

## Text Description for PCPI eSpecification

<b>Clinical Topic</b>	<b>Hepatitis C</b>
<b>Measure Title</b>	<b>HCV Genotype Testing Prior to Treatment</b>
<b>Measure #</b>	<b>PCPI # HEPC-3 / NQF # 0396 / PQRS # 85</b>
<b>Measure Description</b>	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment
<b>Measurement Period</b>	Twelve consecutive months
<b>Initial Patient Population</b>	<p>Patient Age: Patients aged 18 years and older before the start of the measurement period</p> <p>Diagnosis Active: Chronic hepatitis C starts before or during encounter during measurement period</p> <p>Encounter: At least two visits with a physician, physician's assistant, or nurse practitioner during the measurement period</p>
<b>Denominator Statement</b>	All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment
<b>Numerator Statement</b>	Patients for whom HCV genotype testing was performed prior to initiation of antiviral treatment
<b>Denominator Exceptions</b>	There are no valid denominator exceptions

**Hepatitis C**  
**Data Elements for PCPI eSpecification**  
**Measure #3 : HCV Genotype Testing Prior to Treatment**

QDM* Standard Category	QDM* Data Type	Standard Terminology	Constraints	Value Set Name	Value of Data Element	Data Source	Comments/Rationale
Measure Timing	N/A	N/A	TBD by measure implementer	Measurement Start Date			
Measure Timing	N/A	N/A	TBD by measure implementer	Measurement End Date			
Individual Characteristic	Patient Characteristic	HL7	during measurement period	Gender		<ul style="list-style-type: none"> <li>Electronic Administrative Claims</li> <li>Electronic Health Record (EHR)</li> </ul>	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	CDC	during measurement period	Race		<ul style="list-style-type: none"> <li>Electronic Health Record (EHR)</li> </ul>	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	CDC	during measurement period	Ethnicity		<ul style="list-style-type: none"> <li>Electronic Health Record (EHR)</li> </ul>	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	CDC	during measurement period	Preferred Language		<ul style="list-style-type: none"> <li>Electronic Health Record (EHR)</li> </ul>	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	Source of Payment Typology	during measurement period	Payer		<ul style="list-style-type: none"> <li>Electronic Health Record (EHR)</li> </ul>	This data element is collected for the purpose of stratifying results in an effort to highlight disparities.
Individual Characteristic	Patient Characteristic	LN	starts before the start of measurement period	Date of Birth		<ul style="list-style-type: none"> <li>Electronic Administrative Claims</li> <li>Electronic Health Record (EHR)</li> </ul>	
Individual Characteristic	Patient Characteristic	Calculated	before the start of measurement period	Age	≥ 18	<ul style="list-style-type: none"> <li>Electronic Administrative Claims</li> <li>Electronic Health Record (EHR)</li> </ul>	Measurement start date minus Date of Birth must be greater than or equal to 18 years.
Condition / Diagnosis / Problem	Diagnosis, Active	I9, I10, SNM	starts before or during encounter during measurement period	Hepatitis C, Chronic		<ul style="list-style-type: none"> <li>Electronic Administrative Claims</li> <li>Electronic Health Record (EHR)</li> </ul>	
Encounter	Encounter, Performed	CPT	during measurement period	Encounter - Office & Outpatient Consult	count ≥ 2	<ul style="list-style-type: none"> <li>Electronic Administrative Claims</li> <li>Electronic Health Record (EHR)</li> </ul>	
Medication	Medication, Active	RxNorm	during measurement period	Peginterferon		<ul style="list-style-type: none"> <li>Electronic Health Record (EHR)</li> </ul>	Patient must be actively taking this medication during the measurement period to be included in the denominator population. A date/timestamp of first order or first appearance in active medication list should be recorded.
Medication	Medication, Active	RxNorm	during measurement period	Ribavirin		<ul style="list-style-type: none"> <li>Electronic Health Record (EHR)</li> </ul>	Patient must be actively taking this medication during the measurement period to be included in the denominator population. A date/timestamp of first order or first appearance in active medication list should be recorded.
Laboratory Test	Laboratory Test, Performed	LN	during measurement period starts before the start of first (ever) peginterferon or ribavirin order	HCV Genotype Test		<ul style="list-style-type: none"> <li>Electronic Health Record (EHR)</li> </ul>	
No Valid Denominator Exceptions							

\*The Quality Data Model (QDM), Version 2.1, was developed by National Quality Forum (NQF).

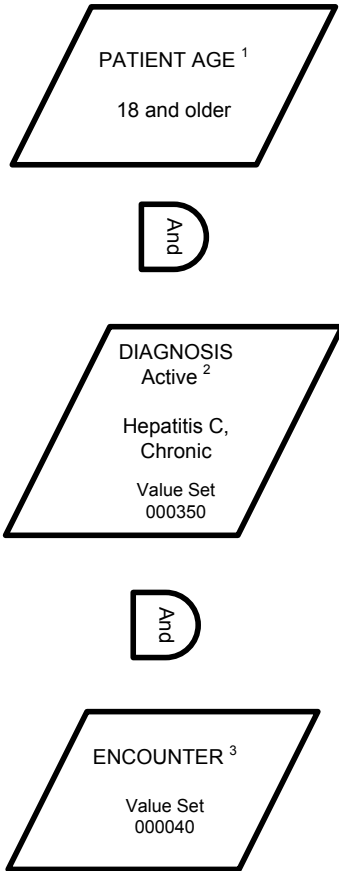
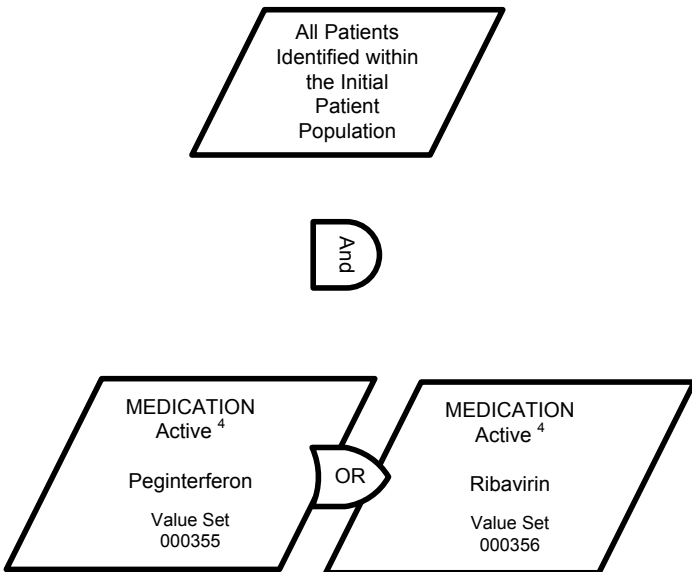
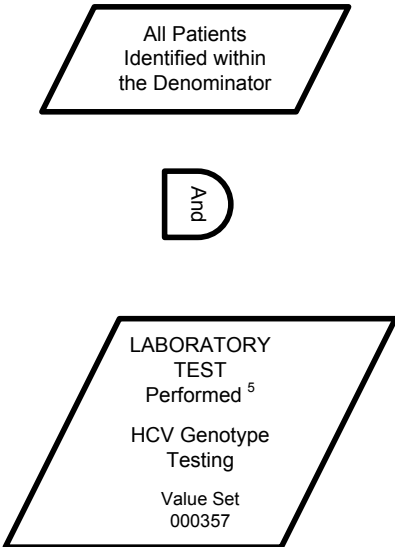
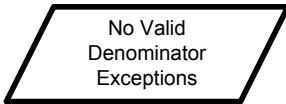
## PCPI eSpecification

### Measure Logic for Hepatitis C : HCV Genotype Testing Prior to Treatment

**Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment

**Measurement Period:** 12 Consecutive Months

**PCPI # HEPC-3 / NQF # 0396 / PQRS # 85**

	Identify Patients in Initial Patient Population (IPP)	Identify Patients in Denominator (D)	Identify Patients in Numerator (N)	Identify Patients who have valid Denominator Exceptions * (E)
Page 1	 <p>PATIENT AGE <sup>1</sup> 18 and older</p> <p>And</p> <p>DIAGNOSIS Active <sup>2</sup> Hepatitis C, Chronic Value Set 000350</p> <p>And</p> <p>ENCOUNTER <sup>3</sup> Value Set 000040</p>	 <p>All Patients Identified within the Initial Patient Population</p> <p>And</p> <p>MEDICATION Active <sup>4</sup> Peginterferon Value Set 000355</p> <p>OR</p> <p>MEDICATION Active <sup>4</sup> Ribavirin Value Set 000356</p>	 <p>All Patients Identified within the Denominator</p> <p>And</p> <p>LABORATORY TEST Performed <sup>5</sup> HCV Genotype Testing Value Set 000357</p>	 <p>No Valid Denominator Exceptions</p>

PARAMETER SPECIFICATIONS (Value Sets are found in the Coding Appendices):

IPP : <sup>1</sup> Patient Age: measurement start date minus birth date (value set 000307) ≥ 18 years before the start of measurement period; <sup>2</sup> Diagnosis, Active: starts before or during encounter during measurement period; <sup>3</sup> Encounter: ≥ 2 office visits or outpatient consults during measurement period;

D : <sup>4</sup> Medication, Active: during measurement period;

N : <sup>5</sup> Laboratory Test, Performed: during measurement period - starts before the start of first (ever) order of peginterferon or ribavirin;

\*Coded examples are NOT intended to be an exhaustive list. Exceptions will vary for each patient and situation.

## PCPI eSpecification

### Measure Logic for Hepatitis C : HCV Genotype Testing Prior to Treatment

**Measure Description:** Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom HCV genotype testing was performed prior to initiation of antiviral treatment

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**PCPI # HEPC-3 / NQF # 0396 / PQRS # 85**

	Supplemental Data Elements (SDE)
P a g e  2	<div>PATIENT CHARACTERISTIC</div> <div>Gender 2.16.840.1.113883.1.11.1</div> <div>PATIENT CHARACTERISTIC</div> <div>Race 2.16.840.1.114222.4.11.836</div> <div>PATIENT CHARACTERISTIC</div> <div>Ethnicity 2.16.840.1.114222.4.11.837</div> <div>PATIENT CHARACTERISTIC</div> <div>Preferred Language 2.16.840.1.114222.4.11.831</div> <div>PATIENT CHARACTERISTIC</div> <div>Payer 2.16.840.1.113883.221.5</div>

See Data Requirements Table for timing constraints and relationship between data elements.

The Supplemental Data Elements (SDE) are collected for the purpose of stratifying results in an effort to highlight disparities.

**PCPI eSpecification**  
**HEPATITIS C**  
**HEPC-3 : HCV Genotype Testing Prior to Treatment**

Value Set ID	Clinical Topic	Topic Indicator	Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000307	HEPC	3	IPP	Birth Date	Individual Characteristic	LN	21112-8	Birth date: TmStp:Pt:Patient:Qn:
000350	HEPC	3	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	I9	070.54	Chronic hepatitis C without hepatic coma
000350	HEPC	3	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	I10	B18.2	Chronic viral hepatitis C
000350	HEPC	3	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	SNM	128302006	Chronic hepatitis C
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99201	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99202	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99203	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99204	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99205	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99212	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99213	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99214	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99215	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99241	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99242	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99243	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99244	
000040	HEPC	3	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99245	
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	284192	peginterferon alfa-2b 0.1 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	284193	peginterferon alfa-2b 0.16 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	284194	peginterferon alfa-2b 0.24 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	284195	peginterferon alfa-2b 0.3 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	387036	peginterferon alfa-2b 0.2 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	393253	peginterferon alfa-2b 0.01 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731326	peginterferon alfa-2a 0.18 MG per 0.5 ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731330	peginterferon alfa-2a 135 MCG per 0.5 ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731333	0.5 ML peginterferon alfa-2b 0.24 MG/ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731345	0.5 ML peginterferon alfa-2b 0.1 MG/ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	731348	0.5 ML peginterferon alfa-2b 0.16 MG/ML Prefilled Syringe
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	1099048	peginterferon alfa-2b 0.6 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	1099054	peginterferon alfa-2b 1.2 MG/ML Injectable Solution
000355	HEPC	3	D	Peginterferon	Medication	RxNorm	1099058	peginterferon alfa-2b 0.4 MG/ML Injectable Solution
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	108766	Ribavirin 100 MG Oral Capsule
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	248109	Ribavirin 200 MG Oral Tablet
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	248112	Ribavirin 40 MG/ML Oral Solution
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	312817	Ribavirin 200 MG Oral Capsule
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	312818	Ribavirin 20 MG/ML Inhalant Solution
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	597718	Ribavirin 400 MG Oral Tablet

**PCPI eSpecification**  
**HEPATITIS C**  
**HEPC-3 : HCV Genotype Testing Prior to Treatment**

Value Set ID	Clinical Topic	Topic Indicator	Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	597722	Ribavirin 600 MG Oral Tablet
000356	HEPC	3	D	Ribavirin	Medication	RxNorm	790286	Ribavirin 500 MG Oral Tablet
000357	HEPC	3	N	HCV Genotype Test	Laboratory Test	LN	32286-7	HCV Gentyp SerPI PCR
000357	HEPC	3	N	HCV Genotype Test	Laboratory Test	LN	48574-8	HCV Gentyp Bld PCR
000357	HEPC	3	N	HCV Genotype Test	Laboratory Test	LN	48575-5	HCV Gentyp XXX PCR
000357	HEPC	3	N	HCV Genotype Test	Laboratory Test	LN	49607-5	HCV Gentyp Tiss PCR

**PCPI eSpecification**  
**HEPATITIS C**  
**Supplemental Data Elements (SDE) Value Sets**

Value Set Developer	Value Set OID	Value Set Name	QDM Category	Code System	Code System Version	Code	Descriptor
HL7	2.16.840.1.113883.1.11.1	Gender	Individual Characteristic	HL7 (2.16.840.1.113883.5.1)	1062-20101110	F	Female
HL7	2.16.840.1.113883.1.11.1	Gender	Individual Characteristic	HL7 (2.16.840.1.113883.5.1)	1062-20101110	M	Male
HL7	2.16.840.1.113883.1.11.1	Gender	Individual Characteristic	HL7 (2.16.840.1.113883.5.1)	1062-20101110	UN	Undifferentiated
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	1	MEDICARE
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	2	MEDICAID
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3	OTHER GOVERNMENT (Federal/State/Local) (excluding Department of Corrections)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	4	DEPARTMENTS OF CORRECTIONS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	5	PRIVATE HEALTH INSURANCE
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	6	BLUE CROSS/BLUE SHIELD
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	7	MANAGED CARE, UNSPECIFIED(to be used only if one can't distinguish public from private)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	8	NO PAYMENT from an Organization/Agency/Program/Private Payer Listed
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	9	MISCELLANEOUS/OTHER
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	11	Medicare (Managed Care)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	12	Medicare (Non-managed Care)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	19	Medicare Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	21	Medicaid (Managed Care)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	22	Medicaid (Non-managed Care Plan)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	23	Medicaid/SCHIP
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	24	Medicaid Applicant
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	25	Medicaid - Out of State
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	29	Medicaid Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	31	Department of Defense
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32	Department of Veterans Affairs
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	33	Indian Health Service or Tribe
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	34	HRSA Program
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	35	Black Lung
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	36	State Government
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	37	Local Government
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	38	Other Government (Federal, State, Local not specified)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	39	Other Federal
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	41	Corrections Federal
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	42	Corrections State
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	43	Corrections Local
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	44	Corrections Unknown Level
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	51	Managed Care (Private)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	52	Private Health Insurance - Indemnity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	53	Managed Care (private) or private health insurance (indemnity), not otherwise specified
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	54	Organized Delivery System
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	55	Small Employer Purchasing Group
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	59	Other Private Insurance
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	61	BC Managed Care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	62	BC Indemnity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	63	BC (Indemnity or Managed Care) - Out of State
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	64	BC (Indemnity or Managed Care) - Unspecified
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	69	BC (Indemnity or Managed Care) - Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	71	HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	72	PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	73	POS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	79	Other Managed Care, Unknown if public or private
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	81	Self-pay
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	82	No Charge
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	83	Refusal to Pay/Bad Debt
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	84	Hill Burton Free Care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	85	Research/Donor
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	89	No Payment, Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	91	Foreign National
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	92	Other (Non-government)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	93	Disability Insurance
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	94	Long-term Care Insurance
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	95	Worker's Compensation
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	96	Auto Insurance (no fault)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	98	Other specified (includes Hospice - Unspecified plan)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	99	No Typology Code available for payment source

**PCPI eSpecification**  
**HEPATITIS C**  
**Supplemental Data Elements (SDE) Value Sets**

Value Set Developer	Value Set OID	Value Set Name	QDM Category	Code System	Code System Version	Code	Descriptor
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	111	Medicare HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	112	Medicare PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	113	Medicare POS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	119	Medicare Managed Care Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	121	Medicare FFS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	122	Drug Benefit
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	123	Medicare Medical Savings Account (MSA)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	129	Medicare Non-managed Care Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	211	Medicaid HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	212	Medicaid PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	213	Medicaid PCCM (Primary Care Case Management)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	219	Medicaid Managed Care Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	311	TRICARE (CHAMPUS)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	312	Military Treatment Facility
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	313	Dental --Stand Alone
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	321	Veteran care--Care provided to Veterans
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	322	Non-veteran care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	331	Indian Health Service - Regular
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	332	Indian Health Service - Contract
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	333	Indian Health Service - Managed Care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	334	Indian Tribe - Sponsored Coverage
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	341	Title V (MCH Block Grant)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	342	Migrant Health Program
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	343	Ryan White Act
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	349	Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	361	State SCHIP program (codes for individual states)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	362	Specific state programs (list/ local code)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	369	State, not otherwise specified (other state)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	371	Local - Managed care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	372	FFS/Indemnity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	379	Local, not otherwise specified (other local, county)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	381	Federal, State, Local not specified managed care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	382	Federal, State, Local not specified - FFS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	389	Federal, State, Local not specified - Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	511	Commercial Managed Care - HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	512	Commercial Managed Care - PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	513	Commercial Managed Care - POS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	514	Exclusive Provider Organization
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	515	Gatekeeper PPO (GPPO)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	519	Managed Care, Other (non HMO)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	521	Commercial Indemnity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	522	Self-insured (ERISA) Administrative Services Only (ASO) plan
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	523	Medicare supplemental policy (as second payer)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	529	Private health insurance--other commercial Indemnity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	611	BC Managed Care - HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	612	BC Managed Care - PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	613	BC Managed Care - POS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	619	BC Managed Care - Other
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	821	Charity
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	822	Professional Courtesy
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	823	Hispanic or Latino
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	951	Worker's Comp HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	953	Worker's Comp Fee-for-Service
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	954	Worker's Comp Other Managed Care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	959	Worker's Comp, Other unspecified
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3111	TRICARE Prime--HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3112	TRICARE Extra--PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3113	TRICARE Standard - Fee For Service
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3114	TRICARE For Life--Medicare Supplement
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3115	TRICARE Reserve Select
PHDSC	2.16.840.1.113883.221.5	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	Payer	Individual Characteristic	Source of Payment Typology	4.0	3119	Department of Defense - (other)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3121	Enrolled Prime--HMO

**PCPI eSpecification  
HEPATITIS C  
Supplemental Data Elements (SDE) Value Sets**

Value Set Developer	Value Set OID	Value Set Name	QDM Category	Code System	Code System Version	Code	Descriptor
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3122	Non-enrolled Space Available
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3123	TRICARE For Life (TFL)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3211	Direct Care--Care provided in VA facilities
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3212	Indirect Care--Care provided outside VA facilities
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3221	Civilian Health and Medical Program for the VA (CHAMPVA)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3222	Spina Bifida Health Care Program (SB)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3223	Children of Women Vietnam Veterans (CWVV)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3229	Other non-veteran care
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3711	HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3712	PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3713	POS
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3811	Federal, State, Local not specified - HMO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3812	Federal, State, Local not specified - PPO
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	3813	Federal, State, Local not specified - POS
PHDSC	2.16.840.1.113883.221.5	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	Payer	Individual Characteristic	Source of Payment Typology	4.0	9999	Unavailable / Unknown
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32121	Fee Basis
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32122	Foreign Fee/Foreign Medical Program(FMP)
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32123	Contract Nursing Home/Community Nursing Home
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32124	State Veterans Home
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32125	Sharing Agreements
PHDSC	2.16.840.1.113883.221.5	Payer	Individual Characteristic	Source of Payment Typology	4.0	32126	Other Federal Agency
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	1002-5	American Indian or Alaska Native
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	2028-9	Asian
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	2054-5	Black or African American
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	2076-8	Native Hawaiian or Other Pacific Islander
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	2106-3	White
CDC NCHS	2.16.840.1.114222.4.11.836	Race	Individual Characteristic	CDC	1.0	2131-1	Other Race
CDC NCHS	2.16.840.1.114222.4.11.837	Ethnicity	Individual Characteristic	CDC	1.0	2135-2	Hispanic or Latino
CDC NCHS	2.16.840.1.114222.4.11.837	Ethnicity	Individual Characteristic	CDC	1.0	2186-5	Not Hispanic or Latino