

## NATIONAL QUALITY FORUM

Measure Evaluation 4.1  
January 2010

This form contains the measure information submitted by stewards. Blank fields indicate no information was provided. Attachments also may have been submitted and are provided to reviewers. The sub-criteria and most of the footnotes from the [evaluation criteria](#) are provided in Word comments and will appear if your cursor is over the highlighted area (or in the margin if your Word program is set to show revisions in balloons). Hyperlinks to the evaluation criteria and ratings are provided in each section.

**TAP/Workgroup** (if utilized): Complete all **yellow highlighted** areas of the form. Evaluate the extent to which each sub-criterion is met. Based on your evaluation, summarize the strengths and weaknesses in each section.

**Note:** If there is no TAP or workgroup, the SC also evaluates the sub-criteria (**yellow highlighted areas**).

**Steering Committee:** Complete all **pink** highlighted areas of the form. Review the workgroup/TAP assessment of the sub-criterion, noting any areas of disagreement; then evaluate the extent to which each major criterion is met; and finally, indicate your recommendation for the endorsement. Provide the rationale for your ratings.

Evaluation ratings of the extent to which the criteria are met

C = Completely (unquestionably demonstrated to meet the criterion)

P = Partially (demonstrated to partially meet the criterion)

M = Minimally (addressed BUT demonstrated to only minimally meet the criterion)

N = Not at all (NOT addressed; OR incorrectly addressed; OR demonstrated to NOT meet the criterion)

NA = Not applicable (only an option for a few sub-criteria as indicated)

(for NQF staff use) NQF Review #: ACP-030-10	NQF Project: Ambulatory Care - Additional Outpatient Measures 2010
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### MEASURE DESCRIPTIVE INFORMATION

De.1 Measure Title: **Adult(s) with community-acquired bacterial pneumonia that had a CXR.**

De.2 Brief description of measure: **This measure identifies patients with community-acquired bacterial pneumonia treated as outpatients that had a CXR.**

1.1-2 Type of Measure: **process**

De.3 If included in a composite or paired with another measure, please identify composite or paired measure

**Does not apply**

De.4 National Priority Partners Priority Area: **care coordination**

De.5 IOM Quality Domain: **effectiveness**

De.6 Consumer Care Need: **Getting Better**

### CONDITIONS FOR CONSIDERATION BY NQF

Four conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards:	<b>NQF Staff</b>  <b>A</b> <input type="checkbox"/> <b>Y</b> <input type="checkbox"/> <b>N</b> <input type="checkbox"/>
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A. The measure is in the public domain or an intellectual property ([measure steward agreement](#)) is signed.

*Public domain only applies to governmental organizations. All non-governmental organizations must sign a measure steward agreement even if measures are made publicly and freely available.*

A.1 Do you attest that the measure steward holds intellectual property rights to the measure and the right to use aspects of the measure owned by another entity (e.g., risk model, code set)? **Yes**

A.2 **Indicate if Proprietary Measure (as defined in measure steward agreement):** **proprietary measure**

A.3 Measure Steward Agreement: **agreement signed and submitted**

A.4 Measure Steward Agreement attached: **Measure steward addendum\_Ingenix 012510-**

634000236171793468.doc	B <input type="checkbox"/> <input type="checkbox"/> C <input type="checkbox"/> <input type="checkbox"/> D <input type="checkbox"/> <input type="checkbox"/>
B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every 3 years. Yes, information provided in contact section	
C. The intended use of the measure includes <u>both</u> public reporting and quality improvement. ►Purpose: public reporting, quality improvement Payment Incentive, Accountability	
D. The requested measure submission information is complete. Generally, measures should be fully developed and tested so that all the evaluation criteria have been addressed and information needed to evaluate the measure is provided. Measures that have not been tested are only potentially eligible for a time-limited endorsement and in that case, measure owners must verify that testing will be completed within 12 months of endorsement. D.1Testing: Yes, fully developed and tested D.2 Have NQF-endorsed measures been reviewed to identify if there are similar or related measures? Yes	
(for NQF staff use) Have all conditions for consideration been met? Staff Notes to Steward (if submission returned):	Met <input type="checkbox"/> <input type="checkbox"/>
Staff Notes to Reviewers (issues or questions regarding any criteria): Staff Reviewer Name(s):	

TAP/Workgroup Reviewer Name:	
Steering Committee Reviewer Name:	
<b>1. IMPORTANCE TO MEASURE AND REPORT</b>	
Extent to which the specific measure focus is important to making significant gains in health care quality (safety, timeliness, effectiveness, efficiency, equity, patient-centeredness) and improving health outcomes for a specific high impact aspect of healthcare where there is variation in or overall poor performance. <i>Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria.</i> ( <u>evaluation criteria</u> )	<u>Eval Rating</u>
1a. High Impact  (for NQF staff use) <u>Specific NPP goal</u> :	1a <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
1a.1 Demonstrated High Impact Aspect of Healthcare: patient/societal consequences of poor quality, affects large numbers 1a.2  1a.3 Summary of Evidence of High Impact: It is estimated that 915,900 episodes of community acquired pneumonia (CAP) occur in the United States in each year in adults 65 years of age and older (1). Despite advances in antimicrobial therapy, rates of mortality due to pneumonia have not decreased significantly since the routine availability of penicillin (2). CAP is the 7th leading cause of death in the United States (3).	1b <input type="checkbox"/>
1a.4 Citations for Evidence of High Impact: 1. Jackson ML, Neuzil KM, Thompson WW, et al. The burden of community-acquired pneumonia in seniors: results of a population-based study. Clin Infect Dis 2004;39:1642-50. 2. Feikin DR, Schuchat A, Kolczak M, et al. Mortality from invasive pneumococcal pneumonia in the era of antibiotic resistance, 1995-1997. Am J Public Health 2000;90:223-9. 3. Mandell LA et al. Infectious Disease Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults. Clinical Infectious Diseases 2007; 44: 27-72.	
1b. Opportunity for Improvement	

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable

2

**Comment [KP1]:** 1a. The measure focus addresses:  

- a specific national health goal/priority identified by NQF's National Priorities Partners; OR
- a demonstrated high impact aspect of healthcare (e.g., affects large numbers, leading cause of morbidity/mortality, high resource use (current and/or future), severity of illness, and patient/societal consequences of poor quality).

**Comment [KP2]:** 1b. Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating considerable variation, or overall poor performance, in the quality of care across providers and/or population groups (disparities in care).

<p><b>1b.1 Benefits (improvements in quality) envisioned by use of this measure:</b> This measure will facilitate the recommended management of patients with CAP. A CXR is essential to confirm the diagnosis. In addition, it is useful in suggesting the etiologic agent, determining the prognosis, and excluding alternative diagnoses and conditions.</p>	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N
<p><b>1b.2 Summary of data demonstrating performance gap (variation or overall poor performance) across providers:</b></p>	
<p>Using a geographically diverse 15 million member benchmark database (this database represents predominately a commercial population less than 65 year of age) the compliance rate was 70.6 percent, indicating a clear gap in care and opportunity for care improvement.</p>	
<p><b>1b.3 Citations for data on performance gap:</b> Ingenix EBM Connect benchmark results, September 2009</p>	
<p><b>1b.4 Summary of Data on disparities by population group:</b> None</p>	
<p><b>1b.5 Citations for data on Disparities:</b></p>	
<p><b>1c. Outcome or Evidence to Support Measure Focus</b></p>	
<p><b>1c.1 Relationship to Outcomes (For non-outcome measures, briefly describe the relationship to desired outcome. For outcomes, describe why it is relevant to the target population):</b> This measure will identify patients with CAP, treated as an outpatient, who had a CXR as part of their evaluation. A CXR is essential to confirm the diagnosis. In addition, it is useful in suggesting the etiologic agent, determining the prognosis, and excluding alternative diagnoses and conditions.</p>	
<p><b>1c.2-3. Type of Evidence:</b> evidence based guideline</p>	
<p><b>1c.4 Summary of Evidence (as described in the criteria; for outcomes, summarize any evidence that healthcare services/care processes influence the outcome):</b> A CXR is recommended for diagnosis of pneumonia (1,2). In addition, a CXR can distinguish community-acquired bacterial pneumonia from other conditions (1).</p>	
<p><b>1c.5 Rating of strength/quality of evidence (also provide narrative description of the rating and by whom):</b> This is a moderate (level III evidence) recommendation from the IDSA/ATS guidelines (1).</p>	
<p><b>1c.6 Method for rating evidence:</b> Evidence level      Definition Level I (high)      Evidence from well-conducted, randomized controlled trials.</p>	
<p>Level II (moderate)      Evidence from well-designed, controlled trials without randomization (including cohort, patient series, and case-control studies). Level II studies also include any large case series in which systematic analysis of disease patterns and/or microbial etiology was conducted, as well as reports of data on new therapies that were not collected in a randomized fashion.</p>	
<p>Level III (low)      Evidence from case studies and expert opinion. In some instances, therapy recommendations come from antibiotic susceptibility data without clinical observations.</p>	
<p>The strength of each recommendation was graded as "strong," "moderate," or "weak." Each committee member independently graded each recommendation on the basis of not only the evidence but also expert interpretation and clinical applicability. The final grading of each recommendation was a composite of the individual committee members' grades.</p>	

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable

3

**Comment [k3]:** 1 Examples of data on opportunity for improvement include, but are not limited to: prior studies, epidemiologic data, measure data from pilot testing or implementation. If data are not available, the measure focus is systematically assessed (e.g., expert panel rating) and judged to be a quality problem.

**Comment [k4]:** 1c. The measure focus is:  
•an outcome (e.g., morbidity, mortality, function, health-related quality of life) that is relevant to, or associated with, a national health goal/priority, the condition, population, and/or care being addressed;  
OR

•if an intermediate outcome, process, structure, etc., there is evidence that supports the specific measure focus as follows:  
oIntermediate outcome - evidence that the measured intermediate outcome (e.g., blood pressure, HbA1c) leads to improved health/avoidance of harm or cost/benefit.  
oProcess - evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s).  
oStructure - evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit.  
oPatient experience - evidence that an association exists between the measure of patient experience of health care and th

... [1]

**Comment [k5]:** 4 Clinical care processes typically include multiple steps: assess → identify problem/potential problem → choose/plan intervention (with patient input) → provide intervention → evaluate impact on health status. If the measure focus is one step in such a multi-step process, the step with the greatest effect on the desired outcome should be selected as the focus of measurement. For example, although assessment of immunization status and recommending immunization are necessary steps, they are not sufficient to achieve the desired impact on health status - patients must be vaccinated to achieve immunity. This does not preclude consideration of measures of preventive screening interventions where there is a

... [2]

**Comment [k6]:** 3 The strength of the body of evidence for the specific measure focus should be systematically assessed and rated (e.g., USPSTF grading system <http://www.ahrq.gov/clinic/uspstf07/methods/benefit.htm>). If the USPSTF grading system was not used, the grading system is explained including how it relates to the USPSTF grades or why it does not. However, evidence is not limited to quantitative studies and the best type of evidence depends upon the question being studied (e.g., randomized controlled trials appropriate for studying drug efficacy are not well suited for complex system changes). When qualitative studies are used, appropriate qualitative research criteria are used to judge the strength of the evidence.

1c  
 C  
 P  
 M  
 N

<p><b>1c.7 Summary of Controversy/Contradictory Evidence:</b> <b>None</b></p> <p><b>1c.8 Citations for Evidence (other than guidelines):</b> 2. American Medical Association Physician Consortium for Performance Improvement (AMA/PCPI). Clinical Performance Measures: Community-Acquired Bacterial Pneumonia (2006). Accessed December 9, 2009. URL <a href="http://www.ama-assn.org/ama1/pub/upload/mm/370/capminiset062007.pdf">http://www.ama-assn.org/ama1/pub/upload/mm/370/capminiset062007.pdf</a></p> <p><b>1c.9 Quote the Specific guideline recommendation (including guideline number and/or page number):</b> IDSA/ATS guideline, page S39 (1):</p> <p>In addition to a constellation of suggestive clinical features, a demonstrable infiltrate by chest radiograph or other imaging technique, with or without supporting microbiological data, is required for the diagnosis of pneumonia. (Moderate recommendation; level III evidence.)</p> <p>A chest radiograph is required for the routine evaluation of patients who are likely to have pneumonia, to establish the diagnosis and to aid in differentiating CAP from other common causes of cough and fever, such as acute bronchitis. Chest radiographs are sometimes useful for suggesting the etiologic agent, prognosis, alternative diagnoses, and associated conditions.</p> <p><b>1c.10 Clinical Practice Guideline Citation:</b> 1. Mandell LA et al. Infectious Disease Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults. <i>Clinical Infectious Diseases</i> 2007; 44: 27-72.</p> <p><b>1c.11 National Guideline Clearinghouse or other URL:</b> <a href="http://www.journals.uchicago.edu/doi/pdf/10.1086/511159?cookieSet=1">http://www.journals.uchicago.edu/doi/pdf/10.1086/511159?cookieSet=1</a></p> <p><b>1c.12 Rating of strength of recommendation</b> (<i>also provide narrative description of the rating and by whom:</i>) This is a moderate (level III evidence) recommendation from the IDSA/ATS guidelines (1). This would be equivalent to the USPSTF grade A or B classification.</p> <p><b>1c.13 Method for rating strength of recommendation (If different from USPSTF system, also describe rating and how it relates to USPSTF):</b> see 1c.6</p> <p><b>1c.14 Rationale for using this guideline over others:</b> This guideline represents a collaborative effort involving IDSA and ATS, two leading specialty groups involved in the management of this condition. This guideline represents a comprehensive summary of available data including consideration of antibiotic resistance patterns.</p>	
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria for <i>Importance to Measure and Report?</i>	1
Steering Committee: Was the threshold criterion, <i>Importance to Measure and Report</i> , met? Rationale:	1 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
<b>2. SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES</b>	
Extent to which the measure, <u>as specified</u> , produces consistent (reliable) and credible (valid) results about the quality of care when implemented. ( <u>evaluation criteria</u> )	Eval Rating
<b>2a. MEASURE SPECIFICATIONS</b>	
S.1 Do you have a web page where current detailed measure specifications can be obtained? S.2 If yes, provide web page URL:	2a-specs <input checked="" type="checkbox"/> C <input type="checkbox"/> P
2a. Precisely Specified	

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable

**Comment [k7]:** USPSTF grading system <http://www.ahrq.gov/clinic/uspstf/grades.htm>. A - The USPSTF recommends the service. There is high certainty that the net benefit is substantial. B - The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial. C - The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is at least moderate certainty that the net benefit is small. Offer or provide this service only if other considerations support the offering or providing the service in an individual patient. D - The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits. I - The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.

**Comment [KP8]:** 2a. The measure is well defined and precisely specified so that it can be implemented consistently within and across organizations and allow for comparability. The required data elements are of high quality as defined by NQF's Health Information Technology Expert Panel (HITEP).

M <input type="checkbox"/>
N <input type="checkbox"/>

**2a.1 Numerator Statement** (*Brief, text description of the numerator - what is being measured about the target population, e.g. target condition, event, or outcome*):

Patients who have diagnosis of community-acquired bacterial pneumonia (CABP) who had a chest x-ray during the following time period: seven days prior to the initiating CABP encounter through three days after that encounter

**2a.2 Numerator Time Window** (*The time period in which cases are eligible for inclusion in the numerator*):

Seven days prior to the initiating CABP encounter through three days after that encounter

**2a.3 Numerator Details** (*All information required to collect/calculate the numerator, including all codes, logic, and definitions*):

1. First, select patients who had either a chest radiographic examination (code sets PRO287, RV0287) OR a non-specific radiographic examination (code set RV0125) with a diagnosis of pneumonia (code set DX0180) during the following time period: seven days prior to the initiating CABP encounter through three days after that encounter. These patients satisfy the numerator criteria and need no further processing.

2. Next, select any patients who had a claim with a procedure code on it for chest x-ray results documented and reviewed (code set PR0288) AND no claim with a procedure code on it for chest x-ray results documented and reviewed with any of the following performance measure exclusion modifiers that indicate a reason for not documenting and reviewing chest x-ray results (code set PR0289):

- 1P (performance measure exclusion modifier due to medical reasons)
- 2P (performance measure exclusion modifier due to patient reasons)
- 3P (performance measure exclusion modifier due to system reasons)

These patients satisfy the numerator criteria and need no further processing.

3. Then, exclude any remaining patients who had a claim with a procedure code on it for chest x-ray results documented and reviewed with any of the following performance measure exclusion modifiers that indicate a reason for not documenting and reviewing chest x-ray results (code set PR0289):

- 1P (performance measure exclusion modifier due to medical reasons)
- 2P (performance measure exclusion modifier due to patient reasons)
- 3P (performance measure exclusion modifier due to system reasons)

4. Next, exclude patients who did NOT fill a prescription for any antibiotic (RX-184) during this time period: ten days prior to the initiating CABP encounter through ten days after the initiating CABP encounter

5. Any remaining patients DO NOT satisfy the numerator criteria.

See attached document, "ACP-030-10\_CAP 2a3 num detail" for numerator details, including code set definitions.

**2a.4 Denominator Statement** (*Brief, text description of the denominator - target population being measured*):

Patients 18 years of age or older who have an outpatient or emergency room encounter with a diagnosis of bacterial pneumonia

**2a.5 Target population gender:** Female, Male

**2a.6 Target population age range:** Patients 18 years of age or older at the end of the report period

**2a.7 Denominator Time Window** (*The time period in which cases are eligible for inclusion in the denominator*):

The following time period will be used to find eligible community-acquired bacterial pneumonia (CABP) encounters: 60 days after the start of the 12-month report period through 10 days prior to the end of the 12-month report period.

**2a.8 Denominator Details** (*All information required to collect/calculate the denominator - the target population being measured - including all codes, logic, and definitions*):

Criteria for inclusion in the denominator are as follows:

1. All males or females that are 18 years of age or older at the end of the report period
2. The patient must be continuously enrolled in medical benefits throughout the CABP event. The event is defined as 60 days prior to the start date of the initiating CABP encounter through 10 days after the end date of that encounter. The standard EBM Connect® enrollment break logic allows unlimited breaks in coverage of no more than 45 days and no breaks greater than 45 days.

3. Build one single event with a claim during the following window of time: 60 days after the start of the 12-month report period through 10 days prior to the end of the 12-month report period, with the first claim where the diagnosis is community-acquired bacterial pneumonia (as defined by CMS) (code set DX0298) and the procedure on the claim one of the following:

Ambulatory visit (code sets PR0111, RV0111)

Facility event - emergency room

The CABP event will encompass the following period of time: 60 days prior to the start date of the initiating CABP encounter through 10 days after the end date of that encounter.

Cd. Set	Code Set Description	DX Code	Diagnosis Code Description
DX0298	Bacterial Pneumonia	481	PNEUMOCOCCAL PNEUMONIA
DX0298	Bacterial Pneumonia	482	OTHER BACTERIAL PNEUMONIA
DX0298	Bacterial Pneumonia	482.0	PNEUMONIA DUE TO KLEBSIELLA PNEUMONIAE
DX0298	Bacterial Pneumonia	482.1	PNEUMONIA DUE TO PSEUDOMONAS
DX0298	Bacterial Pneumonia	482.2	PNEUMONIA DUE TO HEMOPHILUS INFLUENZAE
DX0298	Bacterial Pneumonia	482.3	PNEUMONIA DUE TO STREPTOCOCCUS
DX0298	Bacterial Pneumonia	482.30	PNEUMONIA DUE TO UNSPECIF STREPTOCOCCUS
DX0298	Bacterial Pneumonia	482.31	PNEUMONIA DUE TO STREPTOCOCCUS GROUP A
DX0298	Bacterial Pneumonia	482.32	PNEUMONIA DUE TO STREPTOCOCCUS GROUP B
DX0298	Bacterial Pneumonia	482.39	PNEUMONIA DUE TO OTHER STREPTOCOCCUS
DX0298	Bacterial Pneumonia	482.4	PNEUMONIA DUE TO STAPHYLOCOCCUS
DX0298	Bacterial Pneumonia	482.40	PNEUMONIA DUE TO STAPHYLOCOCCUS UNSPECIF
DX0298	Bacterial Pneumonia	482.41	METHICILLIN SUSCEPT PNEUMONIA S. AUREUS
DX0298	Bacterial Pneumonia	482.49	OTHER STAPHYLOCOCCUS PNEUMONIA
DX0298	Bacterial Pneumonia	482.8	PNEUMONIA DUE TO OTHER SPECIF BACTERIA
DX0298	Bacterial Pneumonia	482.81	PNEUMONIA DUE TO ANAEROBES
DX0298	Bacterial Pneumonia	482.82	PNEUMONIA DUE TO ESCHERICHIA COLI
DX0298	Bacterial Pneumonia	482.83	PNEUMONIA D/T OTH GRAM-NEGATIVE BACTERIA
DX0298	Bacterial Pneumonia	482.84	LEGIONNAIRES' DISEASE
DX0298	Bacterial Pneumonia	482.89	PNEUMONIA DUE TO OTHER SPECIF BACTERIA
DX0298	Bacterial Pneumonia	482.9	UNSPECIFIED BACTERIAL PNEUMONIA
DX0298	Bacterial Pneumonia	483	PNEUMONIA DUE TO OTHER SPECIF ORGANISM
DX0298	Bacterial Pneumonia	483.0	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE
DX0298	Bacterial Pneumonia	483.1	PNEUMONIA DUE TO CHLAMYDIA
DX0298	Bacterial Pneumonia	483.8	PNEUMONIA DUE TO OTHER SPECIF ORGANISM
DX0298	Bacterial Pneumonia	485	BRONCHOPNEUMONIA ORGANISM UNSPECIFIED
DX0298	Bacterial Pneumonia	486	PNEUMONIA, ORGANISM UNSPECIFIED
DX0298	Bacterial Pneumonia	487.0	INFLUENZA WITH PNEUMONIA

Cd. Set	Code Set Description	Procedure Code
PR0111	Ambulatory visit codes	99201
PR0111	Ambulatory visit codes	99202
PR0111	Ambulatory visit codes	99203
PR0111	Ambulatory visit codes	99204
PR0111	Ambulatory visit codes	99205
PR0111	Ambulatory visit codes	99211
PR0111	Ambulatory visit codes	99212
PR0111	Ambulatory visit codes	99213
PR0111	Ambulatory visit codes	99214
PR0111	Ambulatory visit codes	99215
PR0111	Ambulatory visit codes	99241
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 PR0111 Ambulatory visit codes 99396  
 PR0111 Ambulatory visit codes 99397  
 PR0111 Ambulatory visit codes 99401  
 PR0111 Ambulatory visit codes 99402  
 PR0111 Ambulatory visit codes 99403  
 PR0111 Ambulatory visit codes 99404  
 PR0111 Ambulatory visit codes 99411  
 PR0111 Ambulatory visit codes 99412  
 PR0111 Ambulatory visit codes 99420  
 PR0111 Ambulatory visit codes 99429

Cd. Set Code Set Description      Revenue Code  
 RV0111 Ambulatory visit codes 0983

**2a.9 Denominator Exclusions** (*Brief text description of exclusions from the target population*):

1. Exclude CABP events with hospitalizations or outpatient surgeries during the event
2. Exclude CABP events without a preceding disease free clear window
3. Exclude patients with recent organ transplants
4. Exclude addition complex patients with the following diseases: AIDS, HIV sero-positive without AIDS, Immunodeficiencies, cystic fibrosis, leukemia, pulmonary tuberculosis, and malignant neoplasm of the pulmonary system

**Comment [k9]:** 11 Risk factors that influence outcomes should not be specified as exclusions.  
 12 Patient preference is not a clinical exception to eligibility and can be influenced by provider interventions.

**2a.10 Denominator Exclusion Details** (*All information required to collect exclusions to the denominator, including all codes, logic, and definitions*):

1. Exclude the event if either of the following occurred, with any diagnosis, during the community-acquired pneumonia (CABP) event (defined as 60 days prior to the start date of the initiating CABP encounter through 10 days after the end date of that encounter):
  - Facility Event - Confinement/Admission (i.e., hospital admission)
  - Facility Event - Outpatient Surgery
2. Exclude the event if, during the following period of time: 60 days prior to the initiating CABP encounter through one day prior to that encounter, there is a claim where the diagnosis is pneumonia (code set DX0180) and the procedure on the claim is one of the following:
  - Professional Encounter code set (PR0107 or RV0107)
  - Professional Supervision code set (PR0108)

- Facility Event - Emergency Room
3. Exclude the patient if there is a claim during the 12-month report period where the diagnosis is organ transplant status (code set DX0111) and the procedure on the claim is one of the following:
- Professional Encounter code set (PR0107 or RV0107)
  - Professional Supervision code set (PR0108)
  - Facility Event - Confinement/Admission (i.e., hospital admission)
  - Facility Event - Emergency Room
  - Facility Event - Outpatient Surgery
4. Exclude patients that had any of the following diagnoses at any time during the available data: AIDS (code set 130100000), HIV sero-positive without AIDS (code set 130200000), immunodeficiencies (130800000), cystic fibrosis (code set 165200000), leukemia (code set 207200000), pulmonary tuberculosis (code set 437800000), or malignant neoplasm of the pulmonary system (code set 440100000)

Cd. Set	Code Set Description	DX Code	Diagnosis Code Description
DX0111	Organ transplant status	414.06	COR ATHEROSLERO COR ART TRANSPLNTD HEART
DX0111	Organ transplant status	414.07	COR ATHEROSLERO BYPS GRAFT TRANSPLNTD HRT
DX0111	Organ transplant status	V42	ORGAN OR TISSUE REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.0	KIDNEY REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.1	HEART REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.2	HEART VALVE REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.3	SKIN REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.4	BONE REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.5	CORNEA REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.6	LUNG REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.7	LIVER REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.8	OTH SPEC ORGAN/TISSUE REPLACED TRANSPLNT
DX0111	Organ transplant status	V42.81	BONE MARROW REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.82	PERIPHERL STEM CELLS REPLCD BY TRANSPLNT
DX0111	Organ transplant status	V42.83	PANCREAS REPLACED BY TRANSPLANT
DX0111	Organ transplant status	V42.84	ORGAN OR TISS REPLCD TRNSPLNT INTESTINES
DX0111	Organ transplant status	V42.89	OTH ORGAN OR TISSUE REPLACED BY TRNSPLNT
DX0111	Organ transplant status	V42.9	UNSPEC ORG OR TISS RPLCD TRNSPLNT

Cd. Set	Cd. Set Descrp	Dx Code	Diagnosis Code Description
DX0180	Pneumonia	006.4	AMEBIC LUNG ABSCESS
DX0180	Pneumonia	039.1	PULMONARY ACTINOMYCOTIC INFECTION
DX0180	Pneumonia	041.2	PNEUMOCOCCUS INFECTION IN CCE & UVS SITE
DX0180	Pneumonia	079.6	RESPIRATORY SYNCYTIAL VIRUS
DX0180	Pneumonia	112.4	CANDIDIASIS OF LUNG
DX0180	Pneumonia	114	COCCIDIOMYCOSES
DX0180	Pneumonia	114.0	PRIMARY COCCIDIOMYCOSES
DX0180	Pneumonia	114.4	CHRONIC PULMONARY COCCIDIOMYCOSES
DX0180	Pneumonia	114.5	UNSPECIFIED PULMONARY COCCIDIOMYCOSES
DX0180	Pneumonia	114.9	UNSPECIFIED COCCIDIOMYCOSES
DX0180	Pneumonia	115	HISTOPLASMOSIS
DX0180	Pneumonia	115.0	HISTOPLASMA CAPSULATUM
DX0180	Pneumonia	115.00	HISTOPLASMA CAPSULATUM WITHOUT MENTION MANIFEST
DX0180	Pneumonia	115.05	HISTOPLASMA CAPSULATUM PNEUMONIA
DX0180	Pneumonia	115.09	HISTOPLASMA CAPSULATUM W/MENTION OTH MANIFEST
DX0180	Pneumonia	115.1	HISTOPLASMA DUBOISII
DX0180	Pneumonia	115.10	HISTOPLASMA DUBOISII WITHOUT MENTION MANIFEST
DX0180	Pneumonia	115.13	HISTOPLASMA DUBOISII PERICARDITIS
DX0180	Pneumonia	115.14	HISTOPLASMA DUBOISII ENDOCARDITIS
DX0180	Pneumonia	115.15	HISTOPLASMA DUBOISII PNEUMONIA
DX0180	Pneumonia	115.19	HISTOPLASMA DUBOISII W/MENTION OTH MANIFESTATION
DX0180	Pneumonia	115.9	UNSPECIFIED HISTOPLASMOSIS
DX0180	Pneumonia	115.90	UNSPEC HISTOPLASMOSIS WITHOUT MENTION MANIFEST
DX0180	Pneumonia	115.93	UNSPECIFIED HISTOPLASMOSIS PERICARDITIS

DX0180 Pneumonia	115.94 UNSPECIFIED HISTOPLASMOSIS ENDOCARDITIS
DX0180 Pneumonia	115.95 UNSPECIFIED HISTOPLASMOSIS PNEUMONIA
DX0180 Pneumonia	115.99 UNSPEC HISTOPLASMOSIS W/MENTION OTH MANIFEST
DX0180 Pneumonia	116 BLASTOMYCOTIC INFECTION
DX0180 Pneumonia	116.0 BLASTOMYCOSIS
DX0180 Pneumonia	116.1 PARACOCCIDIOIDOMYCOSIS
DX0180 Pneumonia	116.2 LOBOMYCOSIS
DX0180 Pneumonia	117.3 ASPERGILLOSIS
DX0180 Pneumonia	130.4 PNEUMONITIS DUE TO TOXOPLASMOSIS
DX0180 Pneumonia	136.3 PNEUMOCYSTOSIS
DX0180 Pneumonia	480 VIRAL PNEUMONIA
DX0180 Pneumonia	480.0 PNEUMONIA DUE TO ADENOVIRUS
DX0180 Pneumonia	480.1 PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS
DX0180 Pneumonia	480.2 PNEUMONIA DUE TO PARAINFLUENZA VIRUS
DX0180 Pneumonia	480.3 PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS
DX0180 Pneumonia	480.8 PNEUMONIA DUE TO OTHER VIRUS NEC
DX0180 Pneumonia	480.9 UNSPECIFIED VIRAL PNEUMONIA
DX0180 Pneumonia	481 PNEUMOCOCCAL PNEUMONIA
DX0180 Pneumonia	482 OTHER BACTERIAL PNEUMONIA
DX0180 Pneumonia	482.0 PNEUMONIA DUE TO KLEBSIELLA PNEUMONIAE
DX0180 Pneumonia	482.1 PNEUMONIA DUE TO PSEUDOMONAS
DX0180 Pneumonia	482.2 PNEUMONIA DUE TO HEMOPHILUS INFLUENZAE
DX0180 Pneumonia	482.3 PNEUMONIA DUE TO STREPTOCOCCUS
DX0180 Pneumonia	482.30 PNEUMONIA DUE TO UNSPECIFIED STREPTOCOCCUS
DX0180 Pneumonia	482.31 PNEUMONIA DUE TO STREPTOCOCCUS GROUP A
DX0180 Pneumonia	482.32 PNEUMONIA DUE TO STREPTOCOCCUS GROUP B
DX0180 Pneumonia	482.39 PNEUMONIA DUE TO OTHER STREPTOCOCCUS
DX0180 Pneumonia	482.4 PNEUMONIA DUE TO STAPHYLOCOCCUS
DX0180 Pneumonia	482.40 PNEUMONIA DUE TO STAPHYLOCOCCUS UNSPECIFIED
DX0180 Pneumonia	482.41 METHICILLIN SUSCEPTIBLE PNEUMONIA STAPH AUREUS
DX0180 Pneumonia	482.42 METHICILLIN RESISTANT PNEUMONIA D/T STAPH AUREUS
DX0180 Pneumonia	482.49 OTHER STAPHYLOCOCCUS PNEUMONIA
DX0180 Pneumonia	482.8 PNEUMONIA DUE TO OTHER SPECIFIED BACTERIA
DX0180 Pneumonia	482.81 PNEUMONIA DUE TO ANAEROBES
DX0180 Pneumonia	482.82 PNEUMONIA DUE TO ESCHERICHIA COLI
DX0180 Pneumonia	482.83 PNEUMONIA DUE TO OTHER GRAM-NEGATIVE BACTERIA
DX0180 Pneumonia	482.84 LEGIONNAIRES' DISEASE
DX0180 Pneumonia	482.89 PNEUMONIA DUE TO OTHER SPECIFIED BACTERIA
DX0180 Pneumonia	482.9 UNSPECIFIED BACTERIAL PNEUMONIA
DX0180 Pneumonia	483 PNEUMONIA DUE TO OTHER SPECIFIED ORGANISM
DX0180 Pneumonia	483.0 PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE
DX0180 Pneumonia	483.1 PNEUMONIA DUE TO CHLAMYDIA
DX0180 Pneumonia	483.8 PNEUMONIA DUE TO OTHER SPECIFIED ORGANISM
DX0180 Pneumonia	484 PNEUMONIA INFECTIOUS DISEASES CLASSIFIED ELSW
DX0180 Pneumonia	484.1 PNEUMONIA IN CYTOMEGALIC INCLUSION DISEASE
DX0180 Pneumonia	484.3 PNEUMONIA IN WHOOPING COUGH
DX0180 Pneumonia	484.5 PNEUMONIA IN ANTHRAX
DX0180 Pneumonia	484.6 PNEUMONIA IN ASPERGILLOSIS
DX0180 Pneumonia	484.7 PNEUMONIA IN OTHER SYSTEMIC MYCOSES
DX0180 Pneumonia	484.8 PNEUMONIA OTH INFECTIOUS DISEASES CLASS ELSW
DX0180 Pneumonia	485 BRONCHOPNEUMONIA ORGANISM UNSPECIFIED
DX0180 Pneumonia	486 PNEUMONIA, ORGANISM UNSPECIFIED
DX0180 Pneumonia	487 INFLUENZA
DX0180 Pneumonia	487.0 INFLUENZA WITH PNEUMONIA
DX0180 Pneumonia	487.1 INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS
DX0180 Pneumonia	487.8 INFLUENZA WITH OTHER MANIFESTATIONS
DX0180 Pneumonia	488 FLU D/T CERTN IDENTIFID FLU VIRUSES
DX0180 Pneumonia	510 EMPYEMA

DX0180 Pneumonia	510.0	EMPYEMA WITH FISTULA	
DX0180 Pneumonia	510.9	EMPYEMA WITHOUT MENTION OF FISTULA	
DX0180 Pneumonia	511.1	PLEURISY W/EFFUS W/BACTERL CAUSE OTH THAN TB	
DX0180 Pneumonia	511.8	PLEURISY W/OTH SPEC FORMS EFFUS NO TUBERCULOUS	
DX0180 Pneumonia	511.89	OTHER SPEC FORMS OF EFFUSION EXCEPT TUBERCULOUS	
DX0180 Pneumonia	513	ABSCESS OF LUNG AND MEDIASTINUM	
DX0180 Pneumonia	513.0	ABSCESS OF LUNG	
DX0180 Pneumonia	513.1	ABSCESS OF MEDIASTINUM	
DX0180 Pneumonia	518.6	ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS	
code set cd. st. dscrp.	DX cd.	DX code description	
130100000 AIDS	042	HUMAN IMMUNODEFICIENCY VIRUS (HIV) DISEASE	
130100000 AIDS	079.53	HUMAN IMMUNODEFICIENCY VIRUS TYPE 2 (HIV-2)	
code set cd. st. dscrp.	DX cd.	DX code description	
130200000 HIV sero-pos w/o AIDS	795.71	NON-SPECIFIC SEROLOGIC EVIDENCE OF HIV	
130200000 HIV sero-pos w/o AIDS	V08	ASYMPTOMATIC HIV INFECTION STATUS	
code set cd. st. dscrp.	DX cd.	DX code description	
130800000 Immunodeficiencies	279	DISORDERS INVOLVING THE IMMUNE MECHANISM	
130800000 Immunodeficiencies	279.0	DEFICIENCY OF HUMORAL IMMUNITY	
130800000 Immunodeficiencies	279.00	HYPOGAMMAGLOBULINEMIA UNSPECIFIED	
130800000 Immunodeficiencies	279.01	SELECTIVE IGA IMMUNODEFICIENCY	
130800000 Immunodeficiencies	279.02	SELECTIVE IGM IMMUNODEFICIENCY	
130800000 Immunodeficiencies	279.03	OTH SELECTIVE IMMUNOGLOBULIN DEFICIENCIES	
130800000 Immunodeficiencies	279.04	CONGENITAL HYPOGAMMAGLOBULINEMIA	
130800000 Immunodeficiencies	279.05	IMMUNODEFICIENCY WITH INCREASED IGM	
130800000 Immunodeficiencies	279.06	COMMON VARIABLE IMMUNODEFICIENCY	
130800000 Immunodeficiencies	279.09	OTHER DEFICIENCY OF HUMORAL IMMUNITY	
130800000 Immunodeficiencies	279.1	DEFICIENCY OF CELL-MEDIATED IMMUNITY	
130800000 Immunodeficiencies	279.10	IMMUNODEFIC W PREDMNT T-CELL DEFECT UNSPEC	
130800000 Immunodeficiencies	279.11	DIGEORGE'S SYNDROME	
130800000 Immunodeficiencies	279.12	WISKOTT-ALDRICH SYNDROME	
130800000 Immunodeficiencies	279.13	NEZEOF'S SYNDROME	
130800000 Immunodeficiencies	279.19	OTHER DEFICIENCY OF CELL-MEDIATED IMMUNITY	
130800000 Immunodeficiencies	279.2	COMBINED IMMUNITY DEFICIENCY	
130800000 Immunodeficiencies	279.3	UNSPECIFIED IMMUNITY DEFICIENCY	
130800000 Immunodeficiencies	279.4	AUTOIMMUNE DISEASE NOT ELSEWHR CLASSIFIED	
130800000 Immunodeficiencies	279.8	OTH SPECIF DISORDERS INVOLVING IMMUNE SYST	
130800000 Immunodeficiencies	279.9	UNSPECIFIED DISORDER OF IMMUNE MECHANISM	
code set cd. st. dscrp.	DX cd.	DX code description	
165200000 Cystic fibrosis	277.0	CYSTIC FIBROSIS	
165200000 Cystic fibrosis	277.00	CYSTIC FIBROSIS WITHOUT MECONIUM ILEUS	
165200000 Cystic fibrosis	277.01	CYSTIC FIBROSIS WITH MECONIUM ILEUS	
165200000 Cystic fibrosis	277.02	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS	
165200000 Cystic fibrosis	277.03	CYSTIC FIBROSIS W GASTROINTEST MANIFESTATIONS	
165200000 Cystic fibrosis	277.09	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS	
code set cd st dscrp.	DX cd.	DX code description	
207200000 Leukemia	204	LYMPHOID LEUKEMIA	
207200000 Leukemia	204.0	ACUTE LYMPHOID LEUKEMIA	
207200000 Leukemia	204.00	ACUTE LYMPHOID LEUKEMIA W/O MENTION OF REMISSION	
207200000 Leukemia	204.01	ACUTE LYMPHOID LEUKEMIA IN REMISSION	
207200000 Leukemia	204.02	ACUTE LYMPHOID LEUKEMIA, IN RELAPSE	
207200000 Leukemia	204.1	CHRONIC LYMPHOID LEUKEMIA	
207200000 Leukemia	204.10	CHRONIC LYMPHOID LEUKEMIA W/O MENTION OF REMISSION	
207200000 Leukemia	204.11	CHRONIC LYMPHOID LEUKEMIA IN REMISSION	

207200000 Leukemia	204.12 CHRONIC LYMPHOID LEUKEMIA, IN RELAPSE
207200000 Leukemia	204.2 SUBACUTE LYMPHOID LEUKEMIA
207200000 Leukemia	204.20 SUBACUTE LYMPHOID LEUKEMIA W/O MENTION OF REMSSN
207200000 Leukemia	204.21 SUBACUTE LYMPHOID LEUKEMIA IN REMISSION
207200000 Leukemia	204.22 SUBACUTE LYMPHOID LEUKEMIA, IN RELAPSE
207200000 Leukemia	204.8 OTHER LYMPHOID LEUKEMIA
207200000 Leukemia	204.80 OTHER LYMPHOID LEUKEMIA W/O MENTION OF REMISSION
207200000 Leukemia	204.81 OTHER LYMPHOID LEUKEMIA IN REMISSION
207200000 Leukemia	204.82 OTHER LYMPHOID LEUKEMIA, IN RELAPSE
207200000 Leukemia	204.9 UNSPECIFIED LYMPHOID LEUKEMIA
207200000 Leukemia	204.90 UNSPECIFIED LYMPHOID LEUKEMIA W/O MENTN REMISSN
207200000 Leukemia	204.91 UNSPECIFIED LYMPHOID LEUKEMIA IN REMISSION
207200000 Leukemia	204.92 UNSPECIFIED LYMPHOID LEUKEMIA, IN RELAPSE
207200000 Leukemia	205 MYELOID LEUKEMIA
207200000 Leukemia	205.0 ACUTE MYELOID LEUKEMIA
207200000 Leukemia	205.00 ACUTE MYELOID LEUKEMIA W/O MENTION OF REMISSION
207200000 Leukemia	205.01 ACUTE MYELOID LEUKEMIA IN REMISSION
207200000 Leukemia	205.02 ACUTE MYELOID LEUKEMIA, IN RELAPSE
207200000 Leukemia	205.1 CHRONIC MYELOID LEUKEMIA
207200000 Leukemia	205.10 CHRONIC MYELOID LEUKEMIA W/O MENTION REMISSION
207200000 Leukemia	205.11 CHRONIC MYELOID LEUKEMIA IN REMISSION
207200000 Leukemia	205.12 CHRONIC MYELOID LEUKEMIA, IN RELAPSE
207200000 Leukemia	205.2 SUBACUTE MYELOID LEUKEMIA
207200000 Leukemia	205.20 SUBACUTE MYELOID LEUKEMIA W/O MENTION REMISSION
207200000 Leukemia	205.21 SUBACUTE MYELOID LEUKEMIA IN REMISSION
207200000 Leukemia	205.22 SUBACUTE MYELOID LEUKEMIA, IN RELAPSE
207200000 Leukemia	205.3 MYELOID SARCOMA
207200000 Leukemia	205.30 MYELOID SARCOMA W/O MENTION OF REMISSION
207200000 Leukemia	205.31 MYELOID SARCOMA IN REMISSION
207200000 Leukemia	205.32 MYELOID SARCOMA, IN RELAPSE
207200000 Leukemia	205.8 OTHER MYELOID LEUKEMIA
207200000 Leukemia	205.80 OTHER MYELOID LEUKEMIA W/O MENTION OF REMISSION
207200000 Leukemia	205.81 OTHER MYELOID LEUKEMIA IN REMISSION
207200000 Leukemia	205.82 OTHER MYELOID LEUKEMIA, IN RELAPSE
207200000 Leukemia	205.9 UNSPECIFIED MYELOID LEUKEMIA
207200000 Leukemia	205.90 UNSPECIFIED MYELOID LEUKEMIA W/O MENTION REMISSION
207200000 Leukemia	205.91 UNSPECIFIED MYELOID LEUKEMIA IN REMISSION
207200000 Leukemia	205.92 UNSPECIFIED MYELOID LEUKEMIA, IN RELAPSE
207200000 Leukemia	206 MONOCYTIC LEUKEMIA
207200000 Leukemia	206.0 ACUTE MONOCYTIC LEUKEMIA
207200000 Leukemia	206.00 ACUTE MONOCYTIC LEUKEMIA W/O MENTION REMISSION
207200000 Leukemia	206.01 ACUTE MONOCYTIC LEUKEMIA IN REMISSION
207200000 Leukemia	206.02 ACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
207200000 Leukemia	206.1 CHRONIC MONOCYTIC LEUKEMIA
207200000 Leukemia	206.10 CHRONIC MONOCYTIC LEUKEMIA W/O MENTION REMISSION
207200000 Leukemia	206.11 CHRONIC MONOCYTIC LEUKEMIA IN REMISSION
207200000 Leukemia	206.12 CHRONIC MONOCYTIC LEUKEMIA, IN RELAPSE
207200000 Leukemia	206.2 SUBACUTE MONOCYTIC LEUKEMIA
207200000 Leukemia	206.20 SUBACUTE MONOCYTIC LEUKEMIA W/O MENTION REMISSION
207200000 Leukemia	206.21 SUBACUTE MONOCYTIC LEUKEMIA IN REMISSION
207200000 Leukemia	206.22 SUBACUTE MONOCYTIC LEUKEMIA, IN RELAPSE
207200000 Leukemia	206.8 OTHER MONOCYTIC LEUKEMIA
207200000 Leukemia	206.80 OTHER MONOCYTIC LEUKEMIA W/O MENTION REMISSION
207200000 Leukemia	206.81 OTHER MONOCYTIC LEUKEMIA IN REMISSION
207200000 Leukemia	206.82 OTHER MONOCYTIC LEUKEMIA, IN RELAPSE
207200000 Leukemia	206.9 UNSPECIFIED MONOCYTIC LEUKEMIA
207200000 Leukemia	206.90 UNSPECIFIED MONOCYTIC LEUKEMIA W/O MENTION REMISSION
207200000 Leukemia	206.91 UNSPECIFIED MONOCYTIC LEUKEMIA IN REMISSION

207200000 Leukemia	206.92 UNSPECIFIED MONOCYTIC LEUKEMIA, IN RELAPSE
207200000 Leukemia	207 OTHER SPECIFIED LEUKEMIA
207200000 Leukemia	207.0 ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA
207200000 Leukemia	207.00 ACUTE ERYTHREMIA&ERYTHROLEUKEMIA W/O MENT REMSSN
207200000 Leukemia	207.01 ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA IN REMISSN
207200000 Leukemia	207.02 ACUTE ERYTHREMIA AND ERYTHROLEUKEMIA, IN RELAPSE
207200000 Leukemia	207.1 CHRONIC ERYTHREMIA
207200000 Leukemia	207.10 CHRONIC ERYTHREMIA W/O MENTION OF REMISSION
207200000 Leukemia	207.11 CHRONIC ERYTHREMIA IN REMISSION
207200000 Leukemia	207.12 CHRONIC ERYTHREMIA, IN RELAPSE
207200000 Leukemia	207.2 MEGAKARYOCYTIC LEUKEMIA
207200000 Leukemia	207.20 MEGAKARYOCYTIC LEUKEMIA W/O MENTION OF REMISSION
207200000 Leukemia	207.21 MEGAKARYOCYTIC LEUKEMIA IN REMISSION
207200000 Leukemia	207.22 MEGAKARYOCYTIC LEUKEMIA, IN RELAPSE
207200000 Leukemia	207.8 OTHER SPECIFIED LEUKEMIA
207200000 Leukemia	207.80 OTHER SPECIFIED LEUKEMIA W/O MENTION OF REMISSION
207200000 Leukemia	207.81 OTHER SPECIFIED LEUKEMIA IN REMISSION
207200000 Leukemia	207.82 OTHER SPECIFIED LEUKEMIA, IN RELAPSE
207200000 Leukemia	208 LEUKEMIA OF UNSPECIFIED CELL TYPE
207200000 Leukemia	208.0 ACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE
207200000 Leukemia	208.00 AC LEUKEMIA UNSPEC CELL TYPE W/O MENTION REMISSN
207200000 Leukemia	208.01 ACUTE LEUKEMIA OF UNSPECIF CELL TYPE IN REMSSN
207200000 Leukemia	208.02 ACUTE LEUKEMIA OF UNSPECIF CELL TYPE IN RELAPSE
207200000 Leukemia	208.1 CHRONIC LEUKEMIA OF UNSPECIFIED CELL TYPE
207200000 Leukemia	208.10 CHRON LEUKEMIA UNSPEC CELL TYPE W/O MENT REMSSN
207200000 Leukemia	208.11 CHRONIC LEUKEMIA OF UNSPECIF CELL TYPE IN REMSSN
207200000 Leukemia	208.12 CHRON LEUKEMIA OF UNSPECIF CELL TYPE, IN RELAPSE
207200000 Leukemia	208.2 SUBACUTE LEUKEMIA OF UNSPECIFIED CELL TYPE
207200000 Leukemia	208.20 SUBAC LEUKEMIA UNSPEC CELL TYPE W/O MENT REMISSN
207200000 Leukemia	208.21 SUBAC LEUKEMIA UNSPECIF CELL TYPE IN REMISSION
207200000 Leukemia	208.22 SUBAC LEUKEMIA OF UNSPECIF CELL TYPE IN RELAPSE
207200000 Leukemia	208.8 OTHER LEUKEMIA OF UNSPECIFIED CELL TYPE
207200000 Leukemia	208.80 OTH LEUKEMIA UNSPECIF CELL TYPE W/O MENT REMISSN
207200000 Leukemia	208.81 OTH LEUKEMIA OF UNSPECIF CELL TYPE IN REMISSION
207200000 Leukemia	208.82 OTH LEUKEMIA OF UNSPECIF CELL TYPE IN RELAPSE
207200000 Leukemia	208.9 UNSPECIFIED LEUKEMIA
207200000 Leukemia	208.90 UNSPECIFIED LEUKEMIA W/O MENTION OF REMISSION
207200000 Leukemia	208.91 UNSPECIFIED LEUKEMIA IN REMISSION
207200000 Leukemia	208.92 UNSPECIFIED LEUKEMIA, IN RELAPSE
code set cd. st. descr.	DX cd. DX code description
437800000 Pulm. tuberculosis 010	PRIMARY TUBERCULOUS INFECTION
437800000 Pulm. tuberculosis 010.0	PRIMARY TUBERCULOUS COMPLEX
437800000 Pulm. tuberculosis 010.00	PRIMARY TUBERCULOUS COMPLEX UNSPEC EXAMINAT
437800000 Pulm. tuberculosis 010.01	PR TUBERCL CMPLX BACTER/HISTOL EXAM NOT DONE
437800000 Pulm. tuberculosis 010.02	PR TUBERCL CMPLX BACTR/HISTL EXAM RSLTS UNKN
437800000 Pulm. tuberculosis 010.03	PR TBRCL CMPX TBRCLE BCL FOUND-SPUTUM-MCRSCP
437800000 Pulm. tuberculosis 010.04	PR TBRCL CMPX TBRCL BCL FOUND BY BACT CULTUR
437800000 Pulm. tuberculosis 010.05	PR TBRCL CMPX TBRCLE BCL CNFRMED HISTOLOGIC
437800000 Pulm. tuberculosis 010.06	PR TBRCL CMPX TBRCLE BCL CNFRMD BY OTH MTHDS
437800000 Pulm. tuberculosis 010.1	TUBERCULOUS PLEURISY IN PRIM PROGRSSV TB
437800000 Pulm. tuberculosis 010.10	TUBERCLS PLEUR IN PRIM PROG TB CNFRMTN UNSPC
437800000 Pulm. tuberculosis 010.11	TBRCLS PLR IN PRM PRG TB BCTR/HSTL EXM NT DN
437800000 Pulm. tuberculosis 010.12	TBRCLS PLR IN PRM PRG TB BC/HST EX RSLT UNKN
437800000 Pulm. tuberculosis 010.13	TBRCLS PLR PRM PRG TB TBRCL BCL FND-SPTM-MCRS
437800000 Pulm. tuberculosis 010.14	TBRCLS PLR PRM PRG TB TBRC BC FND BY BAC CLT
437800000 Pulm. tuberculosis 010.16	TBRCLS PLR IN PRM PRG TB,TB CNFRMD OTH MTHDS
437800000 Pulm. tuberculosis 010.8	OTHER PRIMARY PROGRESSIVE TUBERCULOSIS

437800000 Pulm. tuberculosis 010.80 OTH PRIM PROGRSSV TUBERCLS CONFIRMATN UNSPEC  
 437800000 Pulm. tuberculosis 010.81 OT PRIM PRGRSSV TB BACTR/HISTL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 010.82 OT PRIM PRGRSSV TB BACTR/HISTL EX RSLT UNKN  
 437800000 Pulm. tuberculosis 010.83 OT PRM PRGRSSV TBRCLE BCL FOUND-SPTM-MCRSCP  
 437800000 Pulm. tuberculosis 010.84 OT PRM PRGRSV TB TBRCL BCL FOUND BY BAC CULT  
 437800000 Pulm. tuberculosis 010.85 OT PRIM PRGRSSV TB,TB CONFRMD HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 010.86 OT PRIM PRGRSSV TB,TB CONFRMD BY OTH METHODS  
 437800000 Pulm. tuberculosis 010.9 PRIMARY TUBERCULOUS INFECTION UNSPECIF TYPE  
 437800000 Pulm. tuberculosis 010.90 PRIM TBRCLS INFNC UNSPC TYPE CONFIRM UNSPECIF  
 437800000 Pulm. tuberculosis 010.91 PRM TBRCLS INFNC UNSP TYP BCT/HSTL EX NT DONE  
 437800000 Pulm. tuberculosis 010.92 PRM TBRCLS INFNC UNSP TYP BC/HST EX RSLTS UNKN  
 437800000 Pulm. tuberculosis 010.93 PRIM TBRCLS INFNC UNSPC TYP FOUND-SPTM-MCRSCP  
 437800000 Pulm. tuberculosis 010.94 PRM TBBCS INF UNSP TYPE TBRC BC FND BY BC CLT  
 437800000 Pulm. tuberculosis 010.95 PRM TBRCLS INFNC UNSP TYP,TB CONFRMD HISTOLOG  
 437800000 Pulm. tuberculosis 010.96 PRM TBRCLS INFNC UNSP TYPE TB CNFRMD OT MTHDS  
 437800000 Pulm. tuberculosis 011 PULMONARY TUBERCULOSIS  
 437800000 Pulm. tuberculosis 011.0 TUBERCULOSIS OF LUNG INFILTRATIVE  
 437800000 Pulm. tuberculosis 011.00 TB LUNG INFILRTV CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 011.01 TB LUNG INFILRTV BACTER/HISTL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 011.02 TB LUNG INFILRTV BACT/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.03 TB LUNG INFILRTV TBRCLE BCL FND-SPTM-MCRSCP  
 437800000 Pulm. tuberculosis 011.04 TB LUNG INFILRTV TBRCL BCL FOUND BY BAC CULT  
 437800000 Pulm. tuberculosis 011.05 TB LUNG INFILRTV, TB CONFRMD HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 011.06 TB LUNG INFILRTV TB CONFRMD BY OTH METHODS  
 437800000 Pulm. tuberculosis 011.1 TUBERCULOSIS OF LUNG NODULAR  
 437800000 Pulm. tuberculosis 011.10 TB LUNG NODULAR CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 011.11 TB LUNG NODULAR BACTER/HISTOL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 011.12 TB LUNG NODULAR BACTR/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.13 TB LUNG NODULAR FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 011.14 TB LUNG NODULAR TBRCL BCL FOUND BY BAC CULTR  
 437800000 Pulm. tuberculosis 011.15 TB LUNG NODULAR, TB CONFRMD HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 011.16 TB LUNG NODULAR TB CONFIRMD BY OTHER METHODS  
 437800000 Pulm. tuberculosis 011.2 TUBERCULOSIS OF LUNG WITH CAVITATION  
 437800000 Pulm. tuberculosis 011.20 TB LUNG W/ CAVITN CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 011.21 TB LUNG W/ CAVITN BACTER/HISTL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 011.22 TB LUNG W/ CAVITN BACT/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.23 TB LUNG W/ CAVITN FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 011.24 TB LUNG W/ CAVITN TBRCL BCL FND BY BAC CULTR  
 437800000 Pulm. tuberculosis 011.25 TB LUNG W/ CAVITN,TB CONFRMD HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 011.26 TB LUNG W/ CAVITN TB CONFRMD BY OTH METHODS  
 437800000 Pulm. tuberculosis 011.3 TUBERCULOSIS OF BRONCHUS  
 437800000 Pulm. tuberculosis 011.30 TB BRONCHUS CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 011.31 TB BRONCHUS BACTER/HISTOL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 011.32 TB BRONCHUS BACTR/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.33 TB BRONCHUS FOUND (IN SPUTUM) BY MICROSCOPY  
 437800000 Pulm. tuberculosis 011.34 TB BRONCHUS TBRCL BCL FOUND BY BACT CULTUR  
 437800000 Pulm. tuberculosis 011.35 TB BRONCHUS, TB CONFIRMED HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 011.36 TB BRONCHUS, TB CONFIRMED BY OTHER METHODS  
 437800000 Pulm. tuberculosis 011.4 TUBERCULOUS FIBROSIS OF LUNG  
 437800000 Pulm. tuberculosis 011.40 TUBRCLS FIBROS LUNG CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 011.41 TUBRCLS FIBROS LUNG BACT/HSTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.42 TUBRCLS FIBROS LUNG BAC/HSTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.43 TUBRCLS FIBROS LUNG FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 011.44 TUBRCLS FIBROS LUNG TBRCL BCL FND BY BAC CLT  
 437800000 Pulm. tuberculosis 011.45 TUBRCLS FIBROS LUNG,TB CONFRMD HISTOLOGIC  
 437800000 Pulm. tuberculosis 011.46 TUBRCLS FIBROS LUNG TB CNFRMD OTHER METHODS  
 437800000 Pulm. tuberculosis 011.5 TUBERCULOUS BRONCHIECTASIS  
 437800000 Pulm. tuberculosis 011.50 TUBRCLS BRONCHIECTS CONFIRMATION UNSPECIFIED

437800000 Pulm. tuberculosis 011.51 TUBRCLS BRONCHTS BACTER/HISTOL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 011.52 TUBRCLS BRONCHTS BACTR/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.53 TUBRCLS BRONCHIECTAS FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 011.54 TUBRCLS BRONCHTS TBRCL BCL FND BY BACT CULTR  
 437800000 Pulm. tuberculosis 011.55 TUBRCLS BRONCHTS, TB CONFIRMED HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 011.56 TUBRCLS BRONCHTS TB CONFRMD BY OTHER METHODS  
 437800000 Pulm. tuberculosis 011.6 TUBERCULOUS PNEUMONIA (ANY FORM)  
 437800000 Pulm. tuberculosis 011.60 TUBRCLS PNEUM(ANY FORM)CONFIRMATION UNSPECIF  
 437800000 Pulm. tuberculosis 011.61 TUBRCLS PNEUM(ANY FORM)BAC/HSTL EXAM NT DONE  
 437800000 Pulm. tuberculosis 011.62 TUBRCLS PNEUM(ANY FRM)BAC/HSTL EX RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.63 TUBRCLS PNEUM(ANY FORM)FOUND-SPUTUM-MICRSCP  
 437800000 Pulm. tuberculosis 011.64 TBRCLS PNM(ANY FRM)TBRCL BCL FND BY BAC CULT  
 437800000 Pulm. tuberculosis 011.65 TUBRCLS PNEUM(ANY FORM), TB CONFRMD HISTOLOGC  
 437800000 Pulm. tuberculosis 011.66 TUBRCLS PNEUM (ANY FORM), TB CNFRMD OTH MTHDS  
 437800000 Pulm. tuberculosis 011.7 TUBERCULOUS PNEUMOTHORAX  
 437800000 Pulm. tuberculosis 011.70 TUBERCULS PNEUMTHX CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 011.71 TUBRCLS PNMTHX BACTER/HISTOL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 011.72 TUBRCLS PNMTHX BACTR/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.73 TUBRCLS PNMTHX FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 011.74 TUBRCLS PNMTHX TBRCL BCL FOUND BY BACT CULTR  
 437800000 Pulm. tuberculosis 011.75 TUBRCLS PNMTHX, TB CONFIRMED HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 011.76 TUBRCLS PNMTHX, TB CONFIRMED BY OTHER METHODS  
 437800000 Pulm. tuberculosis 011.8 OTHER SPECIFIED PULMONARY TUBERCULOSIS  
 437800000 Pulm. tuberculosis 011.80 OTH SPEC PULM TB CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 011.81 OTH SPEC PULM TB BACTER/HISTOL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 011.82 OTH SPEC PULM TB BCT/HSTL EXM RSLTS NOT KNWN  
 437800000 Pulm. tuberculosis 011.83 OTH SPEC PULM TB FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 011.84 OTH SPEC PULM TB TBRCL BCL FND BY BAC CULTR  
 437800000 Pulm. tuberculosis 011.85 OTH SPEC PULM TB, TB CONFRMD HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 011.86 OTH SPEC PULM TB, TB CONFRMD BY OTH METHODS  
 437800000 Pulm. tuberculosis 011.9 UNSPECIFIED PULMONARY TUBERCULOSIS  
 437800000 Pulm. tuberculosis 011.90 UNSPEC PULM TB CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 011.91 UNSPEC PULM TB BACTER/HISTOL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 011.92 UNSPEC PULM TB BACTR/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 011.93 UNSPEC PULM TB FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 011.94 UNSPEC PULM TB TBRCL BCL FOUND BY BACT CULT  
 437800000 Pulm. tuberculosis 011.95 UNSPEC PULM TB, TB CONFIRMED HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 011.96 UNSPEC PULM TB, TB CONFIRMD BY OTHER METHODS  
 437800000 Pulm. tuberculosis 012 OTHER RESPIRATORY TUBERCULOSIS  
 437800000 Pulm. tuberculosis 012.0 TUBERCULOUS PLEURISY  
 437800000 Pulm. tuberculosis 012.00 TUBERCULS PLEURISY CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 012.01 TUBRCLS PLEUR BACTER/HISTOL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 012.02 TUBRCLS PLEUR BACTR/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 012.03 TUBRCLS PLEUR FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 012.04 TUBRCLS PLEUR TBRCL BCL FOUND BY BACT CULTUR  
 437800000 Pulm. tuberculosis 012.05 TUBRCLS PLEUR, TB CONFIRMED HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 012.06 TUBRCLS PLEUR, TB CONFIRMED BY OTHER METHODS  
 437800000 Pulm. tuberculosis 012.1 TUBERCULOSIS OF INTRATHORACIC LYMPH NODES  
 437800000 Pulm. tuberculosis 012.10 TB INTRTHRC LMPH NDS CONFIRMATION UNSPECIF  
 437800000 Pulm. tuberculosis 012.11 TB INTRTHRC LMPH NDS BACT/HISTL EXAM NT DONE  
 437800000 Pulm. tuberculosis 012.12 TB INTRTHRC LMPH NDS BAC/HSTL EX RSLTS UNKN  
 437800000 Pulm. tuberculosis 012.13 TB INTRTHRC LMPH NDS FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 012.14 TB INTRTHRC LMPH NDS TBRCL BCL FND BY BC CLT  
 437800000 Pulm. tuberculosis 012.15 TB INTRTHRC LMPH NDS, TB CONFRMD HISTOLOGIC  
 437800000 Pulm. tuberculosis 012.16 TB INTRTHRC LMPH NDS, TB CNFRMD BY OTH MTHDS  
 437800000 Pulm. tuberculosis 012.2 ISOLATED TRACHEAL OR BRONCHIAL TUBERCULOSIS  
 437800000 Pulm. tuberculosis 012.20 ISOL TRACH/BRONCH TB CONFIRMATION UNSPECIF  
 437800000 Pulm. tuberculosis 012.21 ISOL TRACH/BRONCH TB BACT/HSTL EXAM NOT DONE

437800000 Pulm. tuberculosis 012.22 ISOL TRACH/BRONCH TB BAC/HSTL EX RSLTS UNKN  
 437800000 Pulm. tuberculosis 012.23 ISOL TRACH/BRONCH TB FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 012.24 ISOL TRCH/BRNCH TB TBRCL BCL FND BY BAC CULT  
 437800000 Pulm. tuberculosis 012.25 ISOL TRACH/BRONCH TB, TB CONFRMD HISTOLGCL  
 437800000 Pulm. tuberculosis 012.26 ISOL TRACH/BRONCH TB, TB CNFRMD BY OTH MTHDS  
 437800000 Pulm. tuberculosis 012.3 TUBERCULOUS LARYNGITIS  
 437800000 Pulm. tuberculosis 012.30 TUBRCLS LARYNGITIS CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 012.31 TUBRCLS LRYNG BACTER OR HISTOL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 012.32 TUBRCLS LRYNG BACTR/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 012.33 TUBRCLS LRYNG FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 012.34 TUBRCLS LRYNG TBRCL BCL FOUND BY BACT CULTUR  
 437800000 Pulm. tuberculosis 012.35 TUBRCLS LRYNG, TB CONFRMD HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 012.36 TUBRCLS LRYNG, TB CONFIRMED BY OTHER METHODS  
 437800000 Pulm. tuberculosis 012.8 OTHER SPECIFIED RESPIRATORY TUBERCULOSIS  
 437800000 Pulm. tuberculosis 012.80 OTH SPEC RESP TB CONFIRMATION UNSPECIFIED  
 437800000 Pulm. tuberculosis 012.81 OTH SPEC RESP TB BACTER/HISTOL EXAM NOT DONE  
 437800000 Pulm. tuberculosis 012.82 OTH SPEC RESP TB BACTR/HISTL EXAM RSLTS UNKN  
 437800000 Pulm. tuberculosis 012.83 OTH SPEC RESP TB FOUND-SPUTUM-MICROSCOPY  
 437800000 Pulm. tuberculosis 012.84 OTH SPEC RESP TB TBRCL BCL FOUND BY BAC CULT  
 437800000 Pulm. tuberculosis 012.85 OTH SPEC RESP TB, TB CONFRMD HISTOLOGICALLY  
 437800000 Pulm. tuberculosis 012.86 OTH SPEC RESP TB, TB CNFRMD BY OTHER METHODS  
 437800000 Pulm. tuberculosis 031.0 PULMONARY DISEASES DUE TO OTHER MYCOBACTERIA  
 437800000 Pulm. tuberculosis 031.2 DISSEMINATED MYCOBACTERIUM  
 437800000 Pulm. tuberculosis 137 LATE EFFECTS OF TUBERCULOSIS  
 437800000 Pulm. tuberculosis 137.0 LATE EFFECTS RESP OR UNSPEC TB

## code set cd. st. dscrpt. DX cd. DX code description

440100000 Malig neopl pulm syst 162 MALIGNANT NEOPLASM TRACHEA BRONCHUS & LUNG  
 440100000 Malig neopl pulm syst 162.0 MALIGNANT NEOPLASM OF TRACHEA  
 440100000 Malig neopl pulm syst 162.2 MALIGNANT NEOPLASM OF MAIN BRONCHUS  
 440100000 Malig neopl pulm syst 162.3 MALIGNANT NPLSM UPPER LOBE BRONCHUS OR LUNG  
 440100000 Malig neopl pulm syst 162.4 MALIGNANT NPLSM MDL LOBE BRONCHUS OR LUNG  
 440100000 Malig neopl pulm syst 162.5 MALIGNANT NPLSM LOWER LOBE BRONCHUS OR LUNG  
 440100000 Malig neopl pulm syst 162.8 MALIGNANT NPLSM OTH PARTS BRONCHUS OR LUNG  
 440100000 Malig neopl pulm syst 162.9 MALIGNANT NPLSM BRONCHUS AND LUNG UNSPECIF  
 440100000 Malig neopl pulm syst 163 MALIGNANT NEOPLASM OF PLEURA  
 440100000 Malig neopl pulm syst 163.0 MALIGNANT NEOPLASM OF PARIENTAL PLEURA  
 440100000 Malig neopl pulm syst 163.1 MALIGNANT NEOPLASM OF VISCELAR PLEURA  
 440100000 Malig neopl pulm syst 163.8 MALIGNANT NPLSM OTHER SPEC SITES OF PLEURA  
 440100000 Malig neopl pulm syst 163.9 MALIGNANT NEOPLASM OF PLEURA UNSPECIFIED  
 440100000 Malig neopl pulm syst 164 MALIGNANT NPLSM THYMUS HEART & MEDIASTINUM  
 440100000 Malig neopl pulm syst 164.0 MALIGNANT NEOPLASM OF THYMUS  
 440100000 Malig neopl pulm syst 164.1 MALIGNANT NEOPLASM OF HEART  
 440100000 Malig neopl pulm syst 164.2 MALIGNANT NPLSM ANTERIOR MEDIASTINUM  
 440100000 Malig neopl pulm syst 164.3 MALIGNANT NPLSM POSTERIOR MEDIASTINUM  
 440100000 Malig neopl pulm syst 164.8 MALIGNANT NPLSM OTHER PARTS OF MEDIASTINUM  
 440100000 Malig neopl pulm syst 164.9 MALIGNANT NPLSM MEDIASTINUM PART UNSPECIF  
 440100000 Malig neopl pulm syst 165 ML NSM OTH/ILL-DFN STS RSP SYS&INTTHR ORG  
 440100000 Malig neopl pulm syst 165.0 ML NSM UPP RESP TRACT PART UNSPECIFIED  
 440100000 Malig neopl pulm syst 165.8 ML NPLSM OT STS W/IN RESP SYS&INTTHRC ORG  
 440100000 Malig neopl pulm syst 165.9 MAL NPLSM ILL-DEFN SITES W/IN RESP SYSTEM  
 440100000 Malig neopl pulm syst 176.4 KAPOSI'S SARCOMA LUNG  
 440100000 Malig neopl pulm syst 195.1 MALIGNANT NEOPLASM OF THORAX  
 440100000 Malig neopl pulm syst 209.21 MALIGNANT CARCINOID TUMOR BRONCHUS & LUNG  
 440100000 Malig neopl pulm syst 209.22 MALIGNANT CARCINOID TUMOR OF THYMUS  
 440100000 Malig neopl pulm syst 231 CARCINOMA IN SITU OF RESPIRATORY SYSTEM  
 440100000 Malig neopl pulm syst 231.1 CARCINOMA IN SITU OF TRACHEA  
 440100000 Malig neopl pulm syst 231.2 CARCINOMA IN SITU OF BRONCHUS AND LUNG

440100000 Malig neopl pulm syst	231.8 CARCINOMA IN SITU OTH SPEC PARTS RESP SYS	
440100000 Malig neopl pulm syst	231.9 CARCINOMA IN SITU RESP SYST PART UNSPECIF	
Code Set	Code Set Description	Procedure Code
PR0107	Professional encounter	99201
PR0107	Professional encounter	99202
PR0107	Professional encounter	99203
PR0107	Professional encounter	99204
PR0107	Professional encounter	99205
PR0107	Professional encounter	99211
PR0107	Professional encounter	99212
PR0107	Professional encounter	99213
PR0107	Professional encounter	99214
PR0107	Professional encounter	99215
PR0107	Professional encounter	99217
PR0107	Professional encounter	99218
PR0107	Professional encounter	99219
PR0107	Professional encounter	99220
PR0107	Professional encounter	99221
PR0107	Professional encounter	99222
PR0107	Professional encounter	99223
PR0107	Professional encounter	99231
PR0107	Professional encounter	99232
PR0107	Professional encounter	99233
PR0107	Professional encounter	99234
PR0107	Professional encounter	99235
PR0107	Professional encounter	99236
PR0107	Professional encounter	99238
PR0107	Professional encounter	99239
PR0107	Professional encounter	99241
PR0107	Professional encounter	99242
PR0107	Professional encounter	99243
PR0107	Professional encounter	99244
PR0107	Professional encounter	99245
PR0107	Professional encounter	99251
PR0107	Professional encounter	99252
PR0107	Professional encounter	99253
PR0107	Professional encounter	99254
PR0107	Professional encounter	99255
PR0107	Professional encounter	99261
PR0107	Professional encounter	99262
PR0107	Professional encounter	99263
PR0107	Professional encounter	99271
PR0107	Professional encounter	99272
PR0107	Professional encounter	99273
PR0107	Professional encounter	99274
PR0107	Professional encounter	99275
PR0107	Professional encounter	99281
PR0107	Professional encounter	99282
PR0107	Professional encounter	99283
PR0107	Professional encounter	99284
PR0107	Professional encounter	99285
PR0107	Professional encounter	99301
PR0107	Professional encounter	99302
PR0107	Professional encounter	99303
PR0107	Professional encounter	99304
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PR0107	Professional encounter	99306

PR0107	Professional encounter	99307
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PR0107	Professional encounter	99311
PR0107	Professional encounter	99312
PR0107	Professional encounter	99313
PR0107	Professional encounter	99315
PR0107	Professional encounter	99316
PR0107	Professional encounter	99318
PR0107	Professional encounter	99341
PR0107	Professional encounter	99342
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PR0107	Professional encounter	99386
PR0107	Professional encounter	99387
PR0107	Professional encounter	99391
PR0107	Professional encounter	99392
PR0107	Professional encounter	99393
PR0107	Professional encounter	99394
PR0107	Professional encounter	99395
PR0107	Professional encounter	99396
PR0107	Professional encounter	99397
PR0107	Professional encounter	99401
PR0107	Professional encounter	99402
PR0107	Professional encounter	99403
PR0107	Professional encounter	99404
PR0107	Professional encounter	99411
PR0107	Professional encounter	99412
PR0107	Professional encounter	99420
PR0107	Professional encounter	99429
PR0107	Professional encounter	S0270
PR0107	Professional encounter	S0271
PR0107	Professional encounter	S0272
PR0107	Professional encounter	S0273
Cd. Set	Code Set Description	Procedure Code
PR0108	Professional supervision	99321
PR0108	Professional supervision	99322
PR0108	Professional supervision	99323
PR0108	Professional supervision	99324
PR0108	Professional supervision	99325
PR0108	Professional supervision	99326
PR0108	Professional supervision	99327
PR0108	Professional supervision	99328
PR0108	Professional supervision	99331
PR0108	Professional supervision	99332
PR0108	Professional supervision	99333

PR0108	Professional supervision	99334	
PR0108	Professional supervision	99335	
PR0108	Professional supervision	99336	
PR0108	Professional supervision	99337	
PR0108	Professional supervision	99339	
PR0108	Professional supervision	99340	
PR0108	Professional supervision	99371	
PR0108	Professional supervision	99372	
PR0108	Professional supervision	99373	
PR0108	Professional supervision	99374	
PR0108	Professional supervision	99375	
PR0108	Professional supervision	99377	
PR0108	Professional supervision	99378	
PR0108	Professional supervision	99379	
PR0108	Professional supervision	99380	
PR0108	Professional supervision	99441	
PR0108	Professional supervision	99442	
PR0108	Professional supervision	99443	
PR0108	Professional supervision	99444	
PR0108	Professional supervision	G0179	
PR0108	Professional supervision	G0180	
PR0108	Professional supervision	G0181	
PR0108	Professional supervision	G0182	
Code Set	Code Set Description	Revenue Code	
RV0107	Professional encounter	0510	
RV0107	Professional encounter	0511	
RV0107	Professional encounter	0512	
RV0107	Professional encounter	0513	
RV0107	Professional encounter	0514	
RV0107	Professional encounter	0515	
RV0107	Professional encounter	0516	
RV0107	Professional encounter	0517	
RV0107	Professional encounter	0519	
RV0107	Professional encounter	0520	
RV0107	Professional encounter	0521	
RV0107	Professional encounter	0522	
RV0107	Professional encounter	0523	
RV0107	Professional encounter	0524	
RV0107	Professional encounter	0525	
RV0107	Professional encounter	0526	
RV0107	Professional encounter	0528	
RV0107	Professional encounter	0529	
RV0107	Professional encounter	0981	
RV0107	Professional encounter	0983	
<b>2a.11 Stratification Details/Variables (All information required to stratify the measure including the stratification variables, all codes, logic, and definitions):</b>			
Does not apply			
<b>2a.12-13 Risk Adjustment Type:</b> no risk adjustment necessary			
<b>2a.14 Risk Adjustment Methodology/Variables (List risk adjustment variables and describe conceptual models, statistical models, or other aspects of model or method):</b>			
<b>2a.15-17 Detailed risk model available Web page URL or attachment:</b>			
<b>2a.18-19 Type of Score:</b> rate/proportion			

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable

<p><b>2a.20 Interpretation of Score:</b> better quality = higher score  <b>2a.21 Calculation Algorithm</b> (<i>Describe the calculation of the measure as a flowchart or series of steps</i>):  1. Exclude members who meet denominator exclusion criteria  2. Assign a YES or NO result to remaining members based on numerator response  3. Rate = YES/[YES+NO]</p>	
<p><b>2a.22</b> Describe the method for discriminating performance (e.g., significance testing):  Over 21,000 patients met the denominator definition from a geographically diverse 15 million member benchmark database. More than 6200 patients did not meet numerator compliance, indicating a significant population with a gap in care. The subsequent compliance rate was 70.6 percent.</p> <p><b>2a.23 Sampling (Survey) Methodology</b> <i>If measure is based on a sample (or survey), provide instructions for obtaining the sample, conducting the survey and guidance on minimum sample size (response rate):</i>  A 15 million patient population sample was chosen to analyze the potential patient safety gap in care. The sample was derived from more than 60 million patients based on criteria including national geographic representation, commercial health coverage and patient age less than 65.</p>	
<p><b>2a.24 Data Source</b> (<i>Check the source(s) for which the measure is specified and tested</i>)  Electronic administrative data/claims, pharmacy data</p>	
<p><b>2a.25 Data source/data collection instrument</b> (<i>Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.</i>):  Our data source is a proprietary Ingenix provider database that includes more than 60 million patients, over multiple years. It includes data from multiple payors. This measure specifically uses the following data from this database: member demographics, ICD-9 codes, revenue codes, CPT codes, place of service codes, and pharmacy claims.</p>	
<p><b>2a.26-28 Data source/data collection instrument reference web page URL or attachment:</b></p>	
<p><b>2a.29-31 Data dictionary/code table web page URL or attachment:</b> <a href="#">Attachment Input Guide_NQF-634015037870498644.doc</a></p>	
<p><b>2a.32-35 Level of Measurement/Analysis</b> (<i>Check the level(s) for which the measure is specified and tested</i>)  Population: states, Population: counties or cities, Clinicians: Individual, Clinicians: Group, Facility/Agency, Health Plan, Integrated delivery system, Multi-site/corporate chain, Program: Disease management, Program: QIO, Can be measured at all levels</p>	
<p><b>2a.36-37 Care Settings</b> (<i>Check the setting(s) for which the measure is specified and tested</i>)  Long term acute care hospital, nursing home (NH) /Skilled Nursing Facility (SNF), Rehabilitation Facility, Ambulatory Care: Clinic, Ambulatory Care: Emergency Dept, Ambulatory Care: Hospital Outpatient</p>	
<p><b>2a.38-41 Clinical Services</b> (<i>Healthcare services being measured, check all that apply</i>)  Clinicians: PA/NP/Advanced Practice Nurse, Clinicians: Physicians (MD/DO)</p>	
<b>TESTING/ANALYSIS</b>	
<p><b>2b. Reliability testing</b></p> <p><b>2b.1 Data/sample</b> (<i>description of data/sample and size</i>): Reliability is tested by using multiple databases. There are three primary databases that we use: 1) a customer acceptance (CAT) database that includes approximately 4000 members who satisfy the condition confirmation criteria; 2) a one million member face validity testing (FVT) database that is geographically diverse; and 3) a 15 million member benchmark database that is geographically diverse. All databases represent predominately a commercial population less than 65 year of age.</p>	<span style="border: 1px solid black; padding: 2px;">2b</span> <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N
<p><b>2b.2 Analytic Method</b> (<i>type of reliability &amp; rationale, method for testing</i>):  Quality assurance of each measure is accomplished through the testing using multiple methods and databases. Types of testing, data samples and volume vary to ensure the integrity of the measure. Rigorous</p>	<div style="border: 1px solid red; padding: 5px; margin-bottom: 10px;"> <b>Comment [k10]:</b> 2b. Reliability testing demonstrates the measure results are repeatable, producing the same results a high proportion of the time when assessed in the same population in the same time period. </div> <div style="border: 1px solid red; padding: 5px;"> <b>Comment [k11]:</b> 8 Examples of reliability testing include, but are not limited to: inter-rater/abstractor or intra-rater/abstractor studies; internal consistency for multi-item scales; test-retest for survey items. Reliability testing may address the data items or final measure score. </div>

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable

development, analysis and testing processes are deployed for creating measure specifications. Software testing ensures the software is working as designed. Reliability and validity testing of measures is based on differing data samples and volume of members. National benchmarks are created on a large volume set of data representing members throughout the United States. All quality checks for all measure results must have consistent results and meet expected outcomes based on industry knowledge and experience.

Customer Acceptance Testing (CAT) is an important quality process. CAT ensures that the clinical measures are functioning as intended and that they generate accurate results for typical billing patterns. Using actual claims data a team of business analysts, nurses, and health services researchers conducts a detailed analysis of the output. For each clinical condition in the product (e.g., Diabetes Mellitus, Coronary Artery Disease, etc.) there is a set of CAT data with at least 4000 members who satisfy the condition confirmation criteria. This data is extracted from a large (50+ million member) multi-payer benchmark database and contains inpatient, outpatient, pharmacy, and laboratory data. The testing team analyzes claims from individual members and compares the creation of denominators (target population), numerators, and exclusions from this manual review process to output results from the quality measure.

Regression testing is the part of CAT that verifies the reliability of the product across software releases. For a new release the testing team confirms that every unchanged measure produces the same results as in previous releases, accounting for systematic changes to the software (e.g., code updates, logic changes, etc). Regression testing is conducted at multiple points throughout the software development cycle.

#### **2b.3 Testing Results (*reliability statistics, assessment of adequacy in the context of norms for the test conducted*):**

Given the size of our benchmark database, it is the most reliable source for compliance results. Over 21,00 members from the benchmark database met the denominator definition for this measure. The overall compliance rate was 70.6 percent.

#### **2c. Validity testing**

**2c.1 Data/sample (*description of data/sample and size*):** Our data sample for face validity testing includes a geographically diverse one million member database. Our data sample for benchmark testing includes a geographically diverse 15 million member database. Both databases represent predominately a commercial population less than 65 year of age.

#### **2c.2 Analytic Method (*type of validity & rationale, method for testing*):**

Face Validity Testing (FVT) is the final testing step in the software release cycle. One million members are randomly selected from the large multi-payer benchmark database and their claims data is processed through the software. The Medical Director reviews the results to verify that:

1. Prevalence rates for a condition are comparable to nationally published rates
2. Compliance rates for a measure are comparable to the rates reported in the published literature or by other national sources (e.g. HEDIS). If no comparable sources are available, the rates are judged based on what is clinically reasonable.

In addition, all results are reviewed for face validity by members of an external physician clinical consultant panel.

A similar review of benchmark test results occurs in conjunction with a software release. With benchmark testing, 15 million members are randomly selected from the large multi-payer benchmark database and their claims data is processed through the software.

Our claims-based measures have been validated using a chart review comparison process. This validation project is summarized below:

**Goal:** evaluate the reliability of claims-based measure results using chart review as the gold standard  
**Methods:**

The charts of 100 members from two clinics in one city were reviewed. Results from our claims-based measures were compared to information present in the chart. During this process, 726 measures were evaluated.

**Results:**

The overall error rate was less than 5%. The error rate varied depending on the type of claim required for

**Comment [KP12]:** 2c. Validity testing demonstrates that the measure reflects the quality of care provided, adequately distinguishing good and poor quality. If face validity is the only validity addressed, it is systematically assessed.

**Comment [k13]:** 9 Examples of validity testing include, but are not limited to: determining if measure scores adequately distinguish between providers known to have good or poor quality assessed by another valid method; correlation of measure scores with another valid indicator of quality for the specific topic; ability of measure scores to predict scores on some other related valid measure; content validity for multi-item scales/tests. Face validity is a subjective assessment by experts of whether the measure reflects the quality of care (e.g., whether the proportion of patients with BP < 140/90 is a marker of quality). If face validity is the only validity addressed, it is systematically assessed (e.g., ratings by relevant stakeholders) and the measure is judged to represent quality care for the specific topic and that the measure focus is the most important aspect of quality for the specific topic.

2c  
 C  
 P  
 M  
 N

<p>numerator compliance and is summarized as follows:</p> <ul style="list-style-type: none"> <li>o The error rate was highest with medications, with an 11 percent error rate (2/18). From chart review, it was difficult to tell if this represented a real error, a medication sample was provided, or the prescription was never filled.</li> <li>o The error rate was 4 percent (14/318) for measures that required labs for numerator compliance. It was noted that a claims-based measure approach sometimes identified labs that were missing in chart review.</li> <li>o The error rate for office visit and specialty appointments was 2 percent (8/390). Of note, administrative claims was more likely than chart review to identify relevant office and specialty visits, particularly for appointments that occurred outside the clinic or network.</li> <li>o Errors were found related to coding in claims data, not due to the claims-based measures or methodology. These errors were not quantified.</li> </ul>											
<p><b>2c.3 Testing Results (statistical results, assessment of adequacy in the context of norms for the test conducted):</b> Summarized in 2b3</p>											
<p><b>2d. Exclusions Justified</b></p>											
<p><b>2d.1 Summary of Evidence supporting exclusion(s):</b> The purpose and scope of the 2007 IDSA/ATS guideline is to address the management of patients with community acquired pneumonia (CAP). This guideline does not address CAP occurring in immunocompromised patients, including solid organ, bone marrow, or stem cell transplant recipients; patients receiving cancer chemotherapy or long-term (130 days) high-dose corticosteroid treatment; and patients with congenital or acquired immunodeficiency (1).</p> <p>These guideline recommendations were used to develop several exclusion criteria for this measure. Exclusions include the following:</p> <ol style="list-style-type: none"> <li>1. Patients were excluded if there was a claim identifying hospitalization or outpatient surgery with any diagnosis during the event since these patients may not have a true community acquired pneumonia;</li> <li>2. Patients were excluded if there was evidence of any pneumonia encounter during the time period 60 days through 1 day prior to the initial CAP encounter, suggesting recurrent pneumonia or possible antibiotic resistance;</li> <li>3. Patients were excluded if they had any of the following diagnoses: organ transplant, leukemia, cystic fibrosis, immunodeficiencies, HIV/AIDS, malignant neoplasm of the pulmonary system, and pulmonary tuberculosis.</li> </ol> <p>For this specific measure if, if there was no evidence that a CXR was done, then patients were further excluded from the denominator if either of the following criteria were met:</p> <ol style="list-style-type: none"> <li>1. A performance measure exclusion modifier was present that indicated a reason for not documenting and reviewing chest x-ray results OR</li> <li>2. There was no evidence that a recommended antibiotic was dispensed during the CAP event, suggesting this was a follow up CAP encounter versus an acute CAP event.</li> </ol>	<p><b>Comment [KP14]:</b> 2d. Clinically necessary measure exclusions are identified and must be:</p> <ul style="list-style-type: none"> <li>• supported by evidence of sufficient frequency of occurrence so that results are distorted without the exclusion;</li> <li>AND</li> <li>• a clinically appropriate exception (e.g., contraindication) to eligibility for the measure focus;</li> <li>AND</li> <li>• precisely defined and specified: <ul style="list-style-type: none"> <li>-if there is substantial variability in exclusions across providers, the measure is specified so that exclusions are computable and the effect on the measure is transparent (i.e., impact clearly delineated, such as number of cases excluded, exclusion rates by type of exclusion);</li> <li>if patient preference (e.g., informed decision-making) is a basis for exclusion, there must be evidence that it strongly impacts performance on the measure and the measure must be specified so that the information about patient preference and the effect on the measure is transparent (e.g., numerator category computed separately, denominator exclusion category computed separately).</li> </ul> </li> </ul> <p><b>Comment [K15]:</b> 10 Examples of evidence that an exclusion distorts measure results include, but are not limited to: frequency of occurrence, sensitivity analyses with and without the exclusion, and variability of exclusions across providers.</p>										
<p><b>2d.2 Citations for Evidence:</b></p> <ol style="list-style-type: none"> <li>1. Mandell LA et al. Infectious Disease Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults. Clinical Infectious Diseases 2007; 44: 27-72.</li> </ol> <p><b>2d.3 Data/sample (description of data/sample and size):</b> This measure applies exclusion criteria using two different methods. The first method applies exclusion criteria at the level of building the CAP event. The second method applies exclusion criteria after the AOE event has been defined.</p> <p>Our customer acceptance (CAT) database, that includes approximately 4000 members who satisfy the condition confirmation criteria, was used to evaluate the impact of exclusion criteria applied when building the CAP event.</p> <p>Our 15 million member benchmark database was used to evaluate the impact of exclusion criteria applied</p>	<p>2d</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>C</td> <td><input type="checkbox"/></td> </tr> <tr> <td>P</td> <td><input type="checkbox"/></td> </tr> <tr> <td>M</td> <td><input type="checkbox"/></td> </tr> <tr> <td>N</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NA</td> <td><input type="checkbox"/></td> </tr> </table>	C	<input type="checkbox"/>	P	<input type="checkbox"/>	M	<input type="checkbox"/>	N	<input type="checkbox"/>	NA	<input type="checkbox"/>
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NA	<input type="checkbox"/>										

<p>after the CAP event was built.</p> <p><b>2d.4 Analytic Method (type analysis &amp; rationale):</b> A frequency analysis is used to assess the impact of exclusion criteria. These results are then reviewed for face validity by our external consultant panel.</p>	
<p><b>2d.5 Testing Results (e.g., frequency, variability, sensitivity analyses):</b> Our CAT database was used to evaluate the impact of exclusion criteria applied when building the ACAP event. Results were as follows:</p> <ol style="list-style-type: none"> <li>1. Two percent were excluded due to hospitalization or outpatient surgery associated with the CAP event.</li> <li>2. Less than one percent were excluded if there was evidence of any pneumonia encounter during the time period 60 days through 1 day prior to the initial CAP encounter</li> <li>3. Less than one percent were excluded due to underlying immunodeficiency or malignancy.</li> </ol> <p>Our 15 million member benchmark database was used to evaluate the impact of exclusion criteria applied after the CAP event was built. Results were as follows:</p> <ol style="list-style-type: none"> <li>1) No patients were excluded based on presence of a CPT II code with modifier.</li> <li>2) Nine percent were excluded because there was no evidence that a recommended antibiotic was dispensed during the CAP event, suggesting this was a follow up CAP encounter versus an acute CAP event.</li> </ol>	
<p><b>2e. Risk Adjustment for Outcomes/ Resource Use Measures</b></p>	
<p><b>2e.1 Data/sample (description of data/sample and size):</b> This measure does not include risk adjustment.</p>	
<p><b>2e.2 Analytic Method (type of risk adjustment, analysis, &amp; rationale):</b></p>	
<p><b>2e.3 Testing Results (risk model performance metrics):</b></p>	
<p><b>2e.4 If outcome or resource use measure is not risk adjusted, provide rationale:</b></p>	
<p><b>2f. Identification of Meaningful Differences in Performance</b></p>	
<p><b>2f.1 Data/sample from Testing or Current Use (description of data/sample and size):</b> Our benchmark data sample includes a geographically diverse 15 million member benchmark database. The database represents predominately a commercial population less than 65 year of age.</p>	
<p><b>2f.2 Methods to identify statistically significant and practically/meaningfully differences in performance (type of analysis &amp; rationale):</b> During benchmark testing, 15 million members are randomly selected from the large multi-payer benchmark database and their claims data is processed through the software. The Medical Director reviews the results to verify that:</p>	
<ol style="list-style-type: none"> <li>1. Prevalence rates for a condition are comparable to nationally published rates</li> <li>2. Compliance rates for a measure are comparable to the rates reported in the published literature or by other national sources (e.g. HEDIS). If no comparable sources are available, the rates are judged based on what is clinically reasonable.</li> </ol> <p>In addition, all results are systematically reviewed for face validity by members of an external physician clinical consultant panel.</p>	
<p><b>2f.3 Provide Measure Scores from Testing or Current Use (description of scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance):</b> Summarized in 2b3</p>	
<p><b>2g. Comparability of Multiple Data Sources/Methods</b></p>	

Rating: C=Completely; P=Partially; M=Minimally; N=Not at all; NA=Not applicable

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**Comment [KP16]:** 2e. For outcome measures and other measures (e.g., resource use) when indicated:  
 • an evidence-based risk-adjustment strategy (e.g., risk models, risk stratification) is specified and is based on patient clinical factors that influence the measured outcome (but not disparities in care) and are present at start of care; Error! Bookmark not defined. OR rationale/data support no risk adjustment.

**Comment [k17]:** 13 Risk models should not obscure disparities in care for populations by including factors that are associated with differences/inequalities in care such as race, socioeconomic status, gender (e.g., poorer treatment outcomes of African American men with prostate cancer, inequalities in treatment for CVD risk factors between men and women). It is preferable to stratify measures by race and socioeconomic status rather than adjusting out differences.

**Comment [KP18]:** 2f. Data analysis demonstrates that methods for scoring and analysis of the specified measure allow for identification of statistically significant and practically/clinically meaningful differences in performance.

**Comment [k19]:** 14 With large enough sample sizes, small differences that are statistically significant may or may not be practically or clinically meaningful. The substantive question may be, for example, whether a statistically significant difference of one percentage point in the percentage of patients who received smoking cessation counseling (e.g., 74% v. 75%) is clinically meaningful; or whether a statistically significant difference of \$25 in cost for an episode of care (e.g., \$5,000 v. \$5,025) is practically meaningful. Measures with overall poor performance may not demonstrate much variability across providers.

**Comment [KP20]:** 2g. If multiple data sources/methods are allowed, there is demonstration they produce comparable results.

2g.1 Data/sample ( <i>description of data/sample and size</i> ):	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> NA
2g.2 Analytic Method ( <i>type of analysis &amp; rationale</i> ):	
2g.3 Testing Results ( <i>e.g., correlation statistics, comparison of rankings</i> ):	
2h. Disparities in Care	<input type="checkbox"/> 2h <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> NA
2h.1 If measure is stratified, provide stratified results ( <i>scores by stratified categories/cohorts</i> ):	
2h.2 If disparities have been reported/identified, but measure is not specified to detect disparities, provide follow-up plans:	
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria for <i>Scientific Acceptability of Measure Properties</i> ?	<input type="checkbox"/> 2
Steering Committee: Overall, to what extent was the criterion, <i>Scientific Acceptability of Measure Properties</i> , met? Rationale:	<input type="checkbox"/> 2 <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N
<b>3. USABILITY</b>	
Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making. ( <a href="#">evaluation criteria</a> )	<a href="#">Eval Rating</a>
3a. Meaningful, Understandable, and Useful Information	
3a.1 Current Use: <b>in use</b>	
3a.2 Use in a public reporting initiative (disclosure of performance results to the public at large) ( <i>If used in a public reporting initiative, provide name of initiative(s), locations, Web page URL(s). If not publicly reported, state the plans to achieve public reporting within 3 years</i> ): Health plans, physicians (individuals and groups), care management, and other vendors/customers are using this measure on a national level. However, we do not know if this specific measure is being used as part of a public reporting initiative.	
3a.3 If used in other programs/initiatives ( <i>If used in quality improvement or other programs/initiatives, name of initiative(s), locations, Web page URL(s). If not used for QI, state the plans to achieve use for QI within 3 years</i> ): Health plans, physicians (individuals and groups), care management, and other vendors/customers use many of our measures on a national level for quality improvement, disease management, and physician sharing programs. Customers are able to select their measures depending on their business needs. As such, we do not know which specific measures are used by our customers.	
Testing of Interpretability ( <i>Testing that demonstrates the results are understood by the potential users for public reporting and quality improvement</i> )	
3a.4 Data/sample ( <i>description of data/sample and size</i> ): Results are summarized and reported by users/customers depending on their business need - we do not have access to this information. Because of us my multiple users/customers, there is no single data sample, methodology, or public reporting format.	
3a.5 Methods ( <i>e.g., focus group, survey, QI project</i> ):	<input type="checkbox"/> 3a <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N
3a.6 Results ( <i>qualitative and/or quantitative results and conclusions</i> ):	

3b/3c. Relation to other NQF-endorsed measures		
3b.1 NQF # and Title of similar or related measures:		
(for NQF staff use) Notes on similar/related <u>endorsed</u> or submitted measures:		
3b. Harmonization If this measure is related to measure(s) already <u>endorsed by NQF</u> (e.g., same topic, but different target population/setting/data source <u>or</u> different topic but same target population): 3b.2 Are the measure specifications harmonized? If not, why?	3b <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> NA	<p><b>Comment [KP23]:</b> 3b. The measure specifications are harmonized with other measures, and are applicable to multiple levels and settings.</p> <p><b>Comment [k24]:</b> 16 Measure harmonization refers to the standardization of specifications for similar measures on the same topic (e.g., <i>influenza immunization</i> of patients in hospitals or nursing homes), or related measures for the same target population (e.g., eye exam and HbA1c for <i>patients with diabetes</i>), or definitions applicable to many measures (e.g., age designation for children) so that they are uniform or compatible, unless differences are dictated by the evidence. The dimensions of harmonization can include numerator, denominator, exclusions, and data sources and collection instructions. The extent of harmonization depends on the relationship of the measures, the evidence for the specific measure focus, and differences in data sources.</p>
3c. Distinctive or Additive Value 3c.1 Describe the distinctive, improved, or additive value this measure provides to existing NQF-endorsed measures:	3c <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N	
5.1 Competing Measures If this measure is similar to measure(s) already endorsed by NQF (i.e., on the same topic and the same target population), describe why it is a more valid or efficient way to measure quality:	3 <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N	
TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria for <i>Usability</i> ?	3	
Steering Committee: Overall, to what extent was the criterion, <i>Usability</i> , met? Rationale:	3 <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N	<p><b>Comment [KP25]:</b> 3c. Review of existing endorsed measures and measure sets demonstrates that the measure provides a distinctive or additive value to existing NQF-endorsed measures (e.g., provides a more complete picture of quality for a particular condition or aspect of healthcare).</p>
<b>4. FEASIBILITY</b>		
Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. ( <a href="#">evaluation criteria</a> )	Evaluation Rating	<p><b>Comment [k26]:</b> 5. Demonstration that the measure is superior to competing measures - new submissions and/or endorsed measures (e.g., is a more valid or efficient way to measure).</p>
4a. Data Generated as a Byproduct of Care Processes 4a.1-2 How are the data elements that are needed to compute measure scores generated? <i>coding/abstraction performed by someone other than person obtaining original information,</i>	4a <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N	<p><b>Comment [KP27]:</b> 4a. For clinical measures, required data elements are routinely generated concurrent with and as a byproduct of care processes during care delivery. (e.g., BP recorded in the electronic record, not abstracted from the record later by other personnel; patient self-assessment tools, e.g., depression scale; lab values, meds, etc.)</p>
4b. Electronic Sources 4b.1 Are all the data elements available electronically? ( <i>elements that are needed to compute measure scores are in defined, computer-readable fields, e.g., electronic health record, electronic claims</i> ) Yes	4b <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N	<p><b>Comment [KP28]:</b> 4b. The required data elements are available in electronic sources. If the required data are not in existing electronic sources, a credible, near-term path to electronic collection by most providers is specified and clinical data elements are specified for transition to the electronic health record.</p>
4b.2 If not, specify the near-term path to achieve electronic capture by most providers.		
4c. Exclusions 4c.1 Do the specified exclusions require additional data sources beyond what is required for the numerator and denominator specifications? No	4c <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> NA	<p><b>Comment [KP29]:</b> 4c. Exclusions should not require additional data sources beyond what is required for scoring the measure (e.g., numerator and denominator) unless justified as supporting measure validity.</p>
4c.2 If yes, provide justification.		
4d. Susceptibility to Inaccuracies, Errors, or Unintended Consequences	4d <input type="checkbox"/> C	<p><b>Comment [KP30]:</b> 4d. Susceptibility to inaccuracies, errors, or unintended consequences and the ability to audit the data items to detect such problems are identified.</p>

<p><b>4d.1</b> Identify susceptibility to inaccuracies, errors, or unintended consequences of the measure and describe how these potential problems could be audited. If audited, provide results. Administrative claims could fail to capture CXRs obtained during a hospitalization. However, patients are excluded from this measure if they were hospitalized during the CAP event.</p>	<input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N
<p><b>4e. Data Collection Strategy/Implementation</b></p> <p><b>4e.1</b> Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data/missing data, timing/frequency of data collection, patient confidentiality, time/cost of data collection, other feasibility/ implementation issues: No modifications have been made based on testing or operational use of the measure.</p> <p><b>4e.2 Costs to implement the measure (costs of data collection, fees associated with proprietary measures):</b> We do not have access to this information. This would vary based on the customer/vendor, patient population, and programs/interventions associated with measure use.</p> <p><b>4e.3 Evidence for costs:</b></p> <p><b>4e.4 Business case documentation:</b></p>	<b>4e</b> <input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> M <input type="checkbox"/> N
<p>TAP/Workgroup: What are the strengths and weaknesses in relation to the sub-criteria for <i>Feasibility</i>?</p>	4
<p>Steering Committee: Overall, to what extent was the criterion, <i>Feasibility</i>, met? Rationale:</p>	4
<b>RECOMMENDATION</b>	
<p>(for NQF staff use) Check if measure is untested and only eligible for time-limited endorsement.</p>	Time-limited <input type="checkbox"/>
<p>Steering Committee: Do you recommend for endorsement? Comments:</p>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A
<b>CONTACT INFORMATION</b>	
<p><b>Co.1 Measure Steward (Intellectual Property Owner)</b> <b>Co.1 Organization</b> Ingenix   12125 Technology Drive   Eden Prairie   Minnesota   55344</p>	
<p><b>Co.2 Point of Contact</b> Kay   Schwebke, Medical Director   kay.schwebke@ingenix.com   952-833-7154</p>	
<p>Measure Developer If different from Measure Steward <b>Co.3 Organization</b> Ingenix   12125 Technology Drive   Eden Prairie   Minnesota   55344</p>	
<p><b>Co.4 Point of Contact</b> Kay   Schwebke, Medical Director   kay.schwebke@ingenix.com   952-833-7154</p>	
<p><b>Co.5 Submitter If different from Measure Steward POC</b> Kay   Schwebke, Medical Director   kay.schwebke@ingenix.com   952-833-7154-   Ingenix</p>	
<p><b>Co.6 Additional organizations that sponsored/participated in measure development</b> This measure has been reviewed and supported by the American Academy of Family Physicians.</p>	

### ADDITIONAL INFORMATION

Workgroup/Expert Panel involved in measure development

**Ad.1** Provide a list of sponsoring organizations and workgroup/panel members' names and organizations.

Describe the members' role in measure development.

We have an external consultant panel that participates in the original literature search process, measure development, code set review, testing review, and maintenance processes. Panel members include the following:

**NAME & Title Employer/Position**

Alexander, Beth Pharm D, BCPS Assistant Professor, Augsburg College  
 Ayenew, Woubeshet, MD Hennepin Faculty Associates; Hennepin County Medical Center  
 Becker, Keith, MD Fairview Medical Center  
 Betcher, Susan, MD Allina Medical Clinic  
 Bruer, Paul, MD Comprehensive Ophthalmology, LLC  
 Capecchi, Joseph, MD Allina Medical Clinic  
 Giesler, Janell, MD Allina Medical Clinic  
 Grabowski, Carol, MD Allina Medical Clinic  
 Hansen, Calvin, MD Iowa Health Physicians  
 Hargrove, Jody, MD Arthritis and Rheumatology Consultants  
 Hermann, Richard, MD Tufts - New England Medical Center  
 Jemming, Brian, Pharm D CentraCare Health System  
 Kohen, Jeffrey, MD Veterans Affairs Medical Center  
 McCarthy, Teresa, MD University of Minnesota, Department of Family Medicine & Community Health  
 McEvoy, Charlene, MD, MPH HealthPartners & HealthPartners Research Foundation; Assistant Professor of Medicine, University of Minnesota  
 McGee, Deanna, Pharm D, BCPS Retail Pharmacy  
 Ogle, Kathleen, MD Hennepin Faculty Associates; Hennepin County Medical Center: Assistant Professor of Medicine, University of Minnesota Medical School  
 Peter, Kathleen, MD Park Nicollet Medical Center  
 Pieper-Bigelow, Christina, MD Allina Medical Clinic  
 Redmon, Bruce, MD University of Minnesota Physicians  
 Scharpf, Steven, MD Mountain Valleys Health Centers  
 Weitz, Carol, MD Independent

**Ad.2** If adapted, provide name of original measure:

**Ad.3-5** If adapted, provide original specifications URL or attachment

Measure Developer/Steward Updates and Ongoing Maintenance

**Ad.6** Year the measure was first released: 2008

**Ad.7** Month and Year of most recent revision: 2009-12

**Ad.8** What is your frequency for review/update of this measure? every three years at minimum

**Ad.9** When is the next scheduled review/update for this measure? 2012-12

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Date of Submission (MM/DD/YY): [05/17/2010](#)

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1c. The measure focus is:

- an outcome (e.g., morbidity, mortality, function, health-related quality of life) that is relevant to, or associated with, a national health goal/priority, the condition, population, and/or care being addressed; OR
- if an intermediate outcome, process, structure, etc., there is evidence that supports the specific measure focus as follows:
  - o Intermediate outcome - evidence that the measured intermediate outcome (e.g., blood pressure, Hba1c) leads to improved health/avoidance of harm or cost/benefit.
  - o Process - evidence that the measured clinical or administrative process leads to improved health/avoidance of harm and
    - if the measure focus is on one step in a multi-step care process, it measures the step that has the greatest effect on improving the specified desired outcome(s).
  - o Structure - evidence that the measured structure supports the consistent delivery of effective processes or access that lead to improved health/avoidance of harm or cost/benefit.
  - o Patient experience - evidence that an association exists between the measure of patient experience of health care and the outcomes, values and preferences of individuals/ the public.
  - o Access - evidence that an association exists between access to a health service and the outcomes of, or experience with, care.
  - o Efficiency - demonstration of an association between the measured resource use and level of performance with respect to one or more of the other five IOM aims of quality.

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4 Clinical care processes typically include multiple steps: assess → identify problem/potential problem → choose/plan intervention (with patient input) → provide intervention → evaluate impact on health status. If the measure focus is one step in such a multi-step process, the step with the greatest effect on the desired outcome should be selected as the focus of measurement. For example, although assessment of immunization status and recommending immunization are necessary steps, they are not sufficient to achieve the desired impact on health status - patients must be vaccinated to achieve immunity. This does not preclude consideration of measures of preventive screening interventions where there is a strong link with desired outcomes (e.g., mammography) or measures for multiple care processes that affect a single outcome.

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**INGENIX.**

**Input Guide**

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## What Input Files to Prepare

The following list specifies what input files you prepare for processing:

- The claims data file (required)
- The member data file (required)
- The member term data file (required)

## Field Type Definitions and Input File Requirements

This chapter lists the field requirements for your input files. One of the attributes listed among the requirements is defined as "Type". There are four field types used to describe a field's value, and they are defined below.

Field Type	Definition
AlphaNum	A value made of letters and/or numbers. If a value of this type is made of numbers only, it will not be a value that can be operated on mathematically. For example, it would be inappropriate to subtract one procedure code from another procedure code even though both values may contain only numbers.
Num	A value made of numbers only, and which can logically be operated on mathematically. Age is an example of this type. One particular field, while not used in mathematical calculations, is defined in the EBM Connect software as such that it accepts only numeric values. (To enter a non-numeric value would cause EBM Connect processing to stop.) Therefore, this field is defined as Num. It is the Case ID field in the optional disease registry input file.
Date	A value which can be interpreted as a date value. Values should always use four-digit years but the format may vary otherwise.
DecNum	A value made of numbers and a decimal point. These values can also logically be operated on mathematically.

## Claims Input File

The claims file contains detailed information on services that were billed or performed or otherwise rendered. The claims file includes:

- Medical claims, including medical services, facility services and clinic services
- Pharmacy claims, including billed prescriptions and drugs
- Lab claims, including lab test and results information

Field Name	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Always required for all claims
Patient ID	AlphaNum	0-2	Optional
Amount Paid	DecNum	1-11	Required for all claims
Amount Allowed	DecNum	0-11	Required for all claims
Procedure Code	AlphaNum	5	Required if there is no revenue code, NDC, or LOINC® code
Procedure Code Modifier	AlphaNum	2	Required for medical claims
Revenue Code	AlphaNum	0 or 4	Optional (applies to medical claims when used)
First Diagnosis Code	AlphaNum	5 or 6	Required for medical claims
Second Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
Third Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
Fourth Diagnosis Code	AlphaNum	0, 5 or 6	Optional (applies to medical claims when used)
First Date of Service	Date	8 or 10	Always required for all claims
Last Date of Service	Date	8 or 10	Required for all claims

Paid Date	Date	0, 8 or 10	Optional
Type of Service	AlphaNum	0-10	Optional
Provider ID	AlphaNum	1-20	Required for medical claims
Ordering Provider ID	AlphaNum	0-20	Optional
Provider Type	AlphaNum	1-10	Required for medical claims
Provider Specialty Type	AlphaNum	1-10	Required for medical claims
Provider Key	AlphaNum	1-20	Required for medical claims
NDC	AlphaNum	0 or 11	Required for Rx claims
Day Supply	Num	0-4	Required for Rx claims
Quantity Count	DecNum	0-10	Required for Rx claims
LOINC®	AlphaNum	0 or 7	Required for lab claims
Lab Test Result	AlphaNum	0-18	Required for lab claims
Place of Service	AlphaNum	1-10	Required for medical claims
Unique Record ID	AlphaNum	1-28	Required for all claims
Claim Number	AlphaNum	1-28	Required for all claims
Bill Type Frequency Indicator	Num	0 or 1	Optional
Patient Status	AlphaNum	1-2	Required for facility claims (involving admission or confinement).
Facility Type	AlphaNum	0-2	Optional
Bed Type	AlphaNum	0-1	Optional
First ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional, but will impact results (applies to medical claims when used)
Second ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)
Third ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)
Fourth ICD-9 Procedure Code	AlphaNum	0, 4 or 5	Optional (see above)

## Field Descriptions

Instructions for each input field are as follows:

### Family ID

This field identifies all members of a family and can be any alphanumeric string.

**Note:** Remember that each Family ID (and Patient ID) listed in your claims input file must have a corresponding record in your member input data file and your member term data file.

## Patient ID

This field identifies individual members within a family. If present, this field must be sorted within Family ID, so that all records for an individual are contiguous. If the Family ID uniquely identifies an individual, this field need not be specified (that is, its length in the dictionary will be zero).

## Amount Paid

The amount paid for this claim line.

## Amount Allowed

The allowed amount for this claim line. This amount typically represents the total amount reimbursed including deductibles, copays, coinsurance, insurer paid, etc.

## Procedure Code

The procedure code must be one of:

- A procedure code specified in the Physician's Current Procedure Terminology, 4th Edition (CPT® -4 codes) defined by the American Medical Association, for the years 1997 and later.
- A procedure code specified by the HCFA Common Procedure Coding System, Level II code (HCPCS) defined by the Centers for Medicare and Medicaid Services (CMS) for the years 1999 and later.
- A National Uniform Billing Committee (NUBC) revenue code.

**Note:** When the NUBC code is entered in the Procedure Code field, it should be padded to the right with blanks because the Procedure Code field always occupies five characters.

- If your organization defines its own procedure codes and/or revenue codes, they must be mapped to standard procedure and revenue codes.

## Procedure Code Modifier

Use this field to specify any procedure code modifier that accompanies the procedure code.

## Revenue Code

The revenue code, if one was entered for the claim. Supported values in this field are NUBC revenue codes. If your organization defines its own revenue codes, they must be mapped to standard revenue codes.

The revenue code is an optional field, allowing you to define your input records so that you can place an NUBC revenue code and a CPT/HCPCS procedure code on a single record line.

For claim records that do not have a revenue code, leave the revenue code field blank.

# **INGENIX® Input Guide**

## **First Diagnosis Code Through Fourth Diagnosis Code**

Up to four diagnoses may be entered for each claim, but only the first is required.

If your organization defines its own diagnosis codes, they must be mapped to standard ICD-9 diagnosis codes.

## **First Date of Service and Last Date of Service**

The first date and last date represented by the claim line. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/ YYYY, and DD/MM/YYYY, where the separator can be any character.

## **Paid Date**

This field is optional. This is the date the claim was paid. The format of the paid date must be the same as that used in the First and Last Date of Service.

## **Type of Service**

This is an optional code which represents the type of service (TOS) performed for this claim. If no specific value is available for this field, it should be filled with blanks. If this field is not used (i.e., its length is set to zero in the configuration), non-pharmaceutical claims with no procedure code will be treated as ancillary records.

## **Provider ID**

Provider identification number from the claim. Used to identify who performed the service.

## **Ordering Provider ID**

This is an optional field. This is the identification number of the provider who ordered the service.

## **Provider Type**

This code represents the type of provider who performed the service. Examples of provider types would be chiropractor, nurse practitioner, medical doctor, counselor, pharmacy, hospital or treatment facility.

## **Provider Specialty Type**

This code represents the specialty of the provider who performed the service.

## **Provider Key**

Unique number or code for a physician who has multiple provider IDs or specialties. A single health care provider may have multiple provider IDs in your input claims data, but this person or entity should have only one provider key.

**NDC**

If this is a pharmaceutical claim, this field should contain the drug's NDC code. For non-pharmaceutical claim records, the NDC field should be filled with blanks.

**Day Supply**

For pharmacy records, the number of days a filled prescription is expected to last. If you have no pharmacy records, the Days Supply is an optional field.

**Quantity Count**

Quantity of drug dispensed in metric units:

Each - solid oral dosage forms (tablet, capsule), powder filled (dry) vials, packets, patches, units of use packages, suppositories, bars.

Milliliter - (cc) liquid oral dosage forms, liquid filled vials, ampules, reconstituted oral products.

Grams - ointments, bulk powders (not IV).

If you have no pharmacy records, the Quantity Count is an optional field.

**LOINC®**

Logical Observation Identifiers Names and Codes (LOINC®). The LOINC Code is a universal identifier for a lab test for a particular analyte. The LOINC User's Guide and database can be found at [www.regenstrief.org](http://www.regenstrief.org).

Enter a LOINC code if the record is a lab record. For non-lab records, leave the LOINC field blank.

If you have no lab records in your claims input, the LOINC code is optional.

**Notes:**

- (1) When using lab results data that has not been mapped to a LOINC code, map the comparable vendor-specific test number provided by the laboratory vendor(s) to one of these default codes.
- (2) This is a retired code which may be present on historical data, or which some laboratories may be continuing to use. Input record data with this code is included in the definition of this test.

**Lab Test Result**

If the record is a lab record, use this field to enter the result value of lab test. For non-lab records, this field should be blank.

If you have no lab records in your claims input, the Lab Test Result is optional.

**Place of Service**

Place of service (POS). You must map your internal POS codes to Centers for Medicare and Medicaid Services (CMS) standard POS codes.

## **Unique Record ID**

This required field contains a unique identifier representing the service line from the claim. For medical services, this ID typically represents the service row from the CMS 1500 or CMS 1450/UB92 claim form.

## **Claim Number**

A unique identifier used to link service lines for a specific claim submitted for a member. If a claim has multiple service lines, each service will have a unique record ID and the same claim number to represent the claim.

## **Bill Type Frequency Indicator**

This optional field is used to indicate the disposition of confinements.

## **Patient Status**

This field is required for facility claims. The contents will be the patient status indicator field from the NUBC UB-92 form. This field can denote whether the member died during a confinement.

## **Facility Type**

This field is optional. Space for it is provided to allow for additional post grouping analysis. The contents will typically be the UB-92 facility type data value. This would allow records to be easily selected for diagnosis related grouping (DRG) based on the facility type.

## **Bed Type**

If a value is present, this field acts as an additional discriminator in determining whether a Facility record extends an existing confinement or starts a new confinement.

## **First ICD-9 Procedure Code Through Fourth ICD-9 Procedure Code**

If your claims have ICD-9 procedure codes, include them in your claims input file.

If a decimal point will appear in this field in your claim records, the length should be given as 5. If the decimal separator is not used, the length is 4. If these fields are unused, the length is zero.

## Member Input File

The member data file contains the most current information about the member.

### Field Descriptions

Field	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Required
Patient ID	AlphaNum	0-2	Optional
Patient Gender	AlphaNum	1	Required
Date of Birth	Date	8 or 10	Required
Member Beginning Eligibility Date	Date	0, 8 or 10	Optional
Member Ending Eligibility Date	Date	0, 8 or 10	Optional

Instructions for each input field are as follows:

#### Family ID

This field identifies all members of a family and can be any alphanumeric string. The records in the member file must be sorted first on the Family ID (together with Patient ID, if available) so that all records for an individual are contiguous.

#### Patient ID

This field identifies individual members within a family. If present, this field must be sorted within Family ID, so that all records for an individual are contiguous. If the Family ID uniquely identifies an individual, this field need not be specified (that is, its length in the dictionary will be zero).

#### Patient Gender and Date of Birth

The member's gender (F or M) and date of birth. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid date formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

#### Member Beginning Eligibility Date and Ending Eligibility Date

The first date on which the member became covered under the plan and the last date of the member's coverage. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

## Member Term Input File

The member term data file contains member coverage and term activity information. Plan coverage begin and end dates are required in order to correctly calculate the other fields in the member term file. There may be more than one record per individual member.

### Field Descriptions

Field	Type	Length	Required or Optional
Family ID	AlphaNum	1-30	Required
Patient ID	AlphaNum	0-2	Optional
Member Beginning Eligibility Date	Date	8 or 10	Required
Member Ending Eligibility Date	Date	8 or 10	Required
Primary Care Provider	AlphaNum	20	Required
Provider Specialty Type	AlphaNum	1-10	Required
Medical Flag	AlphaNum	1	Required
Pharmacy Flag	AlphaNum	1	Required

Instructions for each input field are as follows:

#### Family ID

This field identifies all members of a family and can be any alphanumeric string. The records in the member term file must be sorted first on the Family ID (together with Patient ID, if available) so that all records for an individual are contiguous.

#### Patient ID

This field identifies individual members within a family.

#### Member Beginning Eligibility Date and Member Ending Eligibility Date

The first date on which the member became covered under the plan and the last date of the member's coverage. If you choose to use a date format with separators (such as YYYY/MM/DD or YYYY-MM-DD), the separators are ignored on input, so you can use any character as a separator. Valid formats include: YYYYMMDD, MMDDYYYY, DDMMYYYY, YYYY/MM/DD, MM/DD/YYYY, and DD/MM/YYYY, where the separator can be any character.

#### Primary Care Provider

The provider key for the member's primary care physician. A single health care physician may have multiple provider IDs in your input claims data, but this person should have only one provider key.

# **INGENIX® Input Guide**

## **Provider Specialty Type**

This code represents the specialty of the primary care physician.

## **Medical Flag**

Identifies whether the member has medical coverage (Y or N).

## **Pharmacy Flag**

Identifies whether the member has pharmacy coverage (Y or N).

**NQF Ambulatory Care 2010****Measure numer: ACP-030-10****Measure title: Adult(s) with community-acquired bacterial pneumonia that had a CXR.****Numerator detail (2a.3):**

1. First, select patients who had either a chest radiographic examination (code sets PR0287, RV0287) OR a non-specific radiographic examination (code set RV0125) with a diagnosis of pneumonia (code set DX0180) during the following time period: seven days prior to the initiating CABP encounter through three days after that encounter. These patients satisfy the numerator criteria and need no further processing.

2. Next, select any patients who had a claim with a procedure code on it for chest x-ray results documented and reviewed (code set PR0288) AND no claim with a procedure code on it for chest x-ray results documented and reviewed with any of the following performance measure exclusion modifiers that indicate a reason for not documenting and reviewing chest x-ray results (code set PR0289):

- 1P (performance measure exclusion modifier due to medical reasons)
- 2P (performance measure exclusion modifier due to patient reasons)
- 3P (performance measure exclusion modifier due to system reasons)

These patients satisfy the numerator criteria and need no further processing.

3. Then, exclude any remaining patients who had a claim with a procedure code on it for chest x-ray results documented and reviewed with any of the following performance measure exclusion modifiers that indicate a reason for not documenting and reviewing chest x-ray results (code set PR0289):

- 1P (performance measure exclusion modifier due to medical reasons)
- 2P (performance measure exclusion modifier due to patient reasons)
- 3P (performance measure exclusion modifier due to system reasons)

4. Next, exclude patients who did NOT fill a prescription for any antibiotic (RX-184) during this time period: ten days prior to the initiating CABP encounter through ten days after the initiating CABP encounter

5. Any remaining patients DO NOT satisfy the numerator criteria.

<b>Cd. Set Cd.</b>	<b>Set Descrp</b>	<b>Dx Code &amp; Diagnosis Code Description</b>
DX0180	Pneumonia	006.4 AMEBIC LUNG ABSCESS
DX0180	Pneumonia	039.1 PULMONARY ACTINOMYCOTIC INFECTION
DX0180	Pneumonia	041.2 PNEUMOCOCCUS INFECTION IN CCE & UNS SITE
DX0180	Pneumonia	079.6 RESPIRATORY SYNCYTIAL VIRUS
DX0180	Pneumonia	112.4 CANDIDIASIS OF LUNG
DX0180	Pneumonia	114 COCCIDIOIDOMYCOSIS
DX0180	Pneumonia	114.0 PRIMARY COCCIDIOIDOMYCOSIS
DX0180	Pneumonia	114.4 CHRONIC PULMONARY COCCIDIOIDOMYCOSIS

DX0180	Pneumonia	114.5	UNSPECIFIED PULMONARY COCCIDIOIDOMYCOSES
DX0180	Pneumonia	114.9	UNSPECIFIED COCCIDIOIDOMYCOSES
DX0180	Pneumonia	115	HISTOPLASMOSIS
DX0180	Pneumonia	115.0	HISTOPLASMA CAPSULATUM
DX0180	Pneumonia	115.00	HISTOPLASMA CAPSULATUM WITHOUT MENTION MANIFEST
DX0180	Pneumonia	115.05	HISTOPLASMA CAPSULATUM PNEUMONIA
DX0180	Pneumonia	115.09	HISTOPLASMA CAPSULATUM W/MENTION OTH MANIFEST
DX0180	Pneumonia	115.1	HISTOPLASMA DUBOISII
DX0180	Pneumonia	115.10	HISTOPLASMA DUBOISII WITHOUT MENTION MANIFEST
DX0180	Pneumonia	115.13	HISTOPLASMA DUBOISII PERICARDITIS
DX0180	Pneumonia	115.14	HISTOPLASMA DUBOISII ENDOCARDITIS
DX0180	Pneumonia	115.15	HISTOPLASMA DUBOISII PNEUMONIA
DX0180	Pneumonia	115.19	HISTOPLASMA DUBOISII W/MENTION OTH MANIFESTATION
DX0180	Pneumonia	115.9	UNSPECIFIED HISTOPLASMOSIS
DX0180	Pneumonia	115.90	UNSPEC HISTOPLASMOSIS WITHOUT MENTION MANIFEST
DX0180	Pneumonia	115.93	UNSPECIFIED HISTOPLASMOSIS PERICARDITIS
DX0180	Pneumonia	115.94	UNSPECIFIED HISTOPLASMOSIS ENDOCARDITIS
DX0180	Pneumonia	115.95	UNSPECIFIED HISTOPLASMOSIS PNEUMONIA
DX0180	Pneumonia	115.99	UNSPEC HISTOPLASMOSIS W/MENTION OTH MANIFEST
DX0180	Pneumonia	116	BLASTOMYCOTIC INFECTION
DX0180	Pneumonia	116.0	BLASTOMYCOSIS
DX0180	Pneumonia	116.1	PARACOCCIDIOIDOMYCOSES
DX0180	Pneumonia	116.2	LOBOMYCOSIS
DX0180	Pneumonia	117.3	ASPERGILLOSIS
DX0180	Pneumonia	130.4	PNEUMONITIS DUE TO TOXOPLASMOSIS
DX0180	Pneumonia	136.3	PNEUMOCYSTOSIS
DX0180	Pneumonia	480	VIRAL PNEUMONIA
DX0180	Pneumonia	480.0	PNEUMONIA DUE TO ADENOVIRUS
DX0180	Pneumonia	480.1	PNEUMONIA DUE TO RESPIRATORY SYNCYTIAL VIRUS
DX0180	Pneumonia	480.2	PNEUMONIA DUE TO PARAINFLUENZA VIRUS
DX0180	Pneumonia	480.3	PNEUMONIA DUE TO SARS-ASSOCIATED CORONAVIRUS
DX0180	Pneumonia	480.8	PNEUMONIA DUE TO OTHER VIRUS NEC
DX0180	Pneumonia	480.9	UNSPECIFIED VIRAL PNEUMONIA

DX0180	Pneumonia	481	PNEUMOCOCCAL PNEUMONIA
DX0180	Pneumonia	482	OTHER BACTERIAL PNEUMONIA
DX0180	Pneumonia	482.0	PNEUMONIA DUE TO KLEBSIELLA PNEUMONIAE
DX0180	Pneumonia	482.1	PNEUMONIA DUE TO PSEUDOMONAS
DX0180	Pneumonia	482.2	PNEUMONIA DUE TO HEMOPHILUS INFLUENZAE
DX0180	Pneumonia	482.3	PNEUMONIA DUE TO STREPTOCOCCUS
DX0180	Pneumonia	482.30	PNEUMONIA DUE TO UNSPECIFIED STREPTOCOCCUS
DX0180	Pneumonia	482.31	PNEUMONIA DUE TO STREPTOCOCCUS GROUP A
DX0180	Pneumonia	482.32	PNEUMONIA DUE TO STREPTOCOCCUS GROUP B
DX0180	Pneumonia	482.39	PNEUMONIA DUE TO OTHER STREPTOCOCCUS
DX0180	Pneumonia	482.4	PNEUMONIA DUE TO STAPHYLOCOCCUS
DX0180	Pneumonia	482.40	PNEUMONIA DUE TO STAPHYLOCOCCUS UNSPECIFIED
DX0180	Pneumonia	482.41	METHICILLIN SUSCEPTIBLE PNEUMONIA STAPH AUREUS
DX0180	Pneumonia	482.42	METHICILLIN RESISTANT PNEUMONIA D/T STAPH AUREUS
DX0180	Pneumonia	482.49	OTHER STAPHYLOCOCCUS PNEUMONIA
DX0180	Pneumonia	482.8	PNEUMONIA DUE TO OTHER SPECIFIED BACTERIA
DX0180	Pneumonia	482.81	PNEUMONIA DUE TO ANAEROBES
DX0180	Pneumonia	482.82	PNEUMONIA DUE TO ESCHERICHIA COLI
DX0180	Pneumonia	482.83	PNEUMONIA DUE TO OTHER GRAM- NEGATIVE BACTERIA
DX0180	Pneumonia	482.84	LEGIONNAIRES' DISEASE
DX0180	Pneumonia	482.89	PNEUMONIA DUE TO OTHER SPECIFIED BACTERIA
DX0180	Pneumonia	482.9	UNSPECIFIED BACTERIAL PNEUMONIA
DX0180	Pneumonia	483	PNEUMONIA DUE TO OTHER SPECIFIED ORGANISM
DX0180	Pneumonia	483.0	PNEUMONIA DUE TO MYCOPLASMA PNEUMONIAE
DX0180	Pneumonia	483.1	PNEUMONIA DUE TO CHLAMYDIA
DX0180	Pneumonia	483.8	PNEUMONIA DUE TO OTHER SPECIFIED ORGANISM
DX0180	Pneumonia	484	PNEUMONIA INFECTIOUS DISEASES CLASSIFIED ELSW
DX0180	Pneumonia	484.1	PNEUMONIA IN CYTOMEGALIC INCLUSION DISEASE
DX0180	Pneumonia	484.3	PNEUMONIA IN WHOOPING COUGH

DX0180	Pneumonia	484.5	PNEUMONIA IN ANTHRAX
DX0180	Pneumonia	484.6	PNEUMONIA IN ASPERGILLOSIS
DX0180	Pneumonia	484.7	PNEUMONIA IN OTHER SYSTEMIC MYCOSES
DX0180	Pneumonia	484.8	PNEUMONIA OTH INFECTIOUS DISEASES CLASS ELSW
DX0180	Pneumonia	485	BRONCHOPNEUMONIA ORGANISM UNSPECIFIED
DX0180	Pneumonia	486	PNEUMONIA, ORGANISM UNSPECIFIED
DX0180	Pneumonia	487	INFLUENZA
DX0180	Pneumonia	487.0	INFLUENZA WITH PNEUMONIA
DX0180	Pneumonia	487.1	INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS
DX0180	Pneumonia	487.8	INFLUENZA WITH OTHER MANIFESTATIONS
DX0180	Pneumonia	488	FLU D/T CERTN IDENTIFID FLU VIRUSES
DX0180	Pneumonia	510	EMPYEMA
DX0180	Pneumonia	510.0	EMPYEMA WITH FISTULA
DX0180	Pneumonia	510.9	EMPYEMA WITHOUT MENTION OF FISTULA
DX0180	Pneumonia	511.1	PLEURISY W/EFFUS W/BACTERL CAUSE OTH THAN TB
DX0180	Pneumonia	511.8	PLEURISY W/OTH SPEC FORMS EFFUS NO TUBERCULOUS
DX0180	Pneumonia	511.89	OTHER SPEC FORMS OF EFFUSION EXCEPT TUBERCULOUS
DX0180	Pneumonia	513	ABSCESS OF LUNG AND MEDIASTINUM
DX0180	Pneumonia	513.0	ABSCESS OF LUNG
DX0180	Pneumonia	513.1	ABSCESS OF MEDIASTINUM
DX0180	Pneumonia	518.6	ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS

<b>Cd. Set</b>	<b>Code Set Description</b>	<b>Procedure Code</b>
PR0287	Radiographic examination, chest	71010
PR0287	Radiographic examination, chest	71015
PR0287	Radiographic examination, chest	71020
PR0287	Radiographic examination, chest	71021
PR0287	Radiographic examination, chest	71022
PR0287	Radiographic examination, chest	71023
PR0287	Radiographic examination, chest	71030
PR0287	Radiographic examination, chest	71034
PR0287	Radiographic examination, chest	71035
PR0287	Radiographic examination, chest	87.38
PR0287	Radiographic examination, chest	87.4
PR0287	Radiographic examination, chest	87.44
PR0287	Radiographic examination, chest	87.49

<b>Cd. Set</b>	<b>Code Set Description</b>	<b>Proc. Code</b>
PR0288	Chest X-ray results documented and reviewed (AMA)	3006F
<b>Cd. Set</b>	<b>Code Set Description</b>	<b>PR Code modifier</b>
PR0289	Chest X-R rslts documntd/revwd (exclus. modifier)(AMA)	3006F 1P
PR0289	Chest X-R rslts documntd/revwd (exclus. modifier)(AMA)	3006F 2P
PR0289	Chest X-R rslts documntd/revwd (exclus. modifier)(AMA)	3006F 3P
<b>Cd. Set</b>	<b>Code Set Description</b>	<b>Revenue Code</b>
RV0125	Non-spec. radiogrph exam (Use with confirming diagnosis)	0320
RV0125	Non-spec. radiogrph exam (Use with confirming diagnosis)	0329
<b>Cd. Set</b>	<b>Code Set Description</b>	<b>Revenue Code</b>
RV0287	Radiographic examination, chest	0324
<b>cd. set</b>	<b>RX cd. set descrp.</b>	<b>ndc</b>
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RX-184	Any Antibiotic	00002032750
RX-184	Any Antibiotic	00002032902
RX-184	Any Antibiotic	00002032903
RX-184	Any Antibiotic	00002034602
RX-184	Any Antibiotic	00002034603
RX-184	Any Antibiotic	00002034624
RX-184	Any Antibiotic	00002050101
RX-184	Any Antibiotic	00002050301
RX-184	Any Antibiotic	00002050324
RX-184	Any Antibiotic	00002050901
RX-184	Any Antibiotic	00002050924
RX-184	Any Antibiotic	00002144401
RX-184	Any Antibiotic	00002144410
RX-184	Any Antibiotic	00002144425
RX-184	Any Antibiotic	00002145401
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RX-184	Any Antibiotic	00002168101
RX-184	Any Antibiotic	00002204602
RX-184	Any Antibiotic	00002205402
RX-184	Any Antibiotic	00002207502
RX-184	Any Antibiotic	00002230733
RX-184	Any Antibiotic	00002230748
RX-184	Any Antibiotic	00002230768

RX-184	Any Antibiotic	00002230789
RX-184	Any Antibiotic	00002231633
RX-184	Any Antibiotic	00002231648
RX-184	Any Antibiotic	00002231668
RX-184	Any Antibiotic	00002231689
RX-184	Any Antibiotic	00002234305
RX-184	Any Antibiotic	00002237237
RX-184	Any Antibiotic	00002306102
RX-184	Any Antibiotic	00002306115
RX-184	Any Antibiotic	00002306133
RX-184	Any Antibiotic	00002306202
RX-184	Any Antibiotic	00002306215
RX-184	Any Antibiotic	00002306233
RX-184	Any Antibiotic	00002312542
RX-184	Any Antibiotic	00002312642
RX-184	Any Antibiotic	00002317002
RX-184	Any Antibiotic	00002317030
RX-184	Any Antibiotic	00002317102
RX-184	Any Antibiotic	00002317130
RX-184	Any Antibiotic	00002505718
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RX-184	Any Antibiotic	00002505868
RX-184	Any Antibiotic	00002510501
RX-184	Any Antibiotic	00002510516
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RX-184	Any Antibiotic	00002536225
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