.8.8.6 Patient List

List of patients with PHN visits documented.

Numerator codes in patient list:

- All PHN equals Number of PHN visits in any setting
- Home equals Number of PHN visits in home setting
- Driver All equals Number of PHN driver/interpreter visits in any setting
- Driver Home equals Number of PHN driver/interpreter visits in home setting

2.8.9 Breastfeeding Rates

Note: This measure is used to support the reduction of the incidence of childhood obesity.

2.8.9.1 Owner and Contact

Tina Tah, RN, BSN, MBA

2.8.9.2 National Reporting

OTHER NATIONAL (included in new Other National Measures Report; not reported to OMB and Congress)

2.8.9.3 Denominators

1. Active Clinical patients who are 30 through 394 days old.
2. Active Clinical patients who are 30 through 394 days old who were screened for infant feeding choice at the age of 2 months (38 through 89 days).

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

2.8.9.4 Numerators

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

9. Patients who, at the age of 1 year (350 through 394 days), were either exclusively or mostly breastfed (with Denominators 5 and 10).

2.8.9.5 Definitions

Patient Age

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

Infant Feeding Choice

The documented feeding choice from the V Infant Feeding Choice file that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as half breastfed and half formula fed and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of 2 months (i.e., 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days' value of mostly breastfed will be used. The other exact ages are 180 days for 6 months, 270 days for 9 months, and 365 days for 1 year.

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

2.8.9.6 GPRA 2025 Target

During GPRA Year 2025, achieve the target rate of 44.1% for the proportion of 2-month-olds who are mostly or exclusively breastfeeding.

2.8.9.7 Patient List

List of patients 30 through 394 days old, with infant feeding choice value, if any.

2.8.10 Use of High Risk Medications in the Elderly

2.8.10.1 Owner and Contact

Valerie V. Jones, MPA, MA; Dr. Bruce Finke

2.8.10.2 National Reporting

Not reported nationally

2.8.10.3 Denominators

1. Active Clinical patients ages 65 and older with no hospice indicator during the Report Period. Broken down by sex and age groups: 65 through 74 years, 75 through 84 years, and 85 years and older.

2.8.10.4 Numerators

1. Patients who received at least one high-risk medication for the elderly during the Report Period.

2. Patients who received at least two high-risk medications of the same high-risk medication class for the elderly during the Report Period.

2.8.10.5 Definitions

Note: The logic below is a deviation from the logic written by PQA, and more closely matches the HEDIS logic.

- For nitrofurantoin, a patient must have received a single dispensing event with a days' supply greater than 90 days for any nitrofurantoin product during the Report Period.
- For nonbenzodiazepine hypnotics (BGP HEDIS NONBENZODIAZ MEDS), a patient must have received a single dispensing event with a days' supply greater than 90 days for any nonbenzodiazepine hypnotic products during the Report Period.
- For medications dispensed during the report period, include any days' supply that extends beyond the end of the report period. For example, a prescription of a 90-day supply dispensed on the last day of the report period counts as a 90-day supply.

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.

High Risk Medications for the Elderly

Defined with medication taxonomies:

- BGP HEDIS ANTICHOLINERGIC MEDS
  - First-generation antihistamines (Includes combination drugs) (brompheniramine, carbinoxamine, chlorpheniramine, clemastine, cyproheptadine, dexbrompheniramine, dexchlorpheniramine, diphenhydramine [oral], dimenhydrinate, doxylamine, hydroxyzine, meclizine, promethazine, triprolidine); Antiparkinson agents (benztropine [oral], trihexyphenidyl); Antispasmodics (atropine [excludes ophthalmic], belladonna alkaloids, clidinium-chlordiazepoxide, dicyclomine, hyoscyamine, propantheline, scopolamine)
- BGP HEDIS ANTITHROMBOTIC MEDS
  - (ticlopidine, dipyridamole, oral short-acting)
- BGP HEDIS ANTI-INFECTIVE MEDS
  - (nitrofurantoin)
- BGP HEDIS CARDIOVASCULAR MEDS
  - Alpha blockers, central (guanfacine, guanabenz, methyldopa, reserpine); Cardiovascular, other (digoxin, disopyramide, nifedipine, immediate release)
- BGP HEDIS CENTRAL NERVOUS MEDS
  - Antidepressants (Includes combination drugs) (amitriptyline, amoxapine, clomipramine, desipramine, doxepin, imipramine, nortriptyline, paroxetine, protriptyline, trimipramine); Barbiturates (amobarbital, butabarbital, butalbital, mephobarbital, pentobarbital, phenobarbital, secobarbital); Central Nervous System, other (meprobamate); Nonbenzodiazepine hypnotics (eszopiclone, zolpidem, zaleplon); Vasodilators (ergoloid mesylates, isoxsuprine)
- BGP HEDIS ENDOCRINE MEDS
  - Endocrine (desiccated thyroid, estrogens with or without progesterone [oral, topical patch, and topical gel products only], megestrol); Sulfonylureas, long-duration (chlorpropamide, glyburide)
- BGP HEDIS PAIN MEDS
  - Pain medications (meperidine, pentazocine); Non-COX-selective NSAIDs (indomethacin, ketorolac [includes parenteral])

- BGP HEDIS SKL MUSCLE RELAX MED
  - (Includes combination drugs) (carisoprodol, chlorzoxazone, cyclobenzaprine, metaxalone, methocarbamol, orphenadrine)

Note: For each medication, the days' supply must be greater than (>) 0. If a medication was started and then discontinued, CRS will recalculate the number of Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. For example:
– Rx Date: November 15, 2025
– Discontinued Date: November 19, 2025
Recalculated number of Days Prescribed:
$November\ 19, 2025 - November\ 15, 2025 = 4$

Medications must not have a comment of RETURNED TO STOCK.

2.8.10.6 Patient List

List of patients 65 and older with at least one prescription for a potentially harmful drug.

2.8.11 Functional Status in Elders

2.8.11.1 Owner and Contact

Valerie V. Jones, MPA, MA; Dr. Bruce Finke

2.8.11.2 National Reporting

Not reported nationally

2.8.11.3 Denominators

1. Active Clinical patients ages 55 and older. Broken down by sex.

2.8.11.4 Numerators

1. Patients screened for functional status at any time during the Report Period.

2.8.11.5 Definitions

Functional Status

Any non-null values in V Elder Care for the following:

- At least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence.
- At least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications, or transportation during the Report Period.

2.8.11.6 Patient List

List of patients 55 and older with functional status codes, if any.

The following abbreviations are used in the Numerator column:

- **TLT**: Toileting
- **BATH**: Bathing
- **DRES**: Dressing
- **XFER**: Transfers
- **FEED**: Feeding
- **CONT**: Continence
- **FIN**: Finances
- **COOK**: Cooking
- **SHOP**: Shopping
- **HSWK**: Housework/Chores
- **MEDS**: Medications
- **TRNS**: Transportation

2.8.12 Fall Risk Assessment in Elders

2.8.12.1 Owner and Contact

Valerie V. Jones, MPA, MA; Dr. Bruce Finke

2.8.12.2 National Reporting

Not reported nationally

2.8.12.3 Denominators

1. Active Clinical patients ages 65 and older. Broken down by sex.

2.8.12.4 Numerators

1. Patients who have been screened for fall risk or with a fall-related diagnosis in the past year.

   Note: This numerator does *not* include refusals.

   A. Patients who have been screened for fall risk in the past year.

   B. Patients with a documented history of falling in the past year.

   C. Patients with a fall-related injury diagnosis in the past year.

   D. Patients with abnormality of gait/balance or mobility diagnosis in the past year.

2. Patients with a documented refusal of fall risk screening exam in the past year.

2.8.12.5 Definitions

Fall Risk Screen

Any of the following:

- Fall Risk Exam defined as: Exam code 37
- CPT 1100F, 1101F, 3288F [BGP FALL RISK EXAM CPTS]
- History of Falling defined as: POV ICD-10: Z91.81 [BGP HISTORY OF FALL DXS]
- Fall-related Injury Diagnosis defined as: POV ICD-10: (All codes ending in A or D only) W01.*, W06.* through W08.*, W10.*, W18.*, W19.* [BGP FALL RELATED E-CODES]
- Abnormality of Gait/Balance or Mobility defined as: POV ICD-10: G25.7*, G25.89, G25.9, G26, I69.*93, I73.9, R26.*, R27.* [BGP ABNORMAL GAIT OR MOBILITY]

Refusal

Refusal of Exam 37

2.8.12.6 Patient List

List of patients ages 65 years and older with fall risk assessment, if any.

2.8.13 Palliative Care

2.8.13.1 Owner and Contact

Valerie V. Jones, MPA, MA; Dr. Bruce Finke

2.8.13.2 National Reporting

Not reported nationally

2.8.13.3 Denominators

1. No denominator, count only.

2.8.13.4 Numerators

1. Count only (no percentage comparison to denominator). For patients meeting the Active Clinical definition, the total number of patients with at least one palliative care visit during the Report Period; broken down by age groups: younger than 18 years, 18 through 54 years, 55 years and older.

2. Count only (no percentage comparison to denominator). For patients meeting the Active Clinical definition, the total number of palliative care visits during the Report Period; broken down by age groups: younger than 18 years, 18 through 54 years, 55 years and older.

2.8.13.5 Definitions

Palliative Care Visit

- POV ICD-10: Z51.5 [BGP PALLIATIVE CARE DXS]
- CPT G9054

2.8.13.6 Patient List

List of patients with a palliative care visit, if any.

2.8.14 Annual Wellness Visit

2.8.14.1 Owner and Contact

Valerie V. Jones, MPA, MA; Dr. Bruce Finke

2.8.14.2 National Reporting

Not reported nationally

2.8.14.3 Denominators

1. Active Clinical patients ages 65 and older. Broken down by sex.

2.8.14.4 Numerators

1. Patients with at least one Annual Wellness Exam in the past 15 months.

2.8.14.5 Definitions

Annual Wellness Exam

CPT G0438, G0439, G0402 [BGP ANNUAL WELLNESS CPTS]

2.8.14.6 Patient List

List of patients with an annual wellness visit in the past 15 months.

2.8.15 Optometry

2.8.15.1 Owner and Contact

Gregory Smith, OD, FAAO

2.8.15.2 National Reporting

NATIONAL (included in GPRA Developmental Report; *not* reported to OMB and Congress)

2.8.15.3 Denominators

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

2.8.15.4 Numerators

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

2.8.15.5 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]

2.8.15.6 Patient List

List of patients ages 18 years and older with primary open-angle glaucoma and optic nerve head evaluation, if any.

2.8.16 Goal Setting

2.8.16.1 Owner and Contact

Patient Education: Chris Lamer, PharmD

2.8.16.2 National Reporting

Not reported nationally

2.8.16.3 Denominators

1. User Population patients.
2. Number of goal topics set during the Report Period.
3. Number of goal topics met or maintained during the Report Period.

2.8.16.4 Numerators

1. Number of patients who set at least one goal during the Report Period (with Denominator 1).
2. Number of goals set for ALCOHOL OR OTHER DRUGS (with Denominator 2).
3. Number of goals set for DIABETES CURRICULUM (with Denominator 2).
4. Number of goals set for MEDICATIONS (with Denominator 2).

5. Number of goals set for MONITORING (with Denominator 2).
6. Number of goals set for NUTRITION (with Denominator 2).
7. Number of goals set for OTHER (with Denominator 2).
8. Number of goals set for PHYSICAL ACTIVITY (with Denominator 2).
9. Number of goals set for STRESS AND COPING (with Denominator 2).
10. Number of goals set for TOBACCO (with Denominator 2).
11. Number of goals set for WELLNESS AND SAFETY (with Denominator 2).
12. Number of patients who met or maintained at least one goal during the Report Period (with Denominator 1).
13. Number of goals met or maintained for ALCOHOL OR OTHER DRUGS (with Denominator 3).
14. Number of goals met or maintained for DIABETES CURRICULUM (with Denominator 3).
15. Number of goals met or maintained for MEDICATIONS (with Denominator 3).
16. Number of goals met or maintained for MONITORING (with Denominator 3).
17. Number of goals met or maintained for NUTRITION (with Denominator 3).
18. Number of goals met or maintained for OTHER (with Denominator 3).
19. Number of goals met or maintained for PHYSICAL ACTIVITY (with Denominator 3).
20. Number of goals met or maintained for STRESS AND COPING (with Denominator 3).
21. Number of goals met or maintained for TOBACCO (with Denominator 3).
22. Number of goals met or maintained for WELLNESS AND SAFETY (with Denominator 3).

2.8.16.5 Definition

Patient Goal Numerator Logic

Goal Set

The Goal Setting value must be “Goal Set” and the Goal Start Date must be during the Report Period.

Goal Met

The Goal Status value must be "Goal Met" and the Date/Time Last Modified must be during the Report Period. The patient is not required to have set a goal during the Report Period.

Goal Maintained

The Goal Status must be Active or "Maintaining Goal" and the Date/Time Last Modified must be during the Report Period.

2.8.16.6 Patient List

List of User Population patients with goal setting information during the Report Period

2.8.17 Rate of User Population Patients Receiving Patient Education

2.8.17.1 Owner and Contact

Patient Education: Chris Lamer, PharmD

2.8.17.2 National Reporting

Not reported nationally

2.8.17.3 Denominators

1. User Population patients.

2.8.17.4 Numerators

1. Number of patients receiving patient education during the Report Period.

2.8.17.5 Definition

Patient Education

Patient education codes must be the standard national patient education codes, which are included in the Patient and Family Education Protocols and Codes (PEPC) manual published each year. If codes are found that are not in the table, they will not be reported on (i.e., locally developed codes).

2.8.17.6 Patient List

List of User Population patients who received patient education during the Report Period.

2.8.18 Rate of Documentation of Education Topics

2.8.18.1 Owner and Contact

Patient Education: Chris Lamer, PharmD

2.8.18.2 National Reporting

Not reported nationally

2.8.18.3 Denominators

1. The total number of patient education codes documented for User Population patients for all providers during the Report Period.

2.8.18.4 Numerators

1. The 20 most common subtopics of the patient education documented during the Report Period.

2.8.18.5 Definition

Patient Education

Patient education codes must be the standard national patient education codes, which are included in the Patient and Family Education Protocols and Codes (PEPC) manual published each year. If codes are found that are not in the table, they will not be reported on (i.e., locally developed codes).

2.8.18.6 Patient List

List of User Population patients who received patient education during the Report Period with the count of each subtopic received.

2.8.19 Rate of Education by Provider

2.8.19.1 Owner and Contact

Patient Education: Chris Lamer, PharmD

2.8.19.2 National Reporting

Not reported nationally

2.8.19.3 Denominators

1. No denominator, count only.

2.8.19.4 Numerators

1. Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of education codes provided by selected provider(s) during the report period.

2.8.19.5 Definition

Patient Education

Patient education codes must be the standard national patient education codes, which are included in the Patient and Family Education Protocols and Codes (PEPC) manual published each year. If codes are found that are not in the table, they will not be reported on (i.e., locally developed codes).

2.8.19.6 Patient List

List of User Population patients who received patient education from the selected provider(s) during the Report Period.

Acronym List

Acronym	Term Meaning
ACEI	Angiotensin Converting Enzyme Inhibitors
ADA	American Dental Association
ADR	Adverse Drug Reactions
AI/AN	American Indian/Alaska Native
AIDS	Acquired Immunodeficiency Syndrome
AMA	Against Medical Advice
AMI	Acute Myocardial Infarction
APT	Acute Phase Treatment
ARB	Angiotensin Receptor Blocker
ART	Patient Allergies File
ASA	Aspirin (acetylsalicylic acid)
ASCVD	Atherosclerotic Cardiovascular Disease
ASM	Asthma Management Plan
BH	Behavioral Health
BHS	Behavioral Health System
BI	Brief Intervention
BMI	Body Mass Index
BNI	Brief Negotiated Interview
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CAGE	Cut Down, Annoyed, Guilty and Eye Opener
CCB	Calcium Channel Blocker
CHD	Coronary Heart Disease
CHR	Community Health Representative
CK	Creatine Kinase
CONPT	Continuation Phase Treatment
COPD	Chronic Obstructive Pulmonary Disease
CPT	Current Procedural Terminology
CRC	Colorectal Cancer
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
CVX	Vaccine Code
DM	Diabetes Mellitus
DMD	Doctor of Medical Dentistry

Acronym	Term Meaning
DNKA	Did Not Keep Appointment
DPP	Dipeptidyl Peptidase
DPST	Demo/Test Patient Search Template
DTaP	Diphtheria Tetanus Acellular Pertussis
DTP	Diphtheria Tetanus and Pertussis
ER	Emergency Room
ESRD	End Stage Renal Disease
ETDRS	Early Treatment Diabetic Retinopathy Study
ETS	Environmental Tobacco Smoke
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test
FY	Fiscal Year
GFR	Glomerular Filtration Rate
GPRA	Government Performance and Results Act of 1993
GPRAMA	GPRA Modernization Act
HCL	Hydrochloric Acid
HCTZ	Hydrochlorothiazide
HEDIS	Healthcare Effectiveness Data and Information Set
HHS	Health and Human Services
HiB	Haemophilus Influenza Type B
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
ICD	International Classification of Diseases
IFC	Infant Feeding Choice
IHS	Indian Health Service
IMM	Immunization
IPSD	Index Prescription (Rx) Start Date
IPV/DV	Intimate Partner Violence/Domestic Violence
LCSW	Licensed Clinical Social Worker
LDL	Low-density Lipoprotein
LMWH	Low Molecular Weight Heparin
LOINC	Logical Observations Identifiers, Names, Codes
LVAD	Left Ventricular Assistive Device
LVS	Left Ventricular Systolic
M/R	Measles and Rubella
MAOI	Monoamine Oxidase Inhibitors
MI	Myocardial Infarction

Acronym	Term Meaning
MMR	Measles, Mumps and Rubella (vaccine)
MPH	Master's in Public Health
MTM	Medication Therapy Management
NHANES	National Health and Nutrition Examination Survey
NMI	Not Medically Indicated
NOS	Not Otherwise Specified
NQF	National Quality Forum
OMB	Office of Management and Budget
PCC	Patient Care Component
PCI	Percutaneous Coronary Interventions
PDC	Proportion of Days Covered
PHN	Public Health Nurse
POV	Purpose of Visit
PRC	Purchased and Referred Care
R/M	Rubella/Mumps
RAS	Renin Angiotensin System
RCIS	Referred Care Information System
RN	Registered Nurse
RPMS	Resource and Patient Management System
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SNOMED	Systematized Nomenclature of Medicine
SNRI	Serotonin-Norepinephrine Reuptake Inhibitors
SSRI	Selective Serotonin Reuptake Inhibitors
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SUD	Substance Use Disorder
TCA	Tricyclic Antidepressants
TD	Tetanus, Diphtheria
TDaP	Tetanus, Diphtheria and Acellular Pertussis
TIA	Transient Ischemic Attack
TUHF	Tobacco User Health Factors
UACR	Urine Albumin-to-Creatinine Ratio
ULN	Upper Limit of Normal

Contact Information

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