

Text Description for PCPI eSpecification

Clinical Topic	Hepatitis C
Measure Title	HCV RNA Testing at Week 12 of Treatment
Measure #	PCPI # HEPC-5 / NQF # 0398 / PQRS # 87
Measure Description	Percentage of patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment for whom quantitative HCV RNA testing was performed at no greater than 12 weeks from initiation of antiviral treatment
Measurement Period	Twelve consecutive months
Initial Patient Population	<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>
Denominator Statement	All patients aged 18 years and older with a diagnosis of chronic hepatitis C who are receiving antiviral treatment
Numerator Statement	<p>Patients for whom quantitative HCV RNA testing was performed at no greater than 12 weeks from the initiation of antiviral treatment</p> <p>Definition: 12 Weeks from Initiation – Patients for whom testing was performed between 4-12 weeks from the initiation of antiviral treatment will meet the numerator for this measure (depending upon the specific antiviral therapy used).</p>
Denominator Exceptions	<p>Documentation of medical reason(s) for not performing quantitative HCV RNA testing at no greater than 12 weeks from the initiation of antiviral treatment</p> <p>Documentation of patient reason(s) for not performing quantitative HCV RNA testing at no greater than 12 weeks from the initiation of antiviral treatment</p>

Hepatitis C
Data Elements for PCPI eSpecification
Measure #5 : HCV RNA Testing at Week 12 of 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"> Electronic Administrative Claims Electronic Health Record (EHR) 	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"> Electronic Health Record (EHR) 	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"> Electronic Health Record (EHR) 	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"> Electronic Health Record (EHR) 	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"> Electronic Health Record (EHR) 	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"> Electronic Administrative Claims Electronic Health Record (EHR) 	
Individual Characteristic	Patient Characteristic	Calculated	before the start of measurement period	Age	≥ 18	<ul style="list-style-type: none"> Electronic Administrative Claims Electronic Health Record (EHR) 	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"> Electronic Administrative Claims Electronic Health Record (EHR) 	
Encounter	Encounter, Performed	CPT	during measurement period	Encounter - Office & Outpatient Consult	count ≥ 2	<ul style="list-style-type: none"> Electronic Administrative Claims Electronic Health Record (EHR) 	
Medication	Medication, Active	RxNorm	during measurement period	Peginterferon		<ul style="list-style-type: none"> Electronic Health Record (EHR) 	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"> Electronic Health Record (EHR) 	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	starts after start of first (ever) medication, active ≥ 28 days and ≤ 84 days	HCV RNA test, Quantitative		<ul style="list-style-type: none"> Electronic Health Record (EHR) 	
Laboratory Test	Laboratory Test, Not Done	SNM	during measurement period	Medical Reason(s)		<ul style="list-style-type: none"> Electronic Health Record (EHR) 	
Laboratory Test	Laboratory Test, Not Done	SNM	during measurement period	Patient Reason(s)		<ul style="list-style-type: none"> Electronic Health Record (EHR) 	

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

PCPI eSpecification

Measure Logic for Hepatitis C : HCV RNA Testing at Week 12 of 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 quantitative HCV RNA testing was performed at 12 weeks from initiation of antiviral treatment

Measurement Period: 12 Consecutive Months

PCPI # HEPC-5 / NQF # 0398 / PQRS # 87

	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)
P a g e 1	<div>PATIENT AGE ¹</div> <div>18 and older</div> <div>And</div> <div>DIAGNOSIS Active ²</div> <div>Hepatitis C, Chronic</div> <div>Value Set 000350</div> <div>And</div> <div>ENCOUNTER ³</div> <div>Value Set 000040</div>	<div>All Patients Identified within the Initial Patient Population</div> <div>And</div> <div>MEDICATION Active ⁴</div> <div>Peginterferon</div> <div>Value Set 000355</div> <div>OR</div> <div>MEDICATION Active ⁴</div> <div>Ribavirin</div> <div>Value Set 000356</div>	<div>All Patients Identified within the Denominator</div> <div>And</div> <div>LABORATORY TEST Performed ⁵</div> <div>HCV RNA Test, Quantitative</div> <div>Value Set 000354</div>	<div>All Patients Identified within the Denominator</div> <div>Not And</div> <div>All Patients identified within the Numerator</div> <div>And</div> <div>MEDICAL EXCEPTION ⁶</div> <div>Value Sets 000402</div> <div>OR</div> <div>PATIENT EXCEPTION ⁷</div> <div>Value Set 000403 000352</div>

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

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

D : ⁴ Medication, Active: during measurement period;

N: ⁵ Laboratory Test, Performed: starts after the start of FIRST (ever) medication active (value set 000355 or 000356) ≥ 28 days and ≤ 84 days (between 4-12 weeks after initiation of antiviral treatment).

E: ⁶ Medical Exception: during measurement period; ⁷ Patient Exception: during measurement period;

*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 RNA Testing at Week 12 of 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 quantitative HCV RNA testing was performed at 12 weeks from initiation of antiviral treatment

Measurement Period: 12 Consecutive Months

PCPI # HEPC-5 / NQF # 0398 / PQRS # 87

Supplemental Data Elements (SDE)	
P a g e 2	<div>PATIENT CHARACTERISTIC</div> <div>Gender</div> <div>2.16.840.1.113883.1.11.1</div>
	<div>PATIENT CHARACTERISTIC</div> <div>Race</div> <div>2.16.840.1.114222.4.11.836</div>
	<div>PATIENT CHARACTERISTIC</div> <div>Ethnicity</div> <div>2.16.840.1.114222.4.11.837</div>
	<div>PATIENT CHARACTERISTIC</div> <div>Preferred Language</div> <div>2.16.840.1.114222.4.11.831</div>
	<div>PATIENT CHARACTERISTIC</div> <div>Payer</div> <div>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-5 : HCV RNA Testing at Week 12 of Treatment

Value Set ID	Clinical Topic	Topic Indicator	Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000307	HEPC	5	IPP	Birth Date	Individual Characteristic	LN	21112-8	Birth date: TmStp:Pt:Patient:Qn:
000350	HEPC	5	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	I9	070.54	Chronic hepatitis C without hepatic coma
000350	HEPC	5	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	I10	B18.2	Chronic viral hepatitis C
000350	HEPC	5	IPP	Hepatitis C, Chronic	Condition / Diagnosis / Problem	SNM	128302006	Chronic hepatitis C
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99201	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99202	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99203	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99204	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99205	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99212	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99213	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99214	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99215	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99241	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99242	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99243	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99244	
000040	HEPC	5	IPP	Encounter - Office & Outpatient Consult	Encounter	CPT	99245	
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731326	0.5 ML peginterferon alfa-2a 0.36 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731330	0.5 ML peginterferon alfa-2a 0.27 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731333	0.5 ML peginterferon alfa-2b 0.24 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731334	0.5 ML peginterferon alfa-2b 0.3 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731345	0.5 ML peginterferon alfa-2b 0.1 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	731348	0.5 ML peginterferon alfa-2b 0.16 MG/ML Prefilled Syringe
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	1099048	peginterferon alfa-2b 0.6 MG/ML Injectable Solution
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	1099054	peginterferon alfa-2b 1.2 MG/ML Injectable Solution
000355	HEPC	5	D	Peginterferon	Medication	RxNorm	1099058	peginterferon alfa-2b 0.4 MG/ML Injectable Solution
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	108766	Ribavirin 100 MG Oral Capsule
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	248109	Ribavirin 200 MG Oral Tablet
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	248112	Ribavirin 40 MG/ML Oral Solution
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	312817	Ribavirin 200 MG Oral Capsule
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	312818	Ribavirin 20 MG/ML Inhalant Solution
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	597718	Ribavirin 400 MG Oral Tablet
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	597722	Ribavirin 600 MG Oral Tablet
000356	HEPC	5	D	Ribavirin	Medication	RxNorm	790286	Ribavirin 500 MG Oral Tablet
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	10676-5	HCV RNA SerPI Amp Prb-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	11011-4	HCV RNA SerPI PCR-aCnc

PCPI eSpecification
HEPATITIS C
HEPC-5 : HCV RNA Testing at Week 12 of Treatment

Value Set ID	Clinical Topic	Topic Indicator	Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	20416-4	HCV RNA # SerPI PCR
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	20571-6	HCV RNA # SerPI bDNA
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	29609-5	HCV RNA SerPI bDNA-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	34703-9	HCV RNA SerPI PCR DL=500-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	34704-7	HCV RNA SerPI PCR DL=50-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	38180-6	HCV RNA SerPI PCR-Log IU
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	42617-1	HCV RNA SerPI bDNA-Log IU
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49369-2	HCV RNA # CSF PCR
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49370-0	HCV RNA # Mar PCR
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49371-8	HCV RNA # Tiss PCR
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49376-7	HCV RNA XXX PCR-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49377-5	HCV RNA CSF PCR-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49378-3	HCV RNA Mar PCR-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49379-1	HCV RNA Tiss PCR-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49380-9	HCV RNA # XXX PCR
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49603-4	HCV RNA CSF PCR-Log IU
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49604-2	HCV RNA Mar PCR-Log IU
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49605-9	HCV RNA XXX PCR-Log IU
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49608-3	HCV RNA Tiss PCR-Log IU
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49758-6	HCV RNA SerPI PCR DL=5-aCnc
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	50023-1	HCV RNA Pnl SerPI PCR
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49372-6	HCV RNA XXX PCR-Log#
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49373-4	HCV RNA CSF PCR-Log#
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49374-2	HCV RNA Mar PCR-Log#
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	49375-9	HCV RNA Tiss PCR-Log#
000354	HEPC	5	N	HCV RNA test, Quantitative	Laboratory Test	LN	47252-2	HCV RNA SerPI PCR-Log#
000352	HEPC	5	E	Patient Exception - Lab Test Refused	Laboratory Test, Not Done	SNM	165342003	Patient refused laboratory test (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	31438003	drug resistance (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	35688006	complication of medical care (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	59037007	drug intolerance (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	62014003	adverse reaction to drug (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	79899007	drug interaction (finding)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	161590003	history of - drug allergy (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	183932001	procedure contraindicated (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	183964008	treatment not indicated (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	183966005	drug treatment not indicated (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	266721009	absent response to treatment (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	269191009	late effect of medical and surgical care complication (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	274512008	drug therapy discontinued (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	371133007	treatment modification (procedure)

PCPI eSpecification
HEPATITIS C
HEPC-5 : HCV RNA Testing at Week 12 of Treatment

Value Set ID	Clinical Topic	Topic Indicator	Measure Component	Standard Concept	Standard Category	Taxonomy	Code	Code Descriptor
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	397745006	medical contraindication (finding)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	407563006	treatment not tolerated (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	410534003	not indicated (qualifier value)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	410536001	contraindicated (qualifier value)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	416098002	drug allergy (disorder)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	416406003	procedure discontinued (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	428119001	procedure not indicated (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	445528004	treatment changed (situation)
000402	HEPC	5	E	Medical Reason	Laboratory Test, Not Done	SNM	216952002	failure in dosage (event)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	30164005	patient discharge, signed out against medical advice (procedure)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	105480006	refusal of treatment by patient (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182890002	patient requests alternative treatment (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182895007	drug declined by patient (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182897004	drug declined by patient - side effects (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182900006	drug declined by patient - patient beliefs (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	183944003	procedure refused (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	183945002	procedure refused for religious reason (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	184081006	patient has moved away (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	185479006	patient dissatisfied with result (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	185481008	dissatisfied with doctor (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	225928004	patient self-discharge against medical advice (procedure)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	258147002	stopped by patient (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	266710000	drugs not taken/completed (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	266966009	family illness (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	275694009	patient defaulted from follow-up (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	275936005	patient noncompliance - general (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	281399006	did not attend (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	310343007	further opinion sought (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	373787003	treatment delay - patient choice (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	385648002	rejected by recipient (qualifier value)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	406149000	medication refused (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	408367005	patient forgets to take medication (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	413310006	patient non-compliant - refused access to services (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	413311005	patient non-compliant - refused intervention / support (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	413312003	patient non-compliant - refused service (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	416432009	procedure not wanted (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	443390004	refused (qualifier value)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	182902003	drug declined by patient - cannot pay script (situation)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	5015009	economic problem (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	423656007	income insufficient to buy necessities (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	424739004	income sufficient to buy only necessities (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	160932005	financial problem (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	160934006	financial circumstances change (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	224187001	variable income (finding)
000403	HEPC	5	E	Patient Reason	Laboratory Test, Not Done	SNM	107724000	patient transfer (procedure)

**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

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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

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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