



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System (CRS) For FY 2008 Clinical Measures (BGP)

Administrator Manual Patch 2 Addendum

Version 8.0 Patch 2
August 2008

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

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1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for the Clinical Reporting System version 8.0. These changes will be integrated into future versions of the software and user manuals and will no longer be considered an addendum at the time of the next release.

Patch 2 of the Clinical Reporting System version 8.0 contains logic changes as described in section 2.0 of this manual.

2.0 Patch 2 Changes

Patch 2 changes by performance measure topic are listed below.

2.1 Change 1 – Diabetes: Glycemic Control

- Added CPT codes 3044F and 3045F to documented A1c definition and CPT 3044F to Ideal Control definition.

2.2 Change 2 – Diabetes: Blood Pressure Control

- For BP documented definition, expanded CPT II range from 3077F, 3080F to 3074F-3080F for BP documented definition and added logic requiring CPT codes to be documented on non-ER visit. (2) For Controlled BP definition, added new logic for CPT II codes, which are required to be documented on non-ER visits
- For Diabetes: Blood Pressure Control Rates, CPT II codes were expanded from 3077F, 3080F to 3074F-3080F for the BP documented definition in the CRS logic. In addition logic was added requiring CPT codes to be documented on non-ER visits.

2.3 Change 3 – Adult Immunizations: Influenza

- Added CPT codes 90661 and 90662 to influenza immunization definition.

2.4 Change 4 – Childhood Immunizations

- Added CPT code 90696 to DTaP and IPV immunization definitions
- Added text clarifying logic only requires 1 contraindication for immunizations that require multiple doses (vs. requiring 1 contraindication for each dose).

2.5 Change 5 – Colorectal Cancer Screening

- Revised numerator descriptions that use FOBT to include FIT (fecal immunochemical test) as well. There are no separate codes for this test but the text was revised so sites know they can include this test in their site-populated taxonomy for occult blood.

2.6 Change 6 – Tobacco Cessation

- Added CPT codes 99406 and 99407 to tobacco users and tobacco cessation counseling definitions.
- Removed ADA code 1320 from tobacco users definition.
- Clarified when identifying a tobacco user, CRS looks back anytime prior to Report Period for health factors, diagnoses, and CPT codes and looks at the last documented for each.

2.7 Change 7 – Tobacco Cessation – ONM Report

In CRS Version 8.0 Patch 2, the Other National Measures (ONM) Report will contain a new set of denominators, numerators, and logic for Tobacco Cessation. This logic is developmental GPRA logic and may be used as the GPRA 2009 logic after analysis of the results is performed. This logic will only be included in the ONM Report.

Denominators: Active Clinical patients identified as current tobacco users or tobacco users in cessation prior to the Report Period. Broken down by gender and age groups: <12, 12-17, 18 and older.

User Population patients identified as current tobacco users or tobacco users in cessation prior to the Report Period. Broken down by gender and age groups: <12, 12-17, 18 and older.

Numerators: Patients who have received or refused tobacco cessation counseling or received a prescription for a smoking cessation aid anytime during the period 180 days prior to the Report Period through the end of the Report Period.

A: Patients who refused tobacco cessation counseling.

Patients identified as having quit their tobacco use anytime during the period 180 days prior to the Report Period through the end of the Report Period.

A: Patients whose tobacco use was in cessation and are considered to have quit.

Patients who received or refused tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the period 180 days prior to the Report Period through the end of the Report Period.

Logic Description

Age is calculated at beginning of the Report period.

1. CRS will search first for the last (i.e. most recent) health factor documented during the period 180 days prior to the Report Period through the first 180 days of the Report Period.
 - A. If a health factor(s) is found and at least one of them is one of the health factors listed below, the patient is counted as a tobacco user in cessation and is also counted as having quit their tobacco use:

Cessation-Smoker
Cessation-Smokeless

B. If a health factor(s) is found and at least one of them is one of the health factors listed below, the patient is counted as a tobacco user:

Tobacco User Health Factors (TUHF)

Current Smoker
Current Smokeless
Current Smoker and Smokeless

C. If a health factor is found and it is NOT a TUHF, CRS will then search for CPT 1034F or 1035F documented after the health factor. If one of these codes is found, the patient will be considered a tobacco user. If one of these codes is not found, the patient is considered a non-tobacco user and will not be included in the denominator.

2. If no health factor was found during the specified timeframe, CRS will then search for the most recent health factor documented during an EXPANDED timeframe of anytime prior to the report period through the first 180 days of the report period. For example, a patient with the most recent health factor being documented five years prior to the report period.

If multiple health factors were documented on the same date and if any of them are TUHFs, all of the health factors will be considered as TUHFs.

A. If a health factor is found during the expanded timeframe and it is not one of the TUHFs, CRS will then search for CPT 1034F or 1035F documented after the health factor. If one of these codes is found, the patient will be considered a tobacco user. If one of these codes is not found, the patient is considered a non-tobacco user and will not be included in the denominator.

B. If a health factor is found during the expanded timeframe and is a TUHF, CRS will then search for POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82 with a date occurring after the health factor date and through the first 180 days of the report period. If one of these diagnoses is found, the patient will be considered as having quit their tobacco use and will not be included in the denominator. If a diagnosis is not found, the patient is included as a current tobacco user and will be included in the denominator.

3. If no health factor was found, CRS will then search for any of the following codes documented during the period 180 days prior to the Report Period through the first 180 days of the Report Period:

A. Tobacco-related POV or active Problem List diagnoses 305.1, 305.10-305.12 (old codes), or 649.00-649.04.

B. CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F or 1035F.

If any of these codes are found, the patient will be considered a tobacco user. If one of these codes is not found, the patient is considered a non-tobacco user and will not be included in the denominator.

Tobacco Cessation Counseling: Any of the following documented anytime during the period 180 days prior to the Report Period through the end of the Report Period.

1. Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04;
2. Clinic code 94 (tobacco cessation clinic);
3. Dental code 1320;
4. CPT code 99406, 99407, G0375 (old code), G0376 (old code), or 4000F;
5. Documented refusal of patient education code containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid.

Prescription for Tobacco Cessation Aid: Any of the following documented anytime during the period 180 days prior to the Report Period through the end of the Report Period:

1. Prescription for medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy.
2. Prescription for any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", or "NICOTINE NASAL SPRAY".
3. CPT 4001F

Quit Tobacco Use: Any of the following documented anytime during the period 180 days prior to the Report Period through the end of the Report Period AND after the date of the code found indicating the patient was a current tobacco user.

1. POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82.
2. Health Factor (CRS looks at the last documented health factor): Previous Smoker, Previous Smokeless.

Patient List Descriptions:

- 1) Tobacco Users w/cessation intervention or refusal
- 2) Tobacco Users w/o cessation intervention or refusal
- 3) Tobacco Users who quit tobacco use
- 4) Tobacco Users w/cessation intervention or refusal or quit tobacco use
- 5) Tobacco Users w/o cessation intervention or refusal and did not quit

MMI		Jul 18, 2008				Page 24			
DEMO INDIAN HOSPITAL									
Report Period: Jul 01, 2007 to Jun 30, 2008									
Previous Year Period: Jul 01, 2006 to Jun 30, 2007									
Baseline Period: Jul 01, 1999 to Jun 30, 2000									

Smoking Cessation Counseling: HP 1-3c									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Tobacco									
Users/In Cessation	276		231			187			
# w/tobacco cessation counseling/ refusal or RX for cessation aid									
	80	29.0	79	34.2	-5.2	61	32.6	-3.6	
A. # w/refusal of counseling									
	1	0.4	0	0.0	+0.4	0	0.0	+0.4	
# who quit									
	5	1.8	0	0.0	+1.8	1	0.5	+1.3	
A. # in cessation who quit									
	2	0.7	0	0.0	+0.7	0	0.0	+0.7	
# w/tobacco cessation counseling/ refusal, Rx for cessation aid, or quit									
	83	30.1	79	34.2	-4.1	62	33.2	-3.1	
Male Active Clinical Tobacco									
Users/In Cessation	131		117			98			
# w/tobacco cessation counseling/ refusal or RX for cessation aid									
	41	31.3	43	36.8	-5.5	34	34.7	-3.4	
A. # w/refusal of counseling									
	1	0.8	0	0.0	+0.8	0	0.0	+0.8	
# who quit									
	1	0.8	0	0.0	+0.8	1	1.0	-0.3	
A. # in cessation who quit									
	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/tobacco cessation counseling/ refusal, Rx for cessation aid, or quit									
	41	31.3	43	36.8	-5.5	35	35.7	-4.4	

Figure 2-1: Sample Report, Tobacco Cessation

MMI			
Jul 18, 2008			
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DEMO INDIAN HOSPITAL			
Report Period: Jul 01, 2007 to Jun 30, 2008			
Previous Year Period: Jul 01, 2006 to Jun 30, 2007			
Baseline Period: Jul 01, 1999 to Jun 30, 2000			

Tobacco Cessation (con't)			
ACTIVE CLINICAL TOBACCO USERS/IN CESSATION			
	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
AC Tob Users/in Cess	0	6	270
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	1	79
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	16.7	29.3
A. # w/refusal of counseling	0	0	1
A. % w/refusal of counseling	0.0	0.0	0.4
# who quit	0	1	4
% who quit	0.0	16.7	1.5
A. # in cessation who quit	0	0	2
A. % in cessation who quit	0.0	0.0	0.7
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	1	82
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	16.7	30.4

Figure 2-2: Sample Age Breakdown Report, Tobacco Cessation

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*** IHS 2008 Other National Measures Patient List ***
    CRS 2008, Version 8.0 Patch 2
    DEMO INDIAN HOSPITAL
    Report Period: Jul 01, 2007 to Jun 30, 2008
    Random Patient List

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Tobacco Cessation
List of tobacco users with documented tobacco cessation intervention or
refusal.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME           HRN      COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,BRITNEY       000001  COMMUNITY #1   F  22  UP;AC: 03/12/08:COUNSELING:
03/12/08 TO-L
PATIENT2,JAMES         000002  COMMUNITY #1   M  26  UP;AC  TOB USER:
12/13/07;COUNSELING: 07/06/07 CESSATION MED - NICOTINE 14MG TRANSDERMAL PATCH
PATIENT3,JEAN          000003  COMMUNITY #1   F  43  UP;AC  TOB USER:
03/19/08;COUNSELING: 01/14/08 TO-L
PATIENT4,KAITLYNNE     000004  COMMUNITY #1   F  49  UP;AC  TOB USER:
11/01/07;COUNSELING: 04/18/08 TO-LA
PATIENT5,KENNY         000005  COMMUNITY #1   M  42  UP;AC  TOB USER:
05/02/08;COUNSELING: 06/27/08 TO-L
PATIENT6,SUZANNA       000006  COMMUNITY #1   F  22  UP;AC  TOB USER:
01/11/08;COUNSELING: 01/11/08 TO-QT
PATIENT7,KENDAL        000007  COMMUNITY #1   F  36  UP;AC  TOB USER:
12/02/07;COUNSELING: 01/30/08 TO-DP
PATIENT8,KYLEN         000008  COMMUNITY #1   M  19  UP;AC  TOB USER:
03/20/08;COUNSELING: 03/20/08 TO-QT
PATIENT9,DAVID         000009  COMMUNITY #1   M  43  UP;AC  TOB USER:
12/03/07;COUNSELING: 03/03/08 TO-QT
PATIENT10,CHARLES      000010  COMMUNITY #1   M  59  UP;AC  TOB USER:
12/23/07;COUNSELING: 06/19/08 TO-QT

Total # of patients on list: 10

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Figure 2-3: Sample Patient List, Tobacco Cessation

2.8 Change 8 - Alcohol Screening (FAS Prevention)

- Added CPT codes 99408, 99409, G0396, G0397, and H0049 to alcohol screening definition.
- Added V Measurements in PCC or BH of AUDT, AUDC, and CRFT to alcohol screening definition.

2.9 Change 9 - Depression Screening

- Added V Measurements in PCC or BH of PHQ2 and PHQ9 to Depression Screening definition.

2.10 Change 10 - Comprehensive CVD-Related Assessment

- Added V Measurements in PCC or BH of PHQ2 and PHQ9 to depression screening definition.
- Expanded CPT II range from 3077F, 3080F to 3074F-3080F for BP documented definition and added logic requiring CPT codes to be documented on non-ER visit.
- Added CPT codes 99406, 99407, G0375 (old code), and G0376 (old code) to tobacco screening definition.

2.11 Change 11 – HIV Screening

- Renamed topic from Prenatal HIV Testing.
- Added ICD-9 079.53 to HIV diagnosis definition.
- Clarified that logic for refusals of HIV screening includes a refusal of any lab test in site-populated taxonomy BGP HIV TEST TAX.
- Removed counseling/patient education numerator.
- Added non-GPRA denominator for User Population ages 13-64.
- Added non-GPRA numerator for counts of HIV screening for UP patients (no age range).

2.12 Change 12 - Diabetes Comprehensive Care

- For BP documented definition, expanded CPT II range from 3077F, 3080F to 3074F-3080F and added logic requiring CPT codes to be documented on non-ER visit.
- For Controlled BP definition, added new logic for CPT II codes, which are required to be documented on non-ER visits.
- Added CPT codes 3044F and 3045F to documented A1c definition.

2.13 Change 13 - Adolescent Immunizations

- Added CPT 90650 to HPV definition.
- Added text clarifying logic only requires 1 contraindication for immunizations that require multiple doses (vs. requiring 1 contraindication for each dose).

2.14 Change 14 - Tobacco Use and Exposure Assessment

- Removed ADA code 1320 from tobacco users and smokers definitions.
- Added CPTs 99406 and 99407 to tobacco screening, tobacco users, and smokers definitions.
- Added old CPT codes G0375 and G0376 to tobacco screening, tobacco users, and smokers definitions.

2.15 Change 15 - Alcohol Screening and Brief Intervention (ASBI) in the ER

- Added CPT codes 99408, 99408, G0396, and G0397 to ER screening, positive screen and BNI definitions.
- Added new V measurements of AUDT, AUDC, and CRFT to ER screening and positive screening definitions.

2.16 Change 16 - Cardiovascular Disease and Blood Pressure Control

- For BP documented definition, expanded CPT II range from 3077F, 3080F to 3074F-3080F and added logic requiring CPT codes to be documented on non-ER visit.

2.17 Change 17 - Controlling High Blood Pressure

- For BP documented definition, expanded CPT II range from 3077F, 3080F to 3074F-3080F and added logic requiring CPT codes to be documented on non-ER visit.

2.18 Change 18 - HIV Quality of Care

- Added ICD-9 079.53 to HIV diagnosis definition.

2.19 Change 19 - Sexually Transmitted Infection (STI) Screening

- Added ICD-9 079.53 to HIV/AIDS definition.

2.20 Change 20 - Asthma Quality of Care

- Updated all four medication taxonomies with HEDIS 2008 taxonomies.

2.21 Change 21 - Asthma and Inhaled Steroid Use

- Added inhaled steroid combinations to medication taxonomy.

2.22 Change 22 - Prediabetes/Metabolic Syndrome

- Added V Measurement codes in PCC or BH of PHQ2 and PHQ9 to depression screening definition.
- For BP documented definition, expanded CPT II range from 3077F, 3080F to 3074F-3080F and added logic requiring CPT codes to be documented on non-ER visit
- Added CPTs 99406, 99407, and old codes G0375 and G0376 to tobacco screening definition.

3.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

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