NATIONAL QUALITY FORUM

Measure Submission and Evaluation Worksheet 5.0

This form contains the information submitted by measure developers/stewards, organized according to NQF's measure evaluation criteria and process. The evaluation criteria, evaluation guidance documents, and a blank online submission form are available on the <u>submitting standards web page</u>.

NQF #: 0400 NQF Project: Infectious Disease Project

(for Endorsement Maintenance Review)

Original Endorsement Date: Jul 31, 2008 Most Recent Endorsement Date: Jul 31, 2008 Last Updated Date: Jul 11, 2012

BRIEF MEASURE INFORMATION

De.1 Measure Title: Paired Measure: Hepatitis C: Hepatitis B Vaccination (paired with 0399)

Co.1.1 Measure Steward: American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)

De.2 Brief Description of Measure: Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who have received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B

2a1.1 Numerator Statement: Patients who have received at least one injection of Hepatitis B vaccine, or who have documented immunity to Hepatitis B

2a1.4 Denominator Statement: All patients aged 18 years and older with a diagnosis of hepatitis C

2a1.8 Denominator Exclusions: Documentation of medical reason(s) for not receiving at least one injection of hepatitis B vaccine

Documentation of patient reason(s) for not receiving at least one injection of hepatitis B vaccine

1.1 Measure Type: Process

2a1. 25-26 Data Source: Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Laboratory, Electronic Clinical Data : Registry 2a1.33 Level of Analysis: Clinician : Group/Practice, Clinician : Individual, Clinician : Team

1.2-1.4 Is this measure paired with another measure? No

De.3 If included in a composite, please identify the composite measure (*title and NQF number if endorsed*):

STAFF NOTES (issues or questions regarding any criteria)

Comments on Conditions for Consideration:

Is the measure untested?	Yes No	If untested, ex	xplain how it	meets criteria	for considerat	ion for time-limited
endorsement:						

1a. Specific national health goal/priority identified by DHHS or NPP addressed by the measure (*check De.5*):
5. Similar/related <u>endorsed</u> or submitted measures (*check 5.1*):

Other Criteria:

Staff Reviewer Name(s):

1. IMPACT, OPPORTUITY, EVIDENCE - IMPORTANCE TO MEASURE AND REPORT

Importance to Measure and Report is a threshold criterion that must be met in order to recommend a measure for endorsement. All

three subcriteria must be met to pass this criterion. See <u>guidance on evidence.</u> <i>Measures must be judged to be important to measure and report in order to be evaluated against the remaining criteria.</i> (evaluation criteria)
1a. High Impact: H M L I Image: Constraint of the second secon
De.4 Subject/Topic Areas (Check all the areas that apply): Infectious Diseases, Infectious Diseases : Hepatitis De.5 Cross Cutting Areas (Check all the areas that apply): Prevention : Immunization
1a.1 Demonstrated High Impact Aspect of Healthcare: Affects large numbers, A leading cause of morbidity/mortality, Patient/societal consequences of poor quality
1a.2 If "Other," please describe:
1a.3 Summary of Evidence of High Impact (<i>Provide epidemiologic or resource use data</i>): The hepatitis C virus (HCV) is a major public health problem and a leading cause of chronic liver disease.(1) An estimated 180 million people are infected worldwide.(2) In the United States, the prevalence of HCV infection between the years 1999 and 2002 was 1.6%, equating to about 4.1 million persons positive for antibody to hepatitis C (anti-HCV), 80% of whom are estimated to be viremic.(3) Hepatitis C is the principal cause of death from liver disease and the leading indication for liver transplantation in the U.S.(4) Some calculations suggest that mortality related to HCV infection (death from liver failure or hepatocellular carcinoma) will continue to increase over the next two decades.(5)
1a.4 Citations for Evidence of High Impact cited in 1a.3: (1) Williams R. Global challenges in liver disease. HEPATOLOGY 2006;44: 521-526.
(2) www.who.int/immunization/topics/hepatitis_c/en/.
(3) Armstrong GL, Wasley A, Simard EP, McQuillan GM, Kuhnert WL, Alter MJ. The prevalence of hepatitis C virus infection in the United States, 1999 through 2002. Ann Intern Med 2006;144:705-714.
(4) Kim WR. The burden of hepatitis C in the United States. HEPATOLOGY 2002;36(Suppl):S30-S34.
(5) Deuffic-Burban S, Poynard T, Sulkowski MS, Wong JB. Estimating the future health burden of chronic hepatitis C and human immunodeficiency virus infections in the United States. J Viral Hepat 2007;14:107-115.
1b. Opportunity for Improvement: H M K L I C (<i>There is a demonstrated performance)</i>
1b.1 Briefly explain the benefits (improvements in quality) envisioned by use of this measure: Assure that hepatitis B vaccination is received except for cases of documented medical reasons. This vaccination decreases the potential for a patient acquiring hepatitis B which would contribute to further liver damage.
1b.2 Summary of Data Demonstrating Performance Gap (Variation or overall less than optimal performance across providers): [<i>For <u>Maintenance</u> – Descriptive statistics for performance results <u>for this measure</u> - distribution of scores for measured entities by quartile/decile, mean, median, SD, min, max, etc.] CMS Physician Quality Reporting Initiative:</i>
This measure was used in the 2008, 2009 and 2010 CMS Physician Quality Reporting Initiative/System. There is a gap in care as shown by this data; 88.78% is the aggregate performance rate in the total patient population and 80.93% is the mean performance rate of TIN/NPI's.
10th percentile: 0.00% 25th percentile: 75.00%

50th percentile: 100.00% 75th percentile: 100.00% 90th percentile: 100.00%

1b.3 Citations for Data on Performance Gap: [For <u>Maintenance</u> – Description of the data or sample for measure results reported in 1b.2 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included] Confidential CMS PQRI 2010 Performance Information by Measure. Jan 2010-February 2011 TAP file

1b.4 Summary of Data on Disparities by Population Group: [*For <u>Maintenance</u> – Descriptive statistics for performance results for this measure by population group*]

Although the continued prevalence of HCV is problematic in communities across America, inequalities in disease prevalence, treatment, and outcomes make it a particularly important minority health issue.(1) First, there are disparities in the prevalence of HCV infection, with African Americans being twice as likely to have ever been infected with HCV, and having a higher prevalence of chronic HCV infection compared with non-Hispanic white Americans.(2) Additionally, there are significant disparities in access to HCV care for racial and ethnic minorities.(3) Finally, African American and Hispanic patients with HCV infection, even once properly diagnosed, have less desirable treatment outcomes compared to white patients.(4) These trends are indicative of a growing healthcare crisis with regards to HCV that threatens minority communities for decades to come.(1)

1b.5 Citations for Data on Disparities Cited in 1b.4: [*For <u>Maintenance</u> – Description of the data or sample for measure results reported in 1b.4 including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included*]

1) Bryant Cameron Webb. The "Secret" epidemic: Disparities in Hepatitis C Incidence, Treatment, and Outcomes. Prepared for the Joint Center for Political and Economic Studies. October 2010.

(2) Alter MJ, Kruszon-Moran D, Nainan OV, et al. The prevalence of hepatitis C virus infection in the United States, 1988 through 1994. New England Journal of Medicine. 1999:341(8): 556-562.

(3) Trooskin SB, Navarro VJ, Winn RJ, et al. Hepatitis C risk assessment, testing and referral for treatment in urban primary care: Role of race and ethnicity. World J Gastro 2007:13:1074.

(4) Conjeevaram HS, Fried MW, Jeffers LJ, et al. Virahep-C study group. Peginterferon and ribavirin treatment in African American and Caucasian American patients with hepatitis C genotype 1. Gastroenterology. 2006 Aug; 131(2):470-7.

1c. Evidence (*Measure focus is a health outcome OR meets the criteria for quantity, quality, consistency of the body of evidence.*) Is the measure focus a health outcome? Yes No <u>If not a health outcome</u>, rate the body of evidence.

Quantity:	H M_		Quality: H M L	I Consistency: H M L I						
Quantity	Quality	Consistency	Does the measure pass	Does the measure pass subcriterion1c?						
M-H	M-H	M-H	/es							
L	M-H	М	Yes IF additional research unlikely to change conclusion that benefits to patients outweigh harms: otherwise No							
M-H	L	M-H	Yes IF potential benefits to patients clearly outweigh potential harms: otherwise No							
L-M-H	L-M-H	L	No 🗌							
Health outcome – rationale supports relationship to at least one healthcare structure, process, intervention, or service				Does the measure pass subcriterion1c? Yes IF rationale supports relationship						

1c.1 Structure-Process-Outcome Relationship (Briefly state the measure focus, e.g., health outcome, intermediate clinical outcome, process, structure; then identify the appropriate links, e.g., structure-process-health outcome; process- health outcome; intermediate clinical outcome-health outcome):

Assure that hepatitis B vaccination is received except for cases of documented medical reasons. This vaccination decreases the potential for a patient acquiring hepatitis B which would contribute to further liver damage.

1c.2-3 Type of Evidence (Check all that apply): Clinical Practice Guideline

1c.4 Directness of Evidence to the Specified Measure (State the central topic, population, and outcomes addressed in the body of evidence and identify any differences from the measure focus and measure target population): Although no specific recommendation has been advanced for vaccination against hepatitis B, the evidence that persons co-infected with hepatitis B and C have a worse prognosis than those with HCV infection alone suggests that hepatitis B vaccination should be offered to persons who are at risk for exposure to hepatitis B if they lack preexisting antibody to hepatitis B. (AASLD 2009)

1c.5 Quantity of Studies in the Body of Evidence (*Total number of studies, not articles*): The guideline developer did not state the quantity of studies used.

1c.6 Quality of Body of Evidence (Summarize the certainty or confidence in the estimates of benefits and harms to patients across studies in the body of evidence resulting from study factors. Please address: a) study design/flaws; b) directness/indirectness of the evidence to this measure (e.g., interventions, comparisons, outcomes assessed, population included in the evidence); and c) imprecision/wide confidence intervals due to few patients or events): While the quality of the body of evidence is not addressed, the guideline developer stated: These recommendations provide a data-supported approach to establishing guidelines. They are based on the following: (1) a formal review and analysis of the recently published world literature on the topic (Medline search up to September 2008); (2) the American College of Physicians' Manual for Assessing Health Practices and Designing Practice Guidelines; (3) guideline policies, including the American Association for the Study of Liver Diseases' (AASLD) Policy on the Development and Use of Practice Guidelines and the American Gastroenterological Association's Policy Statement on the Use of Medical Practice Guidelines; and (4) the experience of the authors in regard to hepatitis C. (AASLD 2009)

In addition, Class IIa, Level C recommendations reflect Class IIa-Weight of evidence/opinion is in favor of usefulness/efficacy and Level C-Only consensus opinion of experts, case studies, or standard-of-care.

1c.7 Consistency of Results across Studies (Summarize the consistency of the magnitude and direction of the effect): The consistency of results across studies was not addressed by the guideline.

1c.8 Net Benefit (Provide estimates of effect for benefit/outcome; identify harms addressed and estimates of effect; and net benefit - benefit over harms):

The benefit over harms across studies was not addressed by the guideline.

1c.9 Grading of Strength/Quality of the Body of Evidence. Has the body of evidence been graded? No

1c.10 If body of evidence graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: n/a

1c.11 System Used for Grading the Body of Evidence: Other

1c.12 If other, identify and describe the grading scale with definitions: n/a

1c.13 Grade Assigned to the Body of Evidence: n/a

1c.14 Summary of Controversy/Contradictory Evidence: A summary of controversy/contradictory evidence was not provided.

1c.15 Citations for Evidence other than Guidelines (Guidelines addressed below): n/a

1c.16 Quote verbatim, the specific guideline recommendation (Including guideline # and/or page #):

All persons with chronic HCV infection who lack antibodies to hepatitis A and B should be offered vaccination against these two viral infections. (Class IIa, Level C) (AASLD 2009-Recommendation 63)

1c.17 Clinical Practice Guideline Citation: Marc G. Ghany, Doris B. Strader, David L. Thomas, and Leonard B. Seeff. American Association for the Study of Liver Diseases' (AASLD) Practice Guidelines: Diagnosis, Management, and Treatment of Hepatitis C: An Update. Hepatology, April 2009: 1335-1374.

1c.18 National Guideline Clearinghouse or other URL: http://guideline.gov/content.aspx?id=14708

1c.19 Grading of Strength of Guideline Recommendation. Has the recommendation been graded? Yes

1c.20 If guideline recommendation graded, identify the entity that graded the evidence including balance of representation and any disclosures regarding bias: The Practice Guidelines Committee of the AASLD. Potential conflict of interest: Drs. Marc Ghany, Leonard Seeff, and Doris Strader have no financial relationships to declare. Dr. David Thomas was on the Advisory Board of Merck, Sharpe and Dohme at the time of writing but has since resigned from this position.

1c.21 System Used for Grading the Strength of Guideline Recommendation: Other

1c.22 If other, identify and describe the grading scale with definitions: Classification Description

Class I Conditions for which there is evidence and/or general agreement that a given diagnostic evaluation procedure or treatment is beneficial, useful, and effective.

Class II Conditions for which there is conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of a diagnostic evaluation, procedure or treatment.

Class IIa Weight of evidence/opinion is in favor of usefulness/efficacy.

Class IIb Usefulness/efficacy is less well established by evidence/opinion.

Class III Conditions for which there is evidence and/or general agreement that a diagnostic evaluation, procedure/treatment is not useful/effective and in some cases may be harmful.

Level of Evidence Description

Level A Data derived from multiple randomized clinical trials or meta-analyses.

Level B Data derived from a single randomized trial, or nonrandomized studies.

Level C Only consensus opinion of experts, case studies, or standard-of-care.

NOTE: To more fully characterize the quality of evidence supporting recommendations, the Practice Guidelines Committee of the AASLD requires a Class (reflecting benefit versus risk) and Level (assessing strength or certainty) of Evidence to be assigned and reported with each recommendation (Table 1, adapted from the American College of Cardiology and the American Heart association Practice Guidelines).

1c.23 Grade Assigned to the Recommendation: Class IIa, Level C

1c.24 Rationale for Using this Guideline Over Others: It is the PCPI policy to use guidelines, which are evidence-based, applicable to physicians and other health-care providers, and developed by a national specialty organization or government agency. In addition, the PCPI has now expanded what is acceptable as the evidence base for measures to include documented quality improvement (QI) initiatives or implementation projects that have demonstrated improvement in quality of care.

Based on the NQF descriptions for rating the evidence, what was the <u>developer's assessment</u> of the quantity, quality, and consistency of the body of evidence?

1c.25 Quantity: Moderate 1c.26 Quality: Moderate1c.27 Consistency: Moderate

1c.28 Attach evidence submission form:

1c.29 Attach appendix for supplemental materials:

Was the threshold criterion, *Importance to Measure and Report*, met? (*1a & 1b must be rated moderate or high and 1c yes*) Yes No

Provide rationale based on specific subcriteria:

For a new measure if the Committee votes NO, then STOP.

For a measure undergoing endorsement maintenance, if the Committee votes NO because of 1b. (no opportunity for improvement), it may be considered for continued endorsement and all criteria need to be evaluated.

2. RELIABILITY & VALIDITY - SCIENTIFIC ACCEPTABILITY OF MEASURE PROPERTIES

Extent to which the measure, <u>as specified</u>, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. (evaluation criteria)

Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. Testing information and results should be entered in the appropriate field. Supplemental materials may be referenced or attached in item 2.1. See <u>guidance on measure testing</u>.

S.1 Measure Web Page (In the future, NQF will require measure stewards to provide a URL link to a web page where current detailed specifications can be obtained). Do you have a web page where current detailed specifications for <u>this</u> measure can be obtained? Yes

S.2 If yes, provide web page URL: www.physicianconsortium.org

2a. RELIABILITY. Precise Specifications and Reliability Testing: H M L I

2a1. Precise Measure Specifications. (The measure specifications precise and unambiguous.)

2a1.1 Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, e.g., cases from the target population with the target process, condition, event, or outcome): Patients who have received at least one injection of Hepatitis B vaccine, or who have documented immunity to Hepatitis B

2a1.2 Numerator Time Window (The time period in which the target process, condition, event, or outcome is eligible for inclusion): Once during the measurement period

2a1.3 Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, codes with descriptors, and/or specific data collection items/responses: Definition: *Received includes documentation that a patient received at least one injection of hepatitis B vaccine from another provider

EHR Specifications: eMeasure developed – see attached

Claims Specifications:

CPT Category II code (in development): 4149F – Hepatitis B vaccine injection administered or previously received

OR

CPT Category II code: 3216F - Patient had documented immunity to Hepatitis B

2a1.4 **Denominator Statement** (*Brief, narrative description of the target population being measured*): All patients aged 18 years and older with a diagnosis of hepatitis C

2a1.5 Target Population Category (Check all the populations for which the measure is specified and tested if any): Adult/Elderly Care

2a1.6 **Denominator Time Window** (*The time period in which cases are eligible for inclusion*): 12 conseuctive months

2a1.7 Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, codes with descriptors, and/or specific data collection items/responses): EHR Specifications: eMeasure developed – see attached

Claims Specifications: ICD-9-CM diagnosis codes: 070.51, 070.54, 070.70

AND

CPT Codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

2a1.8 Denominator Exclusions (Brief narrative description of exclusions from the target population): Documentation of medical reason(s) for not receiving at least one injection of hepatitis B vaccine

Documentation of patient reason(s) for not receiving at least one injection of hepatitis B vaccine

2a1.9 Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, codes with descriptors, and/or specific data collection items/responses):

The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. Examples are provided in the measure exception language of instances that may constitute an exception and are intended to serve as a guide to clinicians. For this measure, exceptions may include medical reason(s) or patient reason(s) for not receiving at least one injection of hepatitis B vaccine. Where examples of exceptions are included in the measure language, value sets for these examples are developed and included in the eSpecifications. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. Additional details by data source are as follows:

EHR Specifications: eMeasure developed – see attached

Claims Specifications:

4149F-1P: Documentation of medical reason(s) not administering at least one injection of hepatitis B vaccine

4149F-2P: Documentation of patient reason(s) for not administering at least one injection of hepatitis B vaccine

2a1.10 Stratification Details/Variables (All information required to stratify the measure results including the stratification variables, codes with descriptors, definitions, and/or specific data collection items/responses): We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language, and have included these variables as recommended data elements to be collected.

2a1.11 **Risk Adjustment Type** (Select type. Provide specifications for risk stratification in 2a1.10 and for statistical model in 2a1.13): No risk adjustment or risk stratification 2a1.12 **If** "Other," please describe:

2a1.13 Statistical Risk Model and Variables (Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development should be addressed in 2b4.): None

2a1.14-16 Detailed Risk Model Available at Web page URL (or attachment). Include coefficients, equations, codes with descriptors, definitions, and/or specific data collection items/responses. Attach documents only if they are not available on a

webpage and keep attached file to 5 MB or less. NQF strongly prefers you make documents available at a Web page URL. Please supply login/password if needed:

2a1.17-18. Type of Score: Rate/proportion

2a1.19 Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score): Better quality = Higher score

2a1.20 Calculation Algorithm/Measure Logic (Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.):

To calculate performance rates:

1) Find the patients who meet the initial patient population (ie, the general group of patients that a set of performance measures is designed to address).

2) From the patients within the initial patient population criteria, find the patients who qualify for the denominator (ie, the specific group of patients for inclusion in a specific performance measure based on defined criteria). Note: in some cases the initial patient population and denominator are identical.

3) From the patients within the denominator, find the patients who qualify for the Numerator (ie, the group of patients in the denominator for whom a process or outcome of care occurs). Validate that the number of patients in the numerator is less than or equal to the number of patients in the denominator

4) From the patients who did not meet the numerator criteria, determine if the physician has documented that the patient meets any criteria for denominator when exceptions have been specified [for this measure: medical reason(s) or patient reason(s)]. If the patient meets any exception criteria, they should be removed from the denominator for performance calculation. --Although the exception cases are removed from the denominator population for the performance calculation, the exception rate (ie, percentage with valid exceptions) should be calculated and reported along with performance rates to track variations in care and highlight possible areas of focus for QI.

If the patient does not meet the numerator and a valid exception is not present, this case represents a quality failure.

Calculation algorithm is included in e-measure which was emailed to NQF staff.

2a1.21-23 Calculation Algorithm/Measure Logic Diagram URL or attachment:

2a1.24 **Sampling (Survey) Methodology**. 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): Not applicable. The measure does not require sampling or a survey.

2a1.25 Data Source (Check all the sources for which the measure is specified and tested). If other, please describe: Administrative claims, Electronic Clinical Data, Electronic Clinical Data : Electronic Health Record, Electronic Clinical Data : Laboratory, Electronic Clinical Data : Registry

2a1.26 Data Source/Data Collection Instrument (Identify the specific data source/data collection instrument, e.g. name of database, clinical registry, collection instrument, etc.): Not Applicable

2a1.27-29 Data Source/data Collection Instrument Reference Web Page URL or Attachment:

2a1.30-32 Data Dictionary/Code Table Web Page URL or Attachment:

2a1.33 Level of Analysis (*Check the levels of analysis for which the measure is specified and tested*): Clinician : Group/Practice, Clinician : Individual, Clinician : Team

2a1.34-35 Care Setting (Check all the settings for which the measure is specified and tested): Ambulatory Care : Clinician Office/Clinic, Ambulatory Care : Urgent Care, Other:Hospital Outpatient Clinic

2a2. Reliability Testing. (*Reliability testing was conducted with appropriate method, scope, and adequate demonstration of reliability.*)

2a2.1 Data/Sample (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

Refer to the validity section for a description of the data sample for our EHR testing project.

2a2.2 Analytic Method (Describe method of reliability testing & rationale): Refer to the validity section for a description of the analytic methods for our EHR testing project.

2a2.3 Testing Results (*Reliability statistics, assessment of adequacy in the context of norms for the test conducted*): Refer to the validity section for a description of the testing results for our EHR testing project.

2b. VALIDITY. Validity, Testing, including all Threats to Validity: H M L I

2b1.1 Describe how the measure specifications (measure focus, target population, and exclusions) are consistent with the evidence cited in support of the measure focus (*criterion 1c*) and identify any differences from the evidence: The measure specifications are consistent with the evidence from the guideline.

2b2. Validity Testing. (Validity testing was conducted with appropriate method, scope, and adequate demonstration of validity.)

2b2.1 Data/Sample (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

EHR Measure Validity

The measure performance was calculated from data collected using two different methods of collection:

Automated EHR report

• Visual inspection of the medical record by professional data abstractors to capture the data elements to manually construct the performance

The data source was electronic health records in the ambulatory care setting.

The data sample came from 2 sites representing a community health center and a large independent specialty practice, both in the midwest region

The sample consisted of 1144 patient encounters.

Visual inspection of the medical record was performed in 2010.

Face Validity

An expert panel was used to assess face validity of the measure. This panel consists of 22 members, with representation from the following specialties: infectious diseases, gastroenterology, methodology, hepatology, family medicine, OB/GYN, internal medicine, nursing, health plan representation and patient advocacy.

Oluwatoyin Adeyemi, MD (infectious diseases) Cook County Hospital, Rush University Medical Center, Chicago, IL Maureen L. Borkowski, RN, BSN Information Specialist, American Liver Foundation, Cedar Grove, NJ Joel V. Brill, MD (gastroenterology) American Gastroenterological Association, Phoenix, AZ

Betty Jo Edwards, MD (OB/GYN) Texas Medical Arts Tower, Houston, TX

Debra Esser, MD, MMM (family medicine) Omaha, NE

Gregory T. Everson, MD (gastroenterology) University of Colorado Denver, Section of Hepatology, Aurora, CO

Troy Fiesinger, MD, FAAFP (family medicine) Memorial Family Medicine Residency, Physicians at Sugar Creek, Sugar Land, TX Michael W. Fried, MD (gastroenterology, hepatology) Professor of Medicine, Director, UNC Liver Center, University of North Carolina @ Chapel Hill, Chapel Hill, NC

Stephen A. Harrison, MD (gastroenterology) Assistant Professor, Division of Gastroenterology, Brooke Army Medical Center, Fort Sam Houston, TX

Ira Jacobson, MD (gastroenterology, hepatology) Chief, Division of GI & Hepatology, Weill Medical College of Cornell, New York, NY

Catherine MacLean, MD, PhD (health plan representative) Medical Director, Programs for Clinical Excellence WellPoint, Inc., Westlake Village, CA

Lynn McElroy American Liver Foundation, Cedar Grove, NJ

Paola Ricci, MD (gastroenterology) VA Medical Center-Gastroenterology, Minneapolis, MN

Sam J. W. Romeo, MD, MBA (family medicine) General Partner, Tower Health & Wellness Center, LP, Turlock, CA

John F. Schneider, MD, PhD (internal medicine) Past President, Illinois State Medical Society, Flossmoor, IL

Leonard B. Seeff, MD (hepatology) Food and Drug Administration, Silver Spring, MD

Kenneth E. Sherman, MD, PhD (hepatology, gastroenterology) Director, Division of Digestive Disease, University of Cincinnati School of Medicine, Cincinnati, OH

Alan D. Tice, MD, FACP (infectious diseases) Infections Limited Hawaii, Honolulu, HI

Monte Troutman, DO, FACOI (gastroenterology) Chairman, Department of Medicine, Chief, Division of Gastroenterology, University of North Texas Health Science Center/ Texas College of Osteopathic Medicine, Fort Worth, TX

John Ward, MD (internal medicine) Director, Division of Viral Hepatitis, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (proposed), Centers for Disease Control and Prevention, Atlanta, GA

Josie R. Williams, MD, MMM (gastroenterology/methodology) Director, Rural & Community Health Institute: QPSI, Asst. Professor of Internal & Family Medicine, Texas A&M University System, College Station, TX

John B. Wong, MD (gastroenterology, hepatology) Tufts New England Medical Center, Clinical Decision Making, Boston, MA

2b2.2 Analytic Method (Describe method of validity testing and rationale; if face validity, describe systematic assessment): EHR Measure Validity

Data from a performance report for the measure automatically-generated from the EHR (designed to collect the necessary data elements to identify eligible cases and calculate the performance score) were compared to data elements found and scores calculated manually on visual inspection of the medical record by trained abstractors.

Data analysis included:

· Percent agreement at the denominator, numerator

Kappa statistic to ensure that agreement rates are not a phenomenon of chance

Face Validity

Face validity of the measure score as an indicator of quality was systematically assessed as follows.

After the measure was fully specified, the expert panel (workgroup membership) was asked to rate their agreement with the following statement:

The scores obtained from the measure as specified will provide an accurate reflection of quality and can be used to distinguish good and poor quality.

Scale 1-5, where 1= Strongly Disagree; 3=Neither Agree nor Disagree; 5= Strongly Agree

2b2.3 Testing Results (Statistical results, assessment of adequacy in the context of norms for the test conducted; if face validity, describe results of systematic assessment):

EHR Measure Validity

This measure demonstrates moderate agreement when comparing EHR automated report to visual inspection of the medical record.

Reliability: N, Kappa (95% CI) Overall: 123, 0.48 (0.083- 0.535)

Face Validity

The results of the expert panel rating of the validity statement were as follows: N = 13; Mean rating = 4.85 and 100.00% of respondents either agree or strongly agree that this measure can accurately distinguish good and poor quality

The results of the expert panel rating of the validity statement were as follows:

Frequency Distribution of Ratings

- 1 0 (Strongly Disagree)
- 2 0
- 3 0 (Neither Disagree nor Agree)
- 4 2

5 - 11 (Strongly Agree)

POTENTIAL THREATS TO VALIDITY. (All potential threats to validity were appropriately tested with adequate results.)

2b3. Measure Exclusions. (Exclusions were supported by the clinical evidence in 1c or appropriately tested with results demonstrating the need to specify them.)

2b3.1 Data/Sample for analysis of exclusions (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included): EHR Measure Validity

The measure performance was calculated from data collected using two different methods of collection:

Automated EHR report

• Visual inspection of the medical record by professional data abstractors to capture the data elements to manually construct the performance

The data source was electronic health records in the ambulatory care setting.

The data sample came from 2 sites representing a community health center and a large independent specialty practice, both in the midwest region

The sample consisted of 1144 patient encounters.

Visual inspection of the medical record was performed in 2010.

2b3.2 Analytic Method (Describe type of analysis and rationale for examining exclusions, including exclusion related to patient preference):

EHR Measure Validity

- An automated report of performance was created.
- Manual abstractors reviewed each patient who did not meet the measure according to the automated report.

• Exceptions were documented even for performance measures that did not allow for exceptions in the specifications in an attempt to see whether some measures should include denominator exceptions to more accurately reflect quality.

2b3.3 Results (*Provide statistical results for analysis of exclusions, e.g., frequency, variability, sensitivity analyses*): EHR Measure Validity

The automated report was unable to capture exceptions for this measure, as there was no discrete field for allowable exception. The percentage of false negatives due to exception (the number of patients who appeared to fail the measure on automated calculation but were found to not meet the numerator and have a valid exception on the manual review) was 3/14 or 21.4%. This represents a change in measure performance from 56.3% to 60.9% with an exception rate of 7.5%.

2b4. Risk Adjustment Strategy. (For outcome measures, adjustment for differences in case mix (severity) across measured entities was appropriately tested with adequate results.)

2b4.1 Data/Sample (Description of the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included): This measure is not risk adjusted.

2b4.2 Analytic Method (Describe methods and rationale for development and testing of risk model or risk stratification including selection of factors/variables): This measure is not risk adjusted.

2b4.3 Testing Results (*Statistical risk model*: Provide quantitative assessment of relative contribution of model risk factors; risk model performance metrics including cross-validation discrimination and calibration statistics, calibration curve and risk decile plot, and assessment of adequacy in the context of norms for risk models. <u>Risk stratification</u>: Provide quantitative assessment of relationship of risk factors to the outcome and differences in outcomes among the strata): This measure is not risk adjusted.

2b4.4 If outcome or resource use measure is not risk adjusted, provide rationale and analyses to justify lack of adjustment: As a process measure, no risk adjustment is necessary.

2b5. Identification of Meaningful Differences in Performance. (*The performance measure scores were appropriately analyzed and discriminated meaningful differences in quality.*)

2b5.1 Data/Sample (Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

CMS Physician Quality Reporting Initiative:

2,450 cases were reported on for the 2010 program, the most recent year for which data is available.

The following information is for the 2008 program, the only year for which such data is available.

Clinical Condition and Measure: Hepatitis C: Hepatitis B Vaccination in Patients with HCV

Eligible Professionals: 67,332

Professionals Reporting >=1 Valid QDC: 226

% Professionals Reporting >=1 Valid QDC: 0.34%

Professionals Satisfactorily Reporting: 108

% Professionals Satisfactorily Reporting: 47.79%

2b5.2 Analytic Method (Describe methods and rationale to identify statistically significant and practically/meaningfully differences in performance):

CMS Physician Quality Reporting Initiative:

The inter-quartile range (IQR) was calculated to determine the variability of performance on the measure.

2b5.3 **Results** (*Provide measure performance results/scores, e.g., distribution by quartile, mean, median, SD, etc.; identification of statistically significant and meaningfully differences in performance):* Scores on this measure: N =1,123; 88.78% is the aggregate perormance rate in the total patient population.

 10th percentile: 0.00%

 25th percentile: 75.00%

 50th percentile: 100.00%

 75th percentile: 100.00%

 90th percentile: 100.00%

The inter-quartile range (IQR) provides a measure of the dispersion of performance. The IQR is 25.00, and indicates that 50% of physicians have performance on this measure ranging from 75.00% and 100.00%. A quarter of reporting physicians have performance of 75.00% or less.

Source: Confidential CMS PQRI 2010 Performance Information by Measure. TAP file.

2b6. Comparability of Multiple Data Sources/Methods. (If specified for more than one data source, the various approaches result in comparable scores.)

2b6.1 Data/Sample (Describe the data or sample including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included):

Please refer to the EHR Measure Validity section of this form.

2b6.2 Analytic Method (Describe methods and rationale for testing comparability of scores produced by the different data sources specified in the measure):

Please refer to the EHR Measure Validity section of this form.

2b6.3 Testing Results (*Provide statistical results, e.g., correlation statistics, comparison of rankings; assessment of adequacy in the context of norms for the test conducted*):

Please refer to the EHR Measure Validity section of this form.

2c. Disparities in Care: H M L I NA (If applicable, the measure specifications allow identification of disparities.)

2c.1 If measure is stratified for disparities, provide stratified results (*Scores by stratified categories/cohorts*): We encourage the results of this measure to be stratified by race, ethnicity, gender, and primary language, and have included these variables as recommended data elements to be collected.

2c.2 If disparities have been reported/identified (e.g., in 1b), but measure is not specified to detect disparities, please explain:

The PCPI advocates that performance measure data should, where possible, be stratified by race, ethnicity, and primary language to assess disparities and initiate subsequent quality improvement activities addressing identified disparities, consistent with recent national efforts to standardize the collection of race and ethnicity data. A 2008 NQF report endorsed 45 practices including stratification by the aforementioned variables.(1) A 2009 IOM report "recommends collection of the existing Office of Management and Budget (OMB) race and Hispanic ethnicity categories as well as more fine-grained categories of ethnicity(referred to as granular ethnicity and based on one's ancestry) and language need (a rating of spoken English language proficiency of less than very well and one's preferred language for health-related encounters)."(2)

References:

(1)National Quality Forum Issue Brief (No.10). Closing the Disparities Gap in Healthcare Quality with Performance Measurement and Public Reporting. Washington, DC: NQF, August 2008.

(2)Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. March 2010. AHRQ Publication No. 10-0058-EF. Agency for Healthcare Research and Quality, Rockville, MD. Available at: http://www.ahrq.gov/research/iomracereport. Accessed May 25, 2010.

2.1-2.3 Supplemental Testing Methodology Information:

Steering Committee: Overall, was the criterion, *Scientific Acceptability of Measure Properties*, met? (*Reliability and Validity must be rated moderate or high*) Yes No Provide rationale based on specific subcriteria:

If the Committee votes No, STOP

3. USABILITY

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. (evaluation criteria)

C.1 Intended Actual/Planned Use (Check all the planned uses for which the measure is intended): Public Reporting, Quality Improvement (Internal to the specific organization)

3.1 Current Use (Check all that apply; for any that are checked, provide the specific program information in the following questions): Public Reporting, Quality Improvement (Internal to the specific organization)

3a. Usefulness for Public Reporting: H M L I (The measure is meaningful, understandable and useful for public reporting.)

3a.1. Use in Public Reporting - disclosure of performance results to the public at large (*If used in a public reporting program, provide name of program(s), locations, Web page URL(s)*). <u>If not publicly reported in a national or community program, state the reason AND plans to achieve public reporting, potential reporting programs or commitments, and timeline, e.g., within 3 years of endorsement: [*For <u>Maintenance</u> – If not publicly reported, describe progress made toward achieving disclosure of performance results to the public at large and expected date for public reporting; provide rationale why continued endorsement should be considered.*]</u>

This measure is currently in use in PQRS and has been since 2008. It's also been proposed for inclusion in CMS's EHR Incentive Program: Meaningful Use Stage 2.

The PCPI believes that the reporting of participation information is a beneficial first step on a trajectory toward the public reporting of performance results, which is appropriate since the measure has been tested and the reliability of the performance data has been validated. Continued NQF endorsement will facilitate our ongoing progress toward this public reporting objective.

3a.2. Provide a rationale for why the measure performance results are meaningful, understandable, and useful for public reporting. <u>If usefulness was demonstrated</u> (e.g., focus group, cognitive testing), describe the data, method, and results: The PCPI believes that the reporting of participation information is a beneficial first step on a trajectory toward the public reporting of performance results, which is appropriate since the measure has been tested and the reliability of the performance data has been validated. Continued NQF endorsement will facilitate our ongoing progress toward this public reporting objective.

3.2 Use for other Accountability Functions (payment, certification, accreditation). If used in a public accountability program, provide name of program(s), locations, Web page URL(s): This measure may be used in a Maintenance of Certification program.

3b. Usefulness for Quality Improvement: H M L I (The measure is meaningful, understandable and useful for quality improvement.)

3b.1. Use in QI. If used in quality improvement program, provide name of program(s), locations, Web page URL(s): [*For <u>Maintenance</u> – If not used for QI, indicate the reasons and describe progress toward using performance results for improvement*].

All PCPI measures are suitable for use in quality improvement initiatives and are made freely available on the PCPI website and through the implementation efforts of medical specialty societies and other PCPI members. The PCPI strongly encourages the use of its measures in QI initiatives and seeks to provide information on such initiatives to PCPI members.

3b.2. Provide rationale for why the measure performance results are meaningful, understandable, and useful for quality improvement. If usefulness was demonstrated (*e.g.*, *Ql initiative*), describe the data, method and results:

The PCPI believes that the use of PCPI measures in quality improvement initiatives is a beneficial way to gather scientific data with which to improve physician performance. This is appropriate since the measure has been tested and the reliability of the performance data has been validated. NQF endorsement will facilitate our ongoing progress toward this quality improvement objective.

Overall, to what extent was the criterion, *Usability*, met? H M L I Provide rationale based on specific subcriteria:

4. FEASIBILITY

Extent to which the required data are readily available, retrievable without undue burden, and can be implemented for performance measurement. (evaluation criteria)

4a. Data Generated as a Byproduct of Care Processes: H M L I

4a.1-2 How are the data elements needed to compute measure scores generated? (Check all that apply).

Data used in the measure are:

generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition

4b. Electronic Sources: H M L

4b.1 Are the data elements needed for the measure as specified available electronically (*Elements that are needed to compute measure scores are in defined, computer-readable fields*): ALL data elements in electronic health records (EHRs)

4b.2 If ALL data elements are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources:

4c. Susceptibility to Inaccuracies, Errors, or Unintended Consequences: H M L

4c.1 Identify susceptibility to inaccuracies, errors, or unintended consequences of the measurement identified during testing and/or operational use and strategies to prevent, minimize, or detect. If audited, provide results: We are not aware of any unintended consequences related to this measurement.

4d. Data Collection Strategy/Implementation: H M L I

A.2 Please check if either of the following apply (regarding proprietary measures):

4d.1 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 and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues (*e.g., fees for use of proprietary measures*): This measure was found to be reliable and feasible for implementation.

Overall, to what extent was the criterion, *Feasibility*, met? H M L I Provide rationale based on specific subcriteria:

OVERALL SUITABILITY FOR ENDORSEMENT

Does the measure meet all the NQF criteria for endorsement? Yes No Rationale:

If the Committee votes No, STOP.

If the Committee votes Yes, the final recommendation is contingent on comparison to related and competing measures.

5. COMPARISON TO RELATED AND COMPETING MEASURES

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure before a final recommendation is made.

5.1 If there are related measures *(either same measure focus or target population)* or competing measures *(both the same measure focus and same target population)*, list the NQF # and title of all related and/or competing measures: 0412 : HIV/AIDS: Hepatitis B Vaccination

5a. Harmonization

5a.1 If this measure has EITHER the same measure focus OR the same target population as <u>NQF-endorsed measure(s)</u>: Are the measure specifications completely harmonized? Yes

5a.2 If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden:

5b. Competing Measure(s)

5b.1 If this measure has both the same measure focus and the same target population as NQF-endorsed measure(s): Describe why this measure is superior to competing measures (*e.g.*, *a more valid or efficient way to measure quality*); OR provide a rationale for the additive value of endorsing an additional measure. (*Provide analyses when possible*): No competing measure.

CONTACT INFORMATION

Co.1 Measure Steward (Intellectual Property Owner): American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI), 515 N. State St., Chicago, Illinois, 60654

Co.2 Point of Contact: Mark S., Antman, DDS, MBA, Director, Measure Development Operations Performance Improvement, mark.antman@ama-assn.org, 312-464-5056-

Co.3 Measure Developer if different from Measure Steward: American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI), 515 N. State St., Chicago, Illinois, 60654

Co.4 Point of Contact: Mark S., Antman, DDS, MBA, Director, Measure Development Operations Performance Improvement, mark.antman@ama-assn.org, 312-464-5056-

Co.5 Submitter: Katherine, Ast, MSW, LCSW, katherine.ast@ama-assn.org, 312-464-4920-, American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)

Co.6 Additional organizations that sponsored/participated in measure development: American Association for the Study of Liver Diseases, American Gastroenterological Association Institute

Co.7 Public Contact: Mark S., Antman, DDS, MBA, Director, Measure Development Operations Performance Improvement, mark.antman@ama-assn.org, 312-464-5056-, American Medical Association - Physician Consortium for Performance Improvement (AMA-PCPI)

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.

Co-Chairs:

John B. Wong, MD (gastroenterology, hepatology, methodology) John W. Ward, MD (internal medicine)

Work Group Members: Joel V. Brill, MD (gastroenterology) Roger Chou, MD (internal medicine, guideline experience) Richard H. Davis, Jr., PA-C (physician assistant) Yngve Falck-Ytter, MD, AGAF (gastroenterology/liver/hepatologist) Troy Fiesinger, MD, FAAFP (family medicine) Marc G. Ghany, MD, MHSc (guideline experience/hepatology) Arthur Yu-shin Kim, MD (HIV and HCV co-infection) Barbara H. McGovern, MD (HIV and HCV co-infection) Daniel B. Raymond (consumer/patient advocacy group) Paola Ricci, MD (hepatology/gastroenterology) Saverio Sava, MD (CHC representative/hepatologist) Lynn Gardiner Seim, MSN, RN (patient advocacy) Jessica A. Shepherd, MD, MBA (OB/GYN) Margaret C. Shuhart, MD, MS (hepatology/gastroenterology) Amy Hirsch Shumaker, PharmD, BCPS (pharmacy, hepatology, infectious disease) Chris Taylor (patient advocacy/public health) Glenn Treisman, MD, PhD (HIV and HCV psychiatrist) Weifeng Weng, PhD (health services researcher/ABIM PIM development) John Yao, MD, MPH, MBA, MPA, FACP (health plan representative)

PCPI measures are developed through cross-specialty, multi-disciplinary work groups. All medical specialties and other health care professional disciplines participating in patient care for the clinical condition or topic under study are invited to participate as equal contributors to the measure development process. In addition, the PCPI strives to include on its work groups individuals representing the perspectives of patients, consumers, private health plans, and employers. This broad-based approach to measure development ensures buy-in on the measures from all stakeholders and minimizes bias toward any individual specialty or stakeholder group. All work groups have at least two co-chairs who have relevant clinical and/or measure development expertise and who are responsible for ensuring that consensus is achieved and that all perspectives are voiced.

Ad.2 If adapted, provide title of original measure, NQF # if endorsed, and measure steward. Briefly describe the reasons for adapting the original measure and any work with the original measure steward: n/a

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.3 Year the measure was first released: 2006

Ad.4 Month and Year of most recent revision: 06, 2012

Ad.5 What is your frequency for review/update of this measure? See Ad.9.

Ad.6 When is the next scheduled review/update for this measure? 06, 2012

Ad.7 Copyright statement: Physician Performance Measures (Measures) and related data specifications have been developed by the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement[®] (PCPI[™]).

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Ad.8 Disclaimers:

Ad.9 Additional Information/Comments: Coding/Specifications updates occur annually. The PCPI has a formal measurement review process that stipulates regular (usually on a three-year cycle, when feasible) review of the measures. The process can also be activated if there is a major change in scientific evidence, results from testing or other issues are noted that materially affect the integrity of the measure.

Date of Submission (*MM/DD/YY*): 07/02/2012

eMeasure Title	Hepatitis C: Hepatitis B	Vaccination in Pa	atients with HCV					
eMeasure I dentifier (Measure Authoring Tool)		eMeasure Version number	0					
NQF Number	0400	GUID	3b83fe6f-efb1-4987- 903c-39624607573a					
Measurement Period	January 1, 20xx through	December 31, 1	20xx					
Measure Steward	American Medical Assoc for Performance Improv							
Measure Developer	American Medical Assoc for Performance Improv							
Endorsed By	National Quality Forum							
Description	Percentage of patients aged 18 years and older with a diagnosis of hepatitis C who received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B							
Copyright	Copyright 2012 American Medical Association. All Rights Reserved.							
Disclaimer	Physician Performance M specifications have been Association (AMA) - con Performance Improveme are not clinical guideline medical care, and have applications. The Measu reproduced and distribu noncommercial purpose connection with their pro- the sale, license, or dist gain, or incorporation of that is sold, licensed or Commercial uses of the between the user and th the AMA, PCPI nor its m of the Measures. THE MEASURES AND SP IS WITHOUT WARRAN Limited proprietary codi specifications for conver- sets should obtain all ne these code sets. The AM all liability for use or acc Terminology (CPT[R]) o specifications. CPT(R) contained in the 2004-2011 American Me 2004-2011 Regenstrief SNOMED Clinical Termso 2011 International Heal Organization. All Rights	a developed by the vened Physician ent (R) (the PCPI es and do not est not been tested res, while copyri- ted, without modes s, e.g., use by he actices. Commer- ribution of the M the Measures in distributed for co- Measures requir- ne AMA, (on beha- embers shall be ECIFICATIONS A ITY OF ANY KINE in the PCPI and curacy of any Cu- r other coding co- Measure specific edical Association Institute, Inc. The (R) (SNOMED CT th Terminology S- pyright 2011 Wo	he American Medical Consortium for [TM]). These Measures ablish a standard of for all potential ghted, can be dification, for ealth care providers in cial use is defined as easures for commercial to a product or service ommercial gain. e a license agreement alf of the PCPI). Neither responsible for any use ARE PROVIDED AS 0. In the Measure the proprietary code from the owners of its members disclaim rrent Procedural ontained in the cations is copyright h. LOINC(R) copyright is material contains [R]) copyright 2004- Standards Development					

	Due to technical limitations, registered trademarks are indicated by (R) or [R] and unregistered trademarks are indicated by (TM) or [TM].
Measure Scoring	Proportion
Measure Type	Process
Stratification	None
Risk Adjustment	None
Rate Aggregation	None
Rationale	Assure that hepatitis B vaccination is received except for cases of documented medical reasons. This vaccination decreases the potential for a patient acquiring hepatitis B, which would contribute to further liver damage.
Clinical Recommendation Statement	All patients with chronic hepatitis C should be vaccinated against hepatitis A, and seronegative persons with risk factors for hepatitis B virus (HBV) should be vaccinated against hepatitis B. (NIH, 2002) Persons in whom the diagnosis of hepatitis C is established are candidates for hepatitis A and hepatitis B vaccines. (AGA, 2006).
Improvement Notation	Higher score indicates better quality
Reference	National Institutes of Health (NIH). Management of hepatitis C: 2002. Rockville (MD): National Institutes of Health (NIH); 2002 Aug 26.
Reference	Dienstag JL, McHutchinson JG. American Gastroenterological Association (AGA) medical position statement on the management of hepatitis C. Gastroenterology. 2006 Jan; 130 (1): 225-30.
Definition	Received: Includes documentation that a patient received at least one injection of hepatitis B vaccine from another provider
Guidance	For the purposes of this measure, a minimum of one injection is required to meet the numerator criteria.
Transmission Format	TBD
Initial Patient Population	All patients aged 18 years and older with a diagnosis of hepatitis C
Denominator	Equals Initial Patient Population
Denominator Exclusions	None
Numerator	Patients who have received at least one injection of hepatitis B vaccine, or who have documented immunity to hepatitis B
Numerator Exclusions	Not Applicable
Denominator Exceptions	Documentation of medical reason(s) for not administering at least one injection of hepatitis B vaccine; Documentation of patient reason(s) for not administering at least one injection of hepatitis B vaccine

Measure Population	Not Applicable
Measure Observations	Not Applicable
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and gender.

Table of Contents

- Population criteria
- Data criteria (QDM Data Elements)
- <u>Reporting Stratification</u>
- Supplemental Data Elements

Population criteria

- Initial Patient Population =
 - AND: "Patient Characteristic Birthdate: birth date" >= 18 year(s) starts before start of "Measurement Period"
 - o AND: Count >= 2 of:
 - OR: "Encounter, Performed: Office Visit"
 - OR: "Encounter, Performed: Outpatient Consultation"
 - OR: "Encounter, Performed: Patient Provider Interaction"
 - during "Measurement Period"
 - o AND:
 - OR: "Diagnosis, Active: Acute Hepatitis C"
 - OR: "Diagnosis, Active: Chronic Hepatitis C"
 - OR: "Diagnosis, Active: Unspecified Hepatitis C"
 - starts before or during
 - OR: "Occurrence A of Encounter, Performed: Office Visit"
 - OR: "Occurrence A of Encounter, Performed: Outpatient Consultation"
 - OR: "Occurrence A of Encounter, Performed: Face-to-Face Interaction"
 - during "Measurement Period"
- Denominator =
 - o AND: "Initial Patient Population"
 - Denominator Exclusions =
 - o None
 - Numerator =
 - o AND:
 - OR: "Procedure, Performed: Hepatitis B Vaccination"
 - OR: "Medication, Administered: Hepatitis B Vaccine"
 - OR: "Laboratory Test, Result: Anti-HBs Laboratory Test (reason: 'Positive')"
 - OR: "Laboratory Test, Result: Anti-Hbe Laboratory Test (result: 'Positive')"
 - OR: "Laboratory Test, Result: Anti-HBc(IgG) Laboratory Test (result: 'Positive')"
 - OR: "Laboratory Test, Result: HBsAg Laboratory Test (result: 'Positive')"
 - OR: "Laboratory Test, Result: Anti-HBc(IgM) (result: 'Positive')"
 - OR: "Laboratory Test, Result: HBeAg (result: 'Positive')"
 - OR: "Laboratory Test, Result: Anti-HBc Core (IgG and IgM) (result: 'Positive')"
 - starts before or during
 - OR: "Occurrence A of Encounter, Performed: Office Visit"
 - OR: "Occurrence A of Encounter, Performed: Outpatient Consultation"
 - OR: "Occurrence A of Encounter, Performed: Face-to-Face Interaction"
- Denominator Exceptions =

o AND:

OR:

- OR: "Procedure, Performed not done: Medical Reason" for "Hepatitis B Vaccination Grouping Value Set"
- OR: "Procedure, Performed not done: Patient Reason" for "Hepatitis B Vaccination Grouping Value Set"
- OR: "Procedure, Performed not done: Medical Reason Vaccine Not Given" for "Hepatitis B Vaccination Grouping Value Set"
- OR: "Procedure, Performed not done: Patient Reason Vaccine Not Given" for "Hepatitis B Vaccination Grouping Value Set"
- OR: "Medication, Administered not done: Medical Reason" for "Hepatitis B Vaccine Grouping Value Set"
- OR: "Medication, Administered not done: Patient Reason" for "Hepatitis B Vaccine Grouping Value Set"
- OR: "Medication, Administered not done: Medical Reason Vaccine Not Given" for "Hepatitis B Vaccine Grouping Value Set"
- OR: "Medication, Administered not done: Patient Reason Vaccine Not Given" for "Hepatitis B Vaccine Grouping Value Set"
- during
 - OR: "Occurrence A of Encounter, Performed: Office Visit"
 - OR: "Occurrence A of Encounter, Performed: Outpatient Consultation"
 - OR: "Occurrence A of Encounter, Performed: Face-to-Face Interaction"
- OR:
- OR: "Medication, Allergy: Hepatitis B Vaccine"
- OR: "Diagnosis, Active: Allergy to Hepatitis B Vaccine"
- OR: "Medication, Intolerance: Hepatitis B Vaccine"
- OR: "Diagnosis, Active: Intolerance to Hepatitis B Vaccine"
- starts before or during
 - OR: "Occurrence A of Encounter, Performed: Office Visit"
 - OR: "Occurrence A of Encounter, Performed: Outpatient Consultation"
 - OR: "Occurrence A of Encounter, Performed: Face-to-Face Interaction"

Data criteria (QDM Data Elements)

- "Diagnosis, Active: Acute Hepatitis C" using "Acute Hepatitis C Grouping Value Set (2.16.840.1.113883.3.526.03.630)"
- "Diagnosis, Active: Allergy to Hepatitis B Vaccine" using "Allergy to Hepatitis B Vaccine Grouping Value Set (2.16.840.1.113883.3.526.03.1223)"
- "Diagnosis, Active: Chronic Hepatitis C" using "Chronic Hepatitis C Grouping Value Set (2.16.840.1.113883.3.526.03.624)"
- "Diagnosis, Active: Intolerance to Hepatitis B Vaccine" using "Intolerance to Hepatitis B Vaccine Grouping Value Set (2.16.840.1.113883.3.526.03.1224)"
- "Diagnosis, Active: Unspecified Hepatitis C" using "Unspecified Hepatitis C Grouping Value Set (2.16.840.1.113883.3.526.03.634)"
- "Encounter, Performed: Face-to-Face Interaction" using "Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.0003.01.02.0048)"
- "Encounter, Performed: Office Visit" using "Office Visit Grouping Value Set (2.16.840.1.113883.3.464.0003.01.02.0001)"
- "Encounter, Performed: Outpatient Consultation" using "Outpatient Consultation Grouping Value Set (2.16.840.1.113883.3.464.0003.01.02.0008)"
- "Encounter, Performed: Patient Provider Interaction" using "Patient Provider Interaction Grouping Value Set (2.16.840.1.113883.3.526.03.1012)"
- "Laboratory Test, Result: Anti-HBc(IgG) Laboratory Test" using "Anti-HBc(IgG) Laboratory Test Grouping Value Set (2.16.840.1.113883.3.526.03.1215)"

- "Laboratory Test, Result: Anti-HBc(IgM)" using "Anti-HBc(IgM) Grouping Value Set (2.16.840.1.113883.3.526.03.1216)"
- "Laboratory Test, Result: Anti-HBc Core (IgG and IgM)" using "Anti-HBc Core (IgG and IgM) Grouping Value Set (2.16.840.1.113883.3.526.03.1217)"
- "Laboratory Test, Result: Anti-Hbe Laboratory Test" using "Anti-Hbe Laboratory Test Grouping Value Set (2.16.840.1.113883.3.526.03.1218)"
- "Laboratory Test, Result: Anti-HBs Laboratory Test" using "Anti-HBs Laboratory Test Grouping Value Set (2.16.840.1.113883.3.526.03.1220)"
- "Laboratory Test, Result: HBeAg" using "HBeAg Grouping Value Set (2.16.840.1.113883.3.526.03.1219)"
- "Laboratory Test, Result: HBsAg Laboratory Test" using "HBsAg Laboratory Test Grouping Value Set (2.16.840.1.113883.3.526.03.1221)"
- "Medication, Administered: Hepatitis B Vaccine" using "Hepatitis B Vaccine Grouping Value Set (2.16.840.1.113883.3.526.03.1222)"
- "Medication, Administered not done: Medical Reason" using "Medical Reason Grouping Value Set (2.16.840.1.113883.3.526.03.1007)"
- "Medication, Administered not done: Medical Reason Vaccine Not Given" using "Medical Reason Vaccine Not Given Grouping Value Set (2.16.840.1.113883.3.526.03.665)"
- "Medication, Administered not done: Patient Reason" using "Patient Reason Grouping Value Set (2.16.840.1.113883.3.526.03.1008)"
- "Medication, Administered not done: Patient Reason Vaccine Not Given" using "Patient Reason Vaccine Not Given Grouping Value Set (2.16.840.1.113883.3.526.03.664)"
- "Medication, Allergy: Hepatitis B Vaccine" using "Hepatitis B Vaccine Grouping Value Set (2.16.840.1.113883.3.526.03.1222)"
- "Medication, Intolerance: Hepatitis B Vaccine" using "Hepatitis B Vaccine Grouping Value Set (2.16.840.1.113883.3.526.03.1222)"
- "Patient Characteristic Birthdate: birth date" using "birth date LOINC Value Set (2.16.840.1.113883.3.560.100.4)"
- "Procedure, Performed: Hepatitis B Vaccination" using "Hepatitis B Vaccination Grouping Value Set (2.16.840.1.113883.3.526.03.658)"
- "Procedure, Performed not done: Medical Reason" using "Medical Reason Grouping Value Set (2.16.840.1.113883.3.526.03.1007)"
- "Procedure, Performed not done: Medical Reason Vaccine Not Given" using "Medical Reason Vaccine Not Given Grouping Value Set (2.16.840.1.113883.3.526.03.665)"
- "Procedure, Performed not done: Patient Reason" using "Patient Reason Grouping Value Set (2.16.840.1.113883.3.526.03.1008)"
- "Procedure, Performed not done: Patient Reason Vaccine Not Given" using "Patient Reason Vaccine Not Given Grouping Value Set (2.16.840.1.113883.3.526.03.664)"
- Attribute: "Reason: Positive" using "Positive Grouping Value Set (2.16.840.1.113883.3.526.03.1210)"
- Attribute: "Result: Positive" using "Positive Grouping Value Set (2.16.840.1.113883.3.526.03.1210)"

Reporting Stratification

• None

Supplemental Data Elements

- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity CDC Value Set (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Gender: Gender" using "Gender HL7 (2.16.840.1.113883.5.1) Value Set (2.16.840.1.113883.1.11.1)"
- "Patient Characteristic Payer: Payer" using "Payer Source of Payment Typology Value Set (2.16.840.1.113883.221.5)"
- "Patient Characteristic Race: Race" using "Race CDC Value Set (2.16.840.1.114222.4.11.836)"

Measure Set	None

The codes that you are exporting directly reflect the codes you entered into the Measure Authoring Tool. These codes may be owned by a third party and subject to copyright or other intellectual property restrictions. Use of these codes may require permission from the code owner or agreement to a license. It is your responsibility to ensure that your use of any third party code is permissible and that you have fulfilled any notice or license requirements imposed by the code owner. Use of the Measure Authoring Tool does not confer any rights on you with respect to these codes other than those codes that may be available from the code owner.

							b 1.
alue Set Developer ational Committee for Quality Assurance	Value Set OID 2.16.840.1.113883.3.464.0003.01.01.0005	Last Modified Value Set Name 01/16/2012 09:19 AM Office Visit	QDM Category Encounter	CPT	2011	Code 99201	Descriptor NA
ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0005	01/16/2012 09:19 AM Office Visit	Encounter	CPT	2011	99202	NA
ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0005	01/16/2012 09:19 AM Office Visit	Encounter	CPT CPT	2011	99203	NA
ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0005	01/16/2012 09:19 AM Office Visit	Encounter	CPT	2011	99204	NA
ational Committee for Quality Assurance ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0005 2.16.840.1.113883.3.464.0003.01.01.0005	01/16/2012 09:19 AM Office Visit	Encounter Encounter	CPT CPT CPT	2011	99205 99212	NA NA
ational Committee for Quality Assurance ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0005 2.16.840.1.113883.3.464.0003.01.01.0005		Encounter	CPT	2011 2011	99212 99213	NA NA
ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0005	01/16/2012 09:19 AM Office Visit	Encounter	CPT	2011	99214	NA
ational Committee for Quality Assurance	2 16 840 1 113883 3 464 0003 01 01 0005	01/16/2012 09:19 AM Office Visit	Encounter	CPT	2011	99215	NA
ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0040	01/16/2012 09:21 AM Outpatient Consultation	Encounter	CPT CPT CPT	2011	99241	NA
ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0040	01/16/2012 09:21 AM Outpatient Consultation	Encounter	CPT CPT	2011	99242	NA
ational Committee for Quality Assurance		01/16/2012 09:21 AM Outpatient Consultation	Encounter	CPT	2011	99243	NA
ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0040	01/16/2012 09:21 AM Outpatient Consultation	Encounter	CPT	2011	99244	NA
ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0040	01/16/2012 09:21 AM Outpatient Consultation 04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	CPT SNOMED-CT	2011	99245	NA
ational Committee for Quality Assurance ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0216	04/16/2012 11:51 AM Face-to-Face Interaction 04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT SNOMED-CT	07/2011	4525004 12843005	emergency department patient visit (procedure) subsequent hospital visit by physician (procedure)
ational Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0216	04/16/2012 11:51 AM Face-to-Face Interaction 04/16/2012 11:51 AM Face-to-Face Interaction	Encounter Encounter	SNOMED-CT	07/2011	12843005	subsequent nospital visit by physician (procedure) subsequent nursing facility visit (procedure)
ational Committee for Quality Assurance		04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT		19681004	nursing evaluation of patient and report (procedure)
ational Committee for Quality Assurance	2 16 840 1 113883 3 464 0003 01 01 0216	04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT	07/2011	87790002	follow-up inpatient consultation visit (procedure)
tional Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0216	04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT	07/2011	90526000	initial evaluation and management of healthy individual (procedure)
tional Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0216	04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT	07/2011	185349003	encounter for "check-up" (procedure)
tional Committee for Quality Assurance		04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT		185463005	visit out of hours (procedure)
tional Committee for Quality Assurance		04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT		185465003	weekend visit (procedure)
ional Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0216	04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT SNOMED-CT	07/2011	207195004 270427003	history and physical examination with evaluation and management of nursing facility patient (procedure
		04/16/2012 11:51 AM Face-to-Face Interaction 04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT SNOMED-CT			patient-initiated encounter (procedure)
ional Committee for Quality Assurance ional Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.01.0216	04/16/2012 11:51 AM Face-to-Face Interaction 04/16/2012 11:51 AM Face-to-Face Interaction	Encounter Encounter	SNOMED-CT	07/2011 07/2011	270430005 308335008	provider-initiated encounter (procedure) patient encounter procedure (procedure)
ional Committee for Quality Assurance	2.16.840.1.113863.3.464.0003.01.01.0216	04/16/2012 11:51 AM Face-to-Face Interaction 04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT	07/2011	390906007	follow-up encounter (procedure)
ional Committee for Quality Assurance ional Committee for Quality Assurance		04/16/2012 11:51 AM Face-to-Face Interaction 04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT SNOMED-CT	07/2011 07/2011	390906007 406547006	tollow-up encounter (procedure) urgent follow-up (procedure)
ional Committee for Quality Assurance	2 16 840 1 113883 3 464 0003 01 01 0216	04/16/2012 11:51 AM Face-to-Face Interaction 04/16/2012 11:51 AM Face-to-Face Interaction	Encounter	SNOMED-CT	07/2011	406547006 439708006	home visit (procedure)
ional Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.02.0008	01/16/2012 09:21 AM Outpatient Consultation	Encounter	Grouping	Grouping	2 16 840 1 113883 3 464 0003 01 01 0040	"Outpatient Consultation" CPT code list
onal Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.02.0048	05/22/2012 03:57 PM Face-to-Face Interaction	Encounter	Grouping	Grouping	2.16.840.1.113883.3.464.0003.01.01.0216	"Face-to-Face Interaction" SNOMED-CT Code List
tional Committee for Quality Assurance	2.16.840.1.113883.3.464.0003.01.02.0001	01/16/2012 09:19 AM Office Visit	Encounter	Grouping	Grouping	2.16.840.1.113883.3.464.0003.01.01.0005	"Office Visit" CPT code list
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	5015009	economic problem (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	30164005	patient discharge, signed out against medical advice (procedure)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	105480006	refusal of treatment by patient (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	160932005	financial problem (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	160934006	financial circumstances change (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason 02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	182890002	patient requests alternative treatment (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311 2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason 02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT SNOMED-CT	07/2011 07/2011	182895007 182897004	drug declined by patient (situation) drug declined by patient - side effects (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	182900006	drug declined by patient - side ellects (situation) drug declined by patient - patient beliefs (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	182902003	drug declined by patient - patient belies (attation) drug declined by patient - cannot pay script (situation)
arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	183944003	procedure refused (situation)
erican Medical Association-conveneer Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2 16 840 1 113883 3 526 02 311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	183945002	procedure refused for religious reason (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	184081006	patient has moved away (finding)
arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	185479006	patient dissatisfied with result (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	185481008	dissatisfied with doctor (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	224187001	variable income (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT		225928004	patient self-discharge against medical advice (procedure)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	258147002	stopped by patient (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	266710000	drugs not taken/completed (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT		266966009	family illness (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311 2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason 02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT SNOMED-CT	07/2011 07/2011	275694009 275936005	patient defaulted from follow-up (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311 2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason 02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	275936005 281399006	patient noncompliance - general (situation) did not attend (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	310343007	further opinion sought (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	373787003	treatment delay - patient choice (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT		385648002	relected by recipient (qualifier value)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	406149000	medication refused (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	408367005	patient forgets to take medication (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT		413310006	patient non-compliant - refused access to services (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	413311005	patient non-compliant - refused intervention / support (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	413312003	patient non-compliant - refused service (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	416432009	procedure not wanted (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	423656007	income insufficient to buy necessities (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311	02/13/2012 12:57 PM Patient Reason	Attribute	SNOMED-CT	07/2011	424739004	income sufficient to buy only necessities (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.311 2.16.840.1.113883.3.526.02.313	02/13/2012 12:57 PM Patient Reason 02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT SNOMED-CT	07/2011	443390004 31438003	refused (qualifier value) drug resistance (disorder)
herican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) herican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313 2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason 02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT SNOMED-CT	07/2011	31438003 35688006	drug resistance (disorder) complication of medical care (disorder)
nerican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) nerican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313 2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason 02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	35688006 59037007	drug intolerance (disorder)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT		62014003	adverse reaction to drug (disorder)
nerican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	79899007	drug interaction (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	161590003	history of - drug allergy (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	183932001	procedure contraindicated (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	183964008	treatment not indicated (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute		07/2011	183966005	drug treatment not indicated (situation)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT		216952002	failure in dosage (event)
arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	266721009	absent response to treatment (situation)
arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313 2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason 02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT SNOMED-CT	07/2011	269191009 274512008	late effect of medical and surgical care complication (disorder) drug therapy discontinued (situation)
arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313 2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason 02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT SNOMED-CT	07/2011 07/2011	274512008 371133007	drug therapy discontinued (situation) treatment modification (procedure)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason 02/13/2012 12:53 PM Medical Reason	Attribute			397745006	medical contraindication (finding)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313 2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	407563006	medical contraindication (finding) treatment not tolerated (situation)
arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	410534003	not indicated (qualifier value)
arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	410536001	contraindicated (qualifier value)
rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute		07/2011	416098002	drug allergy (disorder)
rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	416406003	procedure discontinued (situation)
rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute	SNOMED-CT	07/2011	428119001	procedure not indicated (situation)
rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.313	02/13/2012 12:53 PM Medical Reason	Attribute		07/2011	445528004	treatment changed (situation)
ican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.625	03/02/2012 08:43 AM Chronic Hepatitis C	Condition/Diagnosis/Problem	ICD-9	2011	070.54	Chronic hepatitis C without hepatic coma
rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.626	03/02/2012 08:44 AM Chronic Hepatitis C	Condition/Diagnosis/Problem	ICD-10	2011	B18.2	Chronic viral hepatitis C
rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.627	03/02/2012 08:45 AM Chronic Hepatitis C	Condition/Diagnosis/Problem		7/2011	128302006	Chronic hepatitis C (disorder)
rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.631 2.16.840.1.113883.3.526.02.632	03/01/2012 01:45 PM Acute Hepatitis C 03/01/2012 01:46 PM Acute Hepatitis C	Condition/Diagnosis/Problem Condition/Diagnosis/Problem		2011	070.51 B17.10	Acute hepatitis C without mention of hepatic coma
rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.632 2.16.840.1.113883.3.526.02.633	03/01/2012 01:46 PM Acute Hepatitis C 03/01/2012 01:46 PM Acute Hepatitis C	Condition/Diagnosis/Problem Condition/Diagnosis/Problem		2011 7/2011	B17.10 235866006	Acute hepatitis C without hepatic coma (Includes Acute hepatitis C NOS) Acute hepatitis C (disorder)
rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) rican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.633 2.16.840.1.113883.3.526.02.635	03/01/2012 01:46 PM Acute Hepatitis C 03/02/2012 09:54 AM Unspecified Hepatitis C	Condition/Diagnosis/Problem Condition/Diagnosis/Problem	ICD-9	2011	235866006	Acute nepatitis C (disorder) Unspecified viral hepatitis C without hepatic coma
moan medical Association-convened Physician Consolitum for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.635 2.16.840.1.113883.3.526.02.636	03/02/2012 09:54 AM Unspecified Hepatitis C 03/02/2012 09:56 AM Unspecified Hepatitis C	Condition/Diagnosis/Problem Condition/Diagnosis/Problem	ICD-9	2011	070.70 B19.20	Unspecified viral hepatitis C without hepatic coma Unspecified viral hepatitis C without hepatic coma
	2.16.840.1.113883.3.526.02.636 2.16.840.1.113883.3.526.02.637	03/02/2012 09:56 AM Unspecified Hepatitis C 03/02/2012 09:57 AM Unspecified Hepatitis C	Condition/Diagnosis/Problem Condition/Diagnosis/Problem		2011 7/2011	B19.20 50711007	Unspecified viral hepatitis C without hepatic coma Viral hepatitis C (disorder)
	2.10.040.1.113003.3.526.02.637	03/02/2012 09:57 AM Unspecified Hepatitis C 03/02/2012 09:57 AM Unspecified Hepatitis C	Condition/Diagnosis/Problem Condition/Diagnosis/Problem	SNOMED OT	7/2011 7/2011	50711007 442374005	Viral hepatitis C (disorder) Hepatitis B and hepatitis C (disorder)
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)			Procedure	CPT	2010	442374005 90636	NA
arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) arican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.637	03/02/2012 10:23 AM Hengtitic B Vaccination				90740	sus.
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.655	03/02/2012 10:23 AM Hepatitis B Vaccination 03/02/2012 10:23 AM Hepatitis B Vaccination	Procedure				
erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655	03/02/2012 10:23 AM Hepatitis B Vaccination	Procedure	CPT	2010	90740	NA NA
erican Madical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Intervention (R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Intervention (R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Intervention (R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Intervention (R) (AMA-PCPI) erican Medical Association-convened Physician Consortium for Performance Intervention (R) (AMA-PCPI) erican Medical Association-convence Physician Consortium for Performance Intervention (R)	2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655	03/02/2012 10:23 AM Hepatitis B Vaccination 03/02/2012 10:23 AM Hepatitis B Vaccination	Procedure	CPT CPT CPT	2010	90746	NA NA
scient Metcial Association-convend Physician Construin for Performance Improvement(R) (AMA-PCP) intra Metcial Association-convend Physician Construin for Performance Improvement(R) (AMA-PCP) inter Metcial Association-convend Physician Construin for Approvement (Ama-PCP) inter Metcial Association-convend Physician Construin for Approvement (Ama-PCP) inter Metcial Association-Construin for Approvement (Ama-PC	2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655	03/02/2012 10:23 AM Hepatitis B Vaccination 03/02/2012 10:23 AM Hepatitis B Vaccination 03/02/2012 10:23 AM Hepatitis B Vaccination	Procedure Procedure	CPT CPT	2010 2010	90746 90747	NA NA NA
erican Marcía Association-convend Physician Construm for Petromanes Improvement?(IAM+PCP) incina Marcía Association-convend Physician Construm for Marcía Marcía Association-convend Physician Construm for	2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.660	03/02/2012 10:23 AM Hepatitis B Vaccination 03/02/2012 09:43 AM Medical Researy Vaccine Not G	Procedure Procedure Procedure en Attribute	CPT CPT CPT ICD-9	2010 2010 2010 2011	90746 90747 90748 V64.01	NA NA NA Vacination not carried out because of acute illness
erican Matical Association-convend Physician Construm for Performance Improvement(R) (AMA-PCP) erican Matical Association-convend Physician Construm for Performance Improvement(R) (AMA-PCP)	2 16.840 1.113883.3.526 02.655 2 16.840 1.113883.3.526 02.660 2 16.840 1.113883.3.526 02.660	03/02/2012 10:23 AM Hepatitis B Vaccination 03/02/2012 09:43 AM Medical Reason Vaccine Not Gi 03/02/2012 09:43 AM Medical Reason Vaccine Not Gi	Procedure Procedure Procedure en Attribute en Attribute	CPT CPT CPT ICD-9 ICD-9	2010 2010 2010 2011 2011	90746 90747 90748 V64.01 V64.02	NA NA Vacination not carried out because of acute illness Vacination not carried out because of chronic illness or condition
terican Macial Association-covered Physician Construm for Performance Improvement(R) (AMA-PCP) letrican Macial Association-covered Physician Construm for Performance Improvement(R) (AMA-PCP)	2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.655 2.16.840.1.113883.3.526.02.660	03/02/2012 10:23 AM Hepatitis B Vaccination 03/02/2012 10:23 AM Hepatitis B Vaccination 03/02/2012 10:23 AM Hepatitis B Vaccination 03/02/2012 10:23 AM Hepatitis B Vaccination	Procedure Procedure Procedure en Attribute en Attribute	CPT CPT CPT ICD-9	2010 2010 2010 2011	90746 90747 90748 V64.01	NA NA Vacination not carried out because of acute illness

American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.661	03/02/2012 09:44 AM Medical Reason Vaccine Not Given	Attribute	ICD-10	2011	Z28.09	Immunization not carried out because of other contraindication
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.661	03/02/2012 09:44 AM Medical Reason Vaccine Not Given	Attribute	ICD-10	2011	Z28.01	Immunization not carried out because of acute illness of patient
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.661 2.16.840.1.113883.3.526.02.661	03/02/2012 09:44 AM Medical Reason Vaccine Not Given 03/02/2012 09:44 AM Medical Reason Vaccine Not Given		ICD-10 ICD-10	2011 2011	Z28.02 Z28.03	Immunization not carried out because of chronic illness or condition of patient Immunization not carried out because of immune compromised state of patient
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.661	03/02/2012 09:44 AM Medical Reason Vaccine Not Given 03/02/2012 09:44 AM Medical Reason Vaccine Not Given	Attribute	ICD-10	2011	Z28.03 Z28.3	Underimmunization status
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.661	03/02/2012 09:44 AM Medical Reason Vaccine Not Given	Attribute	ICD-10	2011	Z28.04	Immunization not carried out because of patient allergy to vaccine or component
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.662 2.16.840.1.113883.3.526.02.662	03/02/2012 09:49 AM Patient Reason Vaccine Not Given 03/02/2012 09:49 AM Patient Reason Vaccine Not Given		ICD-9 ICD-9	2011 2011	V64.05 V64.06	Vaccination not carried out because of caregiver refusal Vaccination not carried out because of patient refusal
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.662	03/02/2012 09:49 AM Patient Reason Vaccine Not Given 03/02/2012 09:49 AM Patient Reason Vaccine Not Given		ICD-9	2011	V64.00 V64.07	Vaccination not carried out or religious reasons
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.663	03/02/2012 09:50 AM Patient Reason Vaccine Not Given	Attribute	ICD-10	2011	Z28.1	Immunization not carried out because of patient decision for reasons of belief or group pressure
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.663	03/02/2012 09:50 AM Patient Reason Vaccine Not Given		ICD-10	2011	Z28.20	Immunization not carried out because of patient decision for unspecified reason
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.663 2.16.840.1.113883.3.526.02.663		Attribute	ICD-10 ICD-10	2011 2011	Z28.21 Z28.29	Immunization not carried out because of patient refusal Immunization not carried out because of patient decision for other reason
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.663	03/02/2012 09:50 AM Patient Reason Vaccine Not Given	Attribute	ICD-10	2011	Z28.82	Immunization not carried out because of patient decision for other reason
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.666	03/02/2012 09:50 AM Patient Reason Vaccine Not Given	Attribute	SNOMED-CT	7/2011	105480006	Refusal of treatment by patient (situation)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.666 2.16.840.1.113883.3.526.02.667		Attribute		7/2011	413312003	Patient non-compliant - refused service (situation) Hepatitis B virus surface Ab:ACnc:Pt:Ser.Ord:EIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.667 2.16.840.1.113883.3.526.02.667	03/15/2012 12:23 PM Anti-HBs Laboratory Test 03/15/2012 12:23 PM Anti-HBs Laboratory Test	Laboratory Test Laboratory Test	LOINC	2.36 2.36	10900-9 16935-9	Hepatitis B virus surface Ab:ACnc:Pt:Ser:Ord:ETA Hepatitis B virus surface Ab:ACnc:Pt:Ser:Qn:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.667	03/15/2012 12:23 PM Anti-HBs Laboratory Test	Laboratory Test	LOINC	2.36 2.36	21006-2	Hepatitis B virus surface Ab:ACnc:Pt:Ser^donor:Qn:EIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.667	03/15/2012 12:23 PM Anti-HBs Laboratory Test	Laboratory Test	LOINC	2.36	22322-2	Hepatitis B virus surface Ab:ACnc:Pt:Ser:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.667 2.16.840.1.113883.3.526.02.667	03/15/2012 12:23 PM Anti-HBs Laboratory Test 03/15/2012 12:23 PM Anti-HBs Laboratory Test	Laboratory Test Laboratory Test	LOINC	2.36 2.36	22323-0 32019-2	Hepatitis B virus surface Ab:ACnc:Pt:Ser/donor:Qn: Hepatitis B virus surface Ab:Titr:Pt:Ser.Qn:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.667	03/15/2012 12:23 PM Anti-HBs Laboratory Test	Laboratory Test	LOINC	2.36	39535-0	Hepatitis B virus surface Ab:ACnc:Pt:Ser:Ord:RIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.667	03/15/2012 12:23 PM Anti-HBs Laboratory Test	Laboratory Test	LOINC	2.36	42504-1	Hepatitis B virus surface Ab:ACnc:Pt:CSF:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.667 2.16.840.1.113883.3.526.02.667	03/15/2012 12:23 PM Anti-HBs Laboratory Test 03/15/2012 12:23 PM Anti-HBs Laboratory Test	Laboratory Test Laboratory Test	LOINC	2.36 2.36	5193-8 5194-6	Hepatitis B virus surface Ab:ACnc:Pt:Ser.Qn:EIA Hepatitis B virus surface Ab:ACnc:Pt:Ser.Qn:RIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2 16 840 1 113883 3 526 02 668	03/15/2012 12:20 PM Anti-Hbs Laboratory Test 03/15/2012 12:20 PM Anti-Hbs Laboratory Test	Laboratory Test	LOINC	2.30	13953-5	Henatitis B virus little e AbrAChc:Pt:Ser:Ord:FIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.668	03/15/2012 12:20 PM Anti-Hbe Laboratory Test	Laboratory Test	LOINC	2.36 2.36	22320-6	Hepatitis B virus little e Ab:ACnc:Pt:Ser:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.668 2.16.840.1.113883.3.526.02.668	03/15/2012 12:20 PM Anti-Hibe Laboratory Test 03/15/2012 12:20 PM Anti-Hibe Laboratory Test	Laboratory Test	LOINC	2.36	22321-4 33463-1	Hepatitis B virus little e Ab:ACnc:Pt:Ser:Qn: Hepatitis B virus little e Ab InG:ACnc:Pt:Ser:Ord:FIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.668 2.16.840.1.113883.3.526.02.668	03/15/2012 12:20 PM Anti-Hbe Laboratory Test 03/15/2012 12:20 PM Anti-Hbe Laboratory Test	Laboratory Test Laboratory Test	LOINC	2.36 2.36	33463-1 39006-2	Hepatitis B virus little e Ab.lgG:ACnc:Pt:Ser:Ord:EIA Hepatitis B virus little e Ab:ACnc:Pt:Body fid:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.668	03/15/2012 12:20 PM Anti-fibe Laboratory Test	Laboratory Test	LOINC	2.36 2.36	41151-2	Hepatitis B virus little e Ab.lgG:ACnc:Pt:Ser:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.668	03/15/2012 12:20 PM Anti-Hbe Laboratory Test	Laboratory Test	LOINC	2.36	5189-6	Hepatitis B virus little e Ab:ACnc:Pt:Ser:Qn:EIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.668 2.16.840.1.113883.3.526.02.669	03/15/2012 12:20 PM Anti-Hbe Laboratory Test	Laboratory Test	LOINC	2.36	5190-4	Hepatitis B virus little e Ab:ACnc:Pt:Ser:Qn:RIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.669	03/15/2012 12:18 PM Anti-HBc(IgG) Laboratory Test 03/15/2012 12:18 PM Anti-HBc(IgG) Laboratory Test	Laboratory Test Laboratory Test	LOINC	2.36 2.36	22318-0 32685-0	Hepatitis B virus core Ab.lgG:ACnc:Pt:Ser:Qn: Hepatitis B virus core Ab.lgG:ACnc:Pt:Ser:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.669	03/15/2012 12:18 PM Anti-HBc(IgG) Laboratory Test	Laboratory Test	LOINC	2.36	40725-4	Hepatitis B virus core Ab.lgG:ACnc:Pt:Ser:Ord:EIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.670		Laboratory Test	LOINC	2.36	10675-7	Hepatitis B virus surface Ag:Prid:Pt:Tiss:Nom:Orcein stain
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.671 2.16.840.1.113883.3.526.02.671	03/02/2012 10:09 AM Anti-HBc(IgM) 03/02/2012 10:09 AM Anti-HBc(IgM)	Laboratory Test Laboratory Test	LOINC	2.36 2.36	22319-8 24113-3	Hepatitis B virus core Ab.lgM:ACnc:Pt:Ser:Qn: Hepatitis B virus core Ab.lgM:ACnc:Pt:Ser:Ord:EIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.671	03/02/2012 10:09 AM Anti-HBc(IgM)	Laboratory Test	LOINC	2.36	31204-1	Hepatitis B virus core Ab.lgM:ACnc:Pt:Ser:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.671	03/02/2012 10:09 AM Anti-HBc(IgM)	Laboratory Test	LOINC	2.36 2.36	5186-2	Hepatitis B virus core Ab.IgM:ACnc:Pt:Ser:Qn:RIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.672	03/02/2012 10:20 AM HBeAg	Laboratory Test	LOINC	2.36	39007-0	Hepatitis B virus little e Ag:ACnc:Pt:XXX:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.673 2.16.840.1.113883.3.526.02.673	03/02/2012 10:05 AM Anti-HBc Core (IgG and IgM) 03/02/2012 10:05 AM Anti-HBc Core (IgG and IgM)	Laboratory Test Laboratory Test	LOINC	2.36 2.36	13952-7 16933-4	Hepatitis B virus core Ab:ACnc:Pt:Ser:Ord:EIA Hepatitis B virus core Ab:ACnc:Pt:Ser:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.673	03/02/2012 10:05 AM Anti-HBc Core (IgG and IgM)	Laboratory Test	LOINC	2.36	21005-4	Hepatitis B virus core Ab:ACnc:Pt:Ser/donor:Qn:EIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.673	03/02/2012 10:05 AM Anti-HBc Core (loG and loM)	Laboratory Test	LOINC	2.36 2.36	22316-4	Hepatitis B virus core Ab:ACnc:Pt:Ser:Qn:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.673	03/02/2012 10:05 AM Anti-HBc Core (IgG and IgM) 03/02/2012 10:05 AM Anti-HBc Core (IgG and IgM)	Laboratory Test Laboratory Test	LOINC	2.36	22317-2 39005-4	Hepatitis B virus core Ab:ACnc:Pt:Ser^donor.Qn: Hepatitis B virus core Ab:ACnc:Pt:Body fld:Ord:
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.673 2.16.840.1.113883.3.526.02.673	03/02/2012 10:05 AM Anti-HBc Core (IgG and IgM) 03/02/2012 10:05 AM Anti-HBc Core (IgG and IgM)	Laboratory Test	LOINC	2.36 2.36	39005-4 5187-0	Hepatitis B virus core Ab:ACnc:Pt:Body tid:Ord: Hepatitis B virus core Ab:ACnc:Pt:Ser:Qn:EIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.673	03/02/2012 10:05 AM Anti-HBc Core (IgG and IgM)	Laboratory Test	LOINC	2.36	5188-8	Hepatitis B virus core Ab:ACnc:Pt:Ser:Qn:RIA
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter		07/2011	4525004	emergency department patient visit (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049 2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction 05/01/2012 03:10 PM Patient Provider Interaction	Encounter Encounter	SNOMED-CT SNOMED-CT	07/2011 07/2011	11797002 12843005	telephone call by physician to patient or for consultation (procedure) subsequent hospital visit by physician (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter		07/2011	12843005	subsequent nospital visit by physician (procedure) subsequent nursing facility visit (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter	SNOMED-CT	07/2011	19681004	nursing evaluation of patient and report (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049		Encounter		07/2011 07/2011	87790002	follow-up inpatient consultation visit (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCP1) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCP1)	2.16.840.1.113883.3.526.02.1049 2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction 05/01/2012 03:10 PM Patient Provider Interaction	Encounter Encounter	SNOMED-CT	07/2011	90526000 185316007	initial evaluation and management of healthy individual (procedure) indirect encounter (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter	SNOMED-CT	07/2011	185317003	telephone encounter (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter	SNOMED-CT	07/2011	185318008	third party encounter (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049 2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction 05/01/2012 03:10 PM Patient Provider Interaction	Encounter Encounter		07/2011 07/2011	185320006 185321005	encounter by computer link (procedure) letter encounter to patient (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049		Encounter		07/2011	185349003	encounter for "check-up" (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter	SNOMED-CT	07/2011	185463005	visit out of hours (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049 2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction 05/01/2012 03:10 PM Patient Provider Interaction	Encounter		07/2011 07/2011	185465003 207195004	weekend visit (procedure) history and physical examination with evaluation and management of nursing facility patient (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049 2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction 05/01/2012 03:10 PM Patient Provider Interaction	Encounter		07/2011	207195004 270424005	nistory and physical examination with evaluation and management of nursing facility patient (procedure) letter encounter from patient (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter	SNOMED-CT	07/2011	270427003	patient-initiated encounter (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter		07/2011	270430005	provider-initiated encounter (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049 2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction 05/01/2012 03:10 PM Patient Provider Interaction	Encounter Encounter	SNOMED-CT SNOMED-CT	07/2011 07/2011	308335008 308720009	patient encounter procedure (procedure) letter encounter (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter	SNOMED-CT	07/2011	386473003	telephone follow-up (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049		Encounter		07/2011	390906007	follow-up encounter (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction 05/01/2012 03:10 PM Patient Provider Interaction	Encounter	SNOMED-CT	07/2011 07/2011	401267002 401271004	telephone triage encounter (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter Encounter	SNOMED-CT	07/2011	406547006	e-mail sent to patient (procedure) urgent follow-up (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter		07/2011	438515009	E-mail encounter from carer (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049		Encounter	SNOMED-CT		438516005	E-mail encounter to carer (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049 2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction 05/01/2012 03:10 PM Patient Provider Interaction	Encounter Encounter	SNOMED-CT SNOMED-CT	07/2011 07/2011	439708006 445450000	home visit (procedure) encounter by short message service text messaging (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1049	05/01/2012 03:10 PM Patient Provider Interaction	Encounter	SNOMED-CT	07/2011	448337001	telemedicine consultation with patient (procedure)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1255	03/02/2012 09:44 AM Medical Reason Vaccine Not Given	Attribute	SNOMED-CT	7/2011	91930004	allergy to eggs (disorder)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1255 2.16.840.1.113883.3.526.02.1255	03/02/2012 09:44 AM Medical Reason Vaccine Not Given 03/02/2012 09:44 AM Medical Reason Vaccine Not Given	Attribute		7/2011 7/2011	213020009 294640001	egg protein allergy (disorder) vaccines allergy (disorder)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1255	03/02/2012 09:44 AM Medical Reason Vaccine Not Given		SNOMED-CT	7/2011	294646007	hepatitis B vaccine allergy (disorder)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1255	03/02/2012 09:44 AM Medical Reason Vaccine Not Given	Attribute		7/2011	294663006	hepatitis A vaccine allergy (disorder)
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1260		Medication	CVX	2011	08	hepatitis B vaccine, pediatric or pediatric/adolescent dosage
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)			Medication	CVX	2011	42	hepatitis B vaccine, adolescent/high risk infant dosage
	2.16.840.1.113883.3.526.02.1260	03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine	Medication	CVX			henstitis Bivarcine, adult dosane
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1260 2.16.840.1.113883.3.526.02.1260	03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine	Medication Medication	CVX CVX	2011 2011	43 44	hepatitis B vaccine, adult dosage hepatitis B vaccine, dialysis patient dosage
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1260 2.16.840.1.113883.3.526.02.1260 2.16.840.1.113883.3.526.02.1260	03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine	Medication Medication	CVX CVX	2011 2011	44 45	hepatilis B vaccine, dialysis patient dosage hepatilis B vaccine, dialysis patient dosage hepatilis B vaccine, unspecified formulation
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1260 2.16.840.1.113883.3.526.02.1260 2.16.840.1.113883.3.526.02.1260 2.16.840.1.113883.3.526.02.1260	03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine	Medication Medication Medication	CVX CVX CVX	2011 2011 2011	44 45 104	hepatilis B vaccine, adult dosage hepatilis B vaccine, diavisio patient dosage hepatilis B vaccine, unspecified formulation hepatilis A and hepatilis B vaccine
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.02.1260 2.16.840.1.113883.3.526.02.1260 2.16.840.1.113883.3.526.02.1260	03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine 03/09/2012 11:57 AM Allerry to Hepatitis B Vaccine	Medication Medication Medication Condition/Diagnosis/Problem	CVX CVX CVX SNOMED-CT	2011 2011 2011 7/2011	44 45	hepatilis B vaccine, dialysis patient dosage hepatilis B vaccine, dialysis patient dosage hepatilis B vaccine, unspecified formulation
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2 16 840 1.113883.3.526.02 1260 2.16 840 1.113883.3.526.02 1260 2.16 840 1.113883.3.526.02 1260 2.16 840 1.113883.3.526.02 1260 2.16 840 1.113883.3.526.02 1261 2.16 840 1.113883.3.526.02 1262 2.16 840 1.113883.3.526.02 1263	03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine 03/02/2012 10:28 AM Hepatitis B Vaccine 03/09/2012 11:75 AM Allerey to Hepatitis B Vaccine 03/09/2012 11:75 AM Allerey to Hepatitis B Vaccine 03/09/2012 12:00 PM Intolerance to Hepatitis B Vaccine	Medication Medication Medication Condition/Diagnosis/Problem Condition/Diagnosis/Problem Procedure	CVX CVX CVX SNOMED-CT SNOMED-CT SNOMED-CT	2011 2011 2011 7/2011 7/2011 7/2011	44 45 104 294646007 293110008 16584000	headtlis Buacche, adult dosage headtlis Buacche, unapedield komulation headtlis Buacche, unapedield komulation headtlis buache adults buacche headtlis buache adults buache Headtlis Buacche adverse mencion (disorder) headtlis Buacchen (school we)
Ametican Medical Association-convend Physician Constration for Performance Improvement(R) (AMA+CPC) Ametican Medical Association-convend Physician Constration for Performance Improvement(R) (AMA+CPC)	2 16.840.113883.3.526.02.1260 2 16.840.113883.3.526.02.1260 2 16.840.113883.3.526.02.1260 2 16.840.113883.3.526.02.1260 2 16.840.113883.3.526.02.1261 2 16.840.113883.3.526.02.1261 2 16.840.113883.3.526.02.1263 2 16.840.113883.3.526.02.1263	03/02/2012 10:28 AM Hepatitis B Vaocine 03/02/2012 10:28 AM Hepatitis B Vaocine 03/02/2012 10:28 AM Hepatitis B Vaocine 03/02/2012 11:28 AM Hepatitis B Vaocine 03/03/2012 11:57 AM Allery to Hepatitis B Vaocine 03/03/2012 11:57 AM Allery to Hepatitis B Vaocine 03/03/2012 10:24 AM Hepatitis B Vaocination 03/02/2012 10:24 AM Hepatitis B Vaocination	Medication Medication Condition/Diagnosis/Problem Condition/Diagnosis/Problem Procedure Procedure	CVX CVX CVX SNOMED-CT SNOMED-CT SNOMED-CT	2011 2011 2011 7/2011 7/2011 7/2011 7/2011	44 45 194646007 293110008 16584000 118802006	hepatilis Svacche, adult dosage hepatilis Svacche, unspecified bornulation hepatilis S vacche, unspecified bornulation hepatilis A unche alteryr (disorder) Hepatilis S vacche alteryr (disorder) hepatilis S vacchation (procedure) internuscular interion of Hepatilis B Virus immune globulin, human (procedure)
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Ametican Medical Association-convened Physician Consortium for Performance Improvement[17] (AMA-PCPI) Ametican Medical Association-convened Physician Consortium for Performance Improvement[17] (AMA-PCPI) Ametic	2 16.840.11383.3.526.02.1260 216.840.11383.3.526.02.1260 216.840.11383.3.526.02.1260 216.840.113883.3.526.02.1260 216.840.113883.3.526.02.1261 216.840.113883.3.526.02.1261 216.840.113883.3.526.02.1263 216.840.113883.3.526.02.1263 216.840.113883.3.526.02.1263 216.840.113883.3.526.02.1263 216.840.113883.3.526.02.1263	03022021 2022 AM Hepatits B Vaccine 03022021 2023 AM Hepatits B Vaccine 03022012 1022 AM Hepatits B Vaccine 03022012 1022 AM Hepatits B Vaccine 0308/2012 1025 AM Hepatits B Vaccine 0308/2012 1024 M Hepatits B Vaccine 0308/2012 1024 AM Hepatits B Vaccinetion 0302/2012 1024 AM Hepatits B Vaccinetion	Medication Medication Medication Condition/Diagnosis/Problem Procedure Procedure Procedure Procedure Procedure Procedure	CVX CVX CVX SNOMED-CT SNOMED-CT SNOMED-CT SNOMED-CT SNOMED-CT SNOMED-CT SNOMED-CT SNOMED-CT	2011 2011 7/2011 7/2011 7/2011 7/2011 7/2011 7/2011 7/2011 7/2011	44 45 104 2394546007 239310008 116854000 116852006 17037000 170371001 17037208	headtills Succine, adult dosane headtills Succine, unspecified bornulation headtills Succine, unspecified bornulation headtills Buccine allerty (disorder) Headtills Buccine allerty (disorder) headtills Buccination (procedure) first headtills Buccination (procedure) first headtills Buccination (procedure) first headtills Buccination (procedure) bornet headtills Buccination (procedure) bornet headtills Buccination (procedure) bornet headtills Buccination (procedure) bornet headtills Buccination (procedure)
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American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2 16 840 1 113883 3 526 03 624	03/02/2012 08:46 AM Chronic Henatitis C	Condition/Diagnosis/Problem	Grouping	Grouping	2 16 840 1 113883 3 526 02 625	"Chronic Hepatitis C" ICD-9-CM value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.624		Condition/Diagnosis/Problem		Grouping	2.16.840.1.113883.3.526.02.626	"Chronic Hepatitis C" ICD-10-CM value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.624	03/02/2012 08:46 AM Chronic Hepatitis C	Condition/Diagnosis/Problem		Grouping	2.16.840.1.113883.3.526.02.627	"Chronic Hepatitis C" SNOMED-CT value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2 16 840 1 113883 3 526 03 630	03/01/2012 01:47 PM Acute Hepatitis C	Condition/Diagnosis/Problem			2 16 840 1 113883 3 526 02 631	"Acute Hepatitis C" ICD-9-CM value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI) American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.630 2.16.840.1.113883.3.526.03.630		Condition/Diagnosis/Problem	Grouping	Grouping	2.16.840.1.113883.3.526.02.631 2.16.840.1.113883.3.526.02.632	"Acute Hepatitis C" ICD-9-CM value set
	2.16.840.1.113883.3.526.03.630 2.16.840.1.113883.3.526.03.630				Grouping	2.16.840.1.113883.3.526.02.632	"Acute Hepatitis C" ICD-10-CM value set:::
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)		03/01/2012 01:47 PM Acute Hepatitis C	Condition/Diagnosis/Problem		Grouping		
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.634	03/02/2012 09:58 AM Unspecified Hepatitis C			Grouping	2.16.840.1.113883.3.526.02.635	"Unspecified Hepatitis C" ICD-9-CM value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.634	03/02/2012 09:58 AM Unspecified Hepatitis C	Condition/Diagnosis/Problem		Grouping	2.16.840.1.113883.3.526.02.636	"Unspecified Hepatitis C" ICD-10-CM value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.634		Condition/Diagnosis/Problem	Grouping	Grouping	2.16.840.1.113883.3.526.02.637	"Unspecified Hepatitis C" SNOMED-CT value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.658	03/02/2012 10:26 AM Hepatitis B Vaccination	Procedure	Grouping	Grouping	2.16.840.1.113883.3.526.02.655	"Hepatitis B Vaccination" CPT value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.658	03/02/2012 10:26 AM Hepatitis B Vaccination	Procedure	Grouping	Grouping	2.16.840.1.113883.3.526.02.1263	"Hepatitis B Vaccination" SNOMED-CT value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.664		Attribute	Grouping	Grouping	2.16.840.1.113883.3.526.02.662	"Patient Reason Vaccine Not Given" ICD-9-CM value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.664	03/02/2012 09:51 AM Patient Reason Vaccine Not Given	Attribute	Grouping	Grouping	2.16.840.1.113883.3.526.02.663	"Patient Reason Vaccine Not Given" ICD-10-CM value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.664	03/02/2012 09:51 AM Patient Reason Vaccine Not Given	Attribute	Grouping	Grouping	2.16.840.1.113883.3.526.02.666	"Patient Reason Vaccine Not Given" SNOMED-CT value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.665	03/02/2012 09:45 AM Medical Reason Vaccine Not Given	Attribute	Grouping	Grouping	2.16.840.1.113883.3.526.02.660	"Medical Reason Vaccine Not Given" ICD-9-CM value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.665	03/02/2012 09:45 AM Medical Reason Vaccine Not Given	Attribute	Grouping	Grouping	2.16.840.1.113883.3.526.02.661	"Medical Reason Vaccine Not Given" ICD-10-CM value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.665	03/02/2012 09:45 AM Medical Reason Vaccine Not Given	Attribute	Grouping	Grouping	2.16.840.1.113883.3.526.02.1255	"Medical Reason Vaccine Not Given" SNOMED-CT value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1007	02/13/2012 12:54 PM Medical Reason	Attribute	Grouping	Grouping	2.16.840.1.113883.3.526.02.313	"Medical reason" SNOMED-CT value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1008	02/13/2012 12:58 PM Patient Reason	Attribute	Grouping	Grouping	2.16.840.1.113883.3.526.02.311	"Patient reason" SNOMED-CT value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1012	05/01/2012 03:10 PM Patient Provider Interaction	Encounter	Grouping	Grouping	2.16.840.1.113883.3.526.02.1049	"Patient Provider Interaction" SNOMED-CT code list
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1210	03/02/2012 09:53 AM Positive	Attribute	Grouping	Grouping	2.16.840.1.113883.3.526.02.8502	"Positive" SNOMED-CT value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1215	03/15/2012 12:18 PM Anti-HBc(IoG) Laboratory Test	Laboratory Test	Grouping	Grouping	2.16.840.1.113883.3.526.02.669	"Anti-HBc(IoG) Laboratory Test" LOINC value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1216	03/02/2012 10:10 AM Anti-HBc(IgM)	Laboratory Test	Grouping	Grouping	2.16.840.1.113883.3.526.02.671	"Anti-HBc(IgM)" LOINC value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2 16 840 1 113883 3 526 03 1217	03/02/2012 10:06 AM Anti-HBc Core (IoG and IoM)	Laboratory Test	Grouping	Grouping	2 16 840 1 113883 3 526 02 673	"Anti-HBc Core (IgG and IgM)" LOINC value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1218	03/15/2012 12:21 PM Anti-Hbe Laboratory Test	Laboratory Test	Grouping	Grouping	2.16.840.1.113883.3.526.02.668	"Anti-Hbe Laboratory Test" LOINC value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1219	03/02/2012 10:21 AM HBeAg	Laboratory Test	Grouping	Grouping	2.16.840.1.113883.3.526.02.672	"HBeAg" LOINC value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1220	03/15/2012 12:24 PM Anti-HBs Laboratory Test	Laboratory Test	Grouping	Grouping	2.16.840.1.113883.3.526.02.667	"Anti-HBs Laboratory Test" LOINC value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1221	03/15/2012 12:25 PM HBsAg Laboratory Test	Laboratory Test	Grouping	Grouping	2.16.840.1.113883.3.526.02.670	"HBsAg Laboratory Test" LOINC value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1222		Medication	Grouping	Grouping	2.16.840.1.113883.3.526.02.1260	"Hepatitis B Vaccine" CVX value set
American Medical Association-convened Physician Consortium for Performance Improvement(R) (AMA-PCPI)	2.16.840.1.113883.3.526.03.1222	03/09/2012 10:28 AM Allergy to Hepatitis B Vaccine	Condition/Diagnosis/Problem	Grouping	Grouping	2 16 840 1 113883 3 526 02 1261	"Alleray to Henatitis B Vaccine" SNOMED-CT value set
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National Quality Forum	2.16.840.1.113883.3.560.100.4	09/20/2011 12:00 AM birth date	Individual Characteristic	LOINC	2.36	210.640.1.113663.3.526.02.1262	Birth date
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PHDSC 2.16.840.1.113883.221.5 10/01/2011 12:00 AM Payer Individual Characteristic Source of Payment Typology 4.0 121 Medicare FFS									
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	PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	122	Drug Benetit

PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	123	Medicare Medical Savings Account (MSA)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	129	Medicare Non-managed Care Other
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	211	Medicaid HMO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	212	Medicaid PPO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	213	Medicaid PCCM (Primary Care Case Management)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	219	Medicaid Managed Care Other
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	311	TRICARE (CHAMPUS)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	312	Military Treatment Facility
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	313	DentalStand Alone
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	321	Veteran careCare provided to Veterans
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer			4.0	322	Non-veteran care
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer			4.0	331	Indian Health Service - Regular
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	332	Indian Health Service - Contract
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	333	Indian Health Service - Managed Care
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	334	Indian Tribe - Sponsored Coverage
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	341	Title V (MCH Block Grant)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	342	Migrant Health Program
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	343	Ryan White Act
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	349	Other
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	361 362	State SCHIP program (codes for individual states)
PHDSC PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	362 369	Specific state programs (list/ local code)
	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology			State, not otherwise specified (other state)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	371	Local - Managed care
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	372 379	FFS/Indemnity
PHDSC PHDSC	2.16.840.1.113883.221.5 2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	379	Local, not otherwise specified (other local, county)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer 10/01/2011 12:00 AM Payer		Source of Payment Typology Source of Payment Typology	4.0 4.0	381	Federal, State, Local not specified managed care Federal, State, Local not specified - FFS
PHDSC						389	
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology Source of Payment Typology	4.0 4.0	309 511	Federal, State, Local not specified - Other
PHDSC	2.16.840.1.113883.221.5 2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer 10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	512	Commercial Managed Care - HMO Commercial Managed Care - PPO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	512	Commercial Managed Care - POS
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	514	Exclusive Provider Organization
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer			4.0	514	Gatekeeper PPO (GPPO)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	519	Managed Care, Other (non HMO)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	521	Commercial Indemnity
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Paver		Source of Payment Typology	4.0	522	Self-insured (ERISA) Administrative Services Only (ASO) plan
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	523	Medicare supplemental policy (as second payer)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	529	Private health insurance—other commercial Indemnity
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	611	BC Managed Care - HMO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	612	BC Managed Care - PPO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	613	BC Managed Care - POS
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	619	BC Managed Care - Other
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	821	Charity
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	822	Professional Courtesy
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	823	Hispanic or Latino
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	951	Worker's Comp HMO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	953	Worker's Comp Fee-for-Service
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	954	Worker's Comp Other Managed Care
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	959	Worker's Comp, Other unspecified
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	3111	TRICARE PrimeHMO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	3112	TRICARE ExtraPPO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3113	TRICARE Standard - Fee For Service
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3114	TRICARE For LifeMedicare Supplement
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3115	TRICARE Reserve Select
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	3116	Uniformed Services Family Health Plan (USFHP) HMO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	3119	Department of Defense - (other)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	3121	Enrolled PrimeHMO
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3122	Non-enrolled Space Available
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3123	TRICARE For Life (TFL)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3211	Direct CareCare provided in VA facilities
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3212	Indirect CareCare provided outside VA facilities
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3221	Civilian Health and Medical Program for the VA (CHAMPVA)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3222	Spina Bifida Health Care Program (SB)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3223	Children of Women Vietnam Veterans (CWVV)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer		Source of Payment Typology	4.0	3229	Other non-veteran care
				Courses of Doursent Tunclosur		3711	
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic		4.0		HMO
PHDSC PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic	Source of Payment Typology	4.0	3712	PPO
PHDSC PHDSC PHDSC	2.16.840.1.113883.221.5 2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer 10/01/2011 12:00 AM Payer	Individual Characteristic Individual Characteristic	Source of Payment Typology Source of Payment Typology	4.0 4.0	3712 3713	PPO POS
PHDSC PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM Payer	Individual Characteristic Individual Characteristic Individual Characteristic	Source of Payment Typology Source of Payment Typology Source of Payment Typology	4.0	3712	PPO

PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	3813	Federal, State, Local not specified - POS
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	3819	Federal, State, Local not specified - not specified managed care
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	9999	Unavailable / Unknown
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	32121	Fee Basis
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	32122	Foreign Fee/Foreign Medical Program(FMP)
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	32123	Contract Nursing Home/Community Nursing Home
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	32124	State Veterans Home
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	32125	Sharing Agreements
PHDSC	2.16.840.1.113883.221.5	10/01/2011 12:00 AM	Payer	Individual Characteristic	Source of Payment Typology	4.0	32126	Other Federal Agency
CDC NCHS	2.16.840.1.114222.4.11.836	03/30/2007 12:00 AM	Race	Individual Characteristic	CDC	1.0	1002-5	American Indian or Alaska Native
CDC NCHS	2.16.840.1.114222.4.11.836	03/30/2007 12:00 AM	Race	Individual Characteristic	CDC	1.0	2028-9	Asian
CDC NCHS	2.16.840.1.114222.4.11.836	03/30/2007 12:00 AM	Race	Individual Characteristic	CDC	1.0	2054-5	Black or African American
CDC NCHS	2.16.840.1.114222.4.11.836	03/30/2007 12:00 AM	Race	Individual Characteristic	CDC	1.0	2076-8	Native Hawaiian or Other Pacific Islander
CDC NCHS	2.16.840.1.114222.4.11.836	03/30/2007 12:00 AM	Race	Individual Characteristic	CDC	1.0	2106-3	White
CDC NCHS	2.16.840.1.114222.4.11.836	03/30/2007 12:00 AM	Race	Individual Characteristic	CDC	1.0	2131-1	Other Race
CDC NCHS	2.16.840.1.114222.4.11.837	03/30/2007 12:00 AM	Ethnicity	Individual Characteristic	CDC	1.0	2135-2	Hispanic or Latino
CDC NCHS	2.16.840.1.114222.4.11.837	03/30/2007 12:00 AM	Ethnicity	Individual Characteristic	CDC	1.0	2186-5	Not Hispanic or Latino