



دَائِرَةِ الْحَلَةِ  
DEPARTMENT OF HEALTH

# Primary Care (PC) Service Jawda Guidance

Version 9

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## **Executive Summary**

The Department of Health- Abu Dhabi (DOH) is the regulatory body of the healthcare sector in the Emirate of Abu Dhabi and ensures excellence in healthcare for the community by monitoring the health status of its population.

The Emirate of Abu Dhabi is experiencing a substantial growth in the number of hospitals, centers and clinics. This is ranging from school clinics and mobile units to internationally renowned specialist and tertiary academic centers. Although, access and quality of care has improved dramatically over the last couple of decades, mirroring the economic upturn and population boom of Emirate of Abu Dhabi, however challenges remain in addressing further improvements.

The main challenges that are presented with increasingly dynamic population include an aging population with increased expectation for treatment, utilization of technology and diverse workforce leading to increased complexity of healthcare provision in Abu Dhabi. All of this results in an increased and inherent risk to quality and patient safety.

DOH has developed dynamic and comprehensive quality framework in order to bring about improvements across the health sector. This guidance pertains to the quality indicators that the Department of Health (DOH) is requiring for quarterly reporting by all Primary healthcare providers in the Emirate of Abu Dhabi.

The guidance sets out the full definition and method of calculation for patient safety and clinical effectiveness indicators. For enquiries about this guidance, please contact [jawda@DoH.gov.ae](mailto:jawda@DoH.gov.ae)

This document is subjected for review and therefore it is advisable to utilize online versions available on the DOH at all times.

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### About this Guidance

The guidance sets out the definitions and reporting frequency of JAWDA Primary Care (PC) performance indicators. The Department of Health (DoH), with consultation from local and international expertise of chronic disease management has developed Primary Care facilities performance Indicators that are aimed for assessing the degree to which a provider competently and safely delivers the appropriate clinical services to the patient within the optimal period of time.

The Jawda KPI for primary care in this guidance include measures to monitor i.e. how well primary care service providers care for their patients, how often they follow best practices and how effective they are at keeping patients healthy, and how patients feel about their experience at primary care service providers. Healthcare providers are the most qualified professionals to develop and evaluate quality of care for people with chronic conditions; therefore, it is crucial that clinicians retain a leadership position in defining performance among primary care healthcare service providers.

### Who is this guidance for?

All healthcare facilities who are licensed by DoH as Primary healthcare service provider or who are providing Primary care Services as part of their portfolio in the Emirate of Abu Dhabi.

All the Jawda KPIs are applicable to patient encounters\* with the family medicine consultant or general practitioner. This is in alignment with the DOH primary care standard.

\*The KPI definitions are not applicable to other specialty physician encounters e.g. pediatrician, dental, homeopathic etc.

For further details, kindly refer to the following available at

<https://www.doh.gov.ae/en/resources/standards> and  
<https://www.doh.gov.ae/en/resources/guidelines>

- DOH Standard for Primary Healthcare Services in Emirate of Abu Dhabi (September 2022)
- Scope of Practice Guidelines for Licensed Healthcare Professionals (Family Medicine) (July 2022)
- Scope of Practice for General Practitioner (October 2022)

### How do I follow this guidance?

Each provider will nominate one member of staff to coordinate, collect and monitor primary care quality indicators. Primary care provider is required to submit quarterly submission of data through Jawda e-notification system.

**Note:** Jawda team may use centrally collected claim data submitted by healthcare providers through Shafafiya portal to validate the data submitted by the providers through Jawda portal.

### What is the Regulation related to this guidance?

- Legislation establishing the Health Sector

## **Primary Care (PC) Service JAWDA Performance Indicators**

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- Department of Health Standard for primary care issued March 2020  
<https://www.doh.gov.ae/en/resources/standards>
- As per DoH [Policy for Quality and Patient Safety](#) issued January 15<sup>th</sup> 2017, this guidance applies to all DoH Licensed Hospital Healthcare Facilities in the Emirate of Abu Dhabi in accordance with the requirements set out in this Standard.

**Type: Mental Health**

**Number: PC004**

<b>KPI Description (title):</b>	<b>Percentage of Patients Completing the PHQ-9 Within 24 Hours After a Positive PHQ-2 Result</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition</b>	Percentage of patients aged 18 years and older at the beginning of the reporting quarter, who did PHQ-9 screening (Completed documentation) within 24 hrs. of being screened positive on PHQ2.
<b>Calculation</b>	<p><b>Numerator:</b> Total number of unique patients from the denominator who did PHQ-9 screening (Completed documentation) within 24 hrs of positive PHQ-2.</p> <p><b>Denominator:</b> All patients aged 18 (completed) <b>age in years</b> and older at the beginning of the reporting quarter who were screened <i>positive on PHQ-2</i>.</p> <p><b>Denominator Guidance:</b></p> <ul style="list-style-type: none"> <li>○ <i>Calculate the number of patients who are covered through THIQA Insurance.</i></li> <li>○ <i>The intent of the measure is to screen for depression in patients who have never had a diagnosis of depression or bipolar disorder prior to the eligible encounter used to evaluate the numerator.</i></li> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> <li>○ <i>In the reporting quarter, if multiple positive PHQ2 screenings conducted consider first one only.</i></li> </ul> <p><b>Denominator Exclusions:</b></p> <ul style="list-style-type: none"> <li>○ Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up is not required</li> <li>○ Patients who had an established diagnosis of depression prior to the index encounter in the reporting quarter: F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53, 090.6, 099.340, 099.341, 099.342, 099.343, 099.344, 099.345</li> <li>○ Patients who had an established diagnosis of bipolar disorder prior to the index encounter in the reporting quarter: F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9</li> <li>○ Patients with a Documented Reason for not Screening for Depression (Patient refuses to participate for any reason)</li> <li>○ Documentation of medical reason for not screening patient for depression (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; patient is in an urgent or emergent situation where time</li> </ul>

## Primary Care (PC) Service JAWDA Performance Indicators

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	<p>is of the essence and to delay treatment would jeopardize the patient's health status)</p> <ul style="list-style-type: none"> <li>○ All ABM Mandate encounters</li> <li>○ Individuals receiving Dental, Ayurvedic, Homeopathic Services</li> <li>○ Patients not assessed for vitals during the visit.</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	% depression screening
<b>International comparison if available</b>	<p><a href="#">Quality ID #134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (cms.gov)</a></p> <p><a href="#">Standards   Department of Health Abu Dhabi</a>-(Standard Of Care for Depression &amp; Anxiety Disorders)</p>
<b>Desire Direction</b>	<b>90%</b>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>• Centrally collected claim data (KEH)</li> <li>• Patient medical record</li> </ul>

**Type: Disease management**

**Number: PC005**

<b>KPI Description (title):</b>	<b>Percentage of patients diagnosed with depression that have Follow-Up visit with their physicians within 30 days of diagnosis.</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition</b>	The percentage of mental health patients who are managed in primary care and have a follow-up visit within 30 days of positive depression diagnosis.
<b>Calculation</b>	<p><b>Numerator:</b> Total number of unique patients from the denominator who had a first follow-up visit within 30 days of diagnosis within the same primary care unit/facility/network.</p> <p><b>Denominator:</b> Total number of unique patients aged <math>\geq 18</math> years of age (at the time of depression screening and diagnosed with depression) who was positive (5-14 PHQ-9 score) for depression screening and diagnosed with depression during the reporting quarter.</p> <ul style="list-style-type: none"> <li>• <b>ICD-10 CM code of depression:</b> F01.51, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.89, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.1, F34.81, F34.89, F43.21, F43.23, F53, O90.6, O99.340, O99.341, O99.342, O99.343, O99.344, O99.345</li> <li>• <b>ICD-10 CM code of bipolar disorder:</b> F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9</li> </ul> <p><b>Denominator Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Patients with PHQ9 <math>&gt;= 15</math> are expected to refer to Psychiatry</li> <li>• Established depression patients who are diagnosed in another healthcare facility prior.</li> <li>• Patients with a Documented Reason for not attending Follow-up appointments on Depression (Patient refuses to participate for any reason).</li> <li>• All ABM Mandate encounters</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	% Follow up Depression screening
<b>International comparison if available</b>	Mental health care Standard
<b>Desired Direction</b>	<b>&gt;90%</b>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>• Patient medical record</li> <li>• Centrally collected claim data (KEH)</li> </ul>

**Type: Chronic disease management**

**Number: PC009**

<b>KPI Description (title):</b>	<b>Diabetes: Hemoglobin A1c (HbA1c) Poor Control Rate (&gt; 9%) or no test result</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition</b>	Percentage of diabetics $\geq 18$ to $\leq 75$ years of age whose most recent HbA1c level was $> 9.0\%$ (poor control) or who had no test result within 12 months (prior to the end of reporting quarter)
<b>Calculation</b>	<p><b>Numerator</b>            Patients in the denominator population whose most recent HbA1c level was <math>&gt; 9.0\%</math> OR who had no test result can be performed in the <i>same or different</i> facility within 12 months prior to the end of the reporting quarter (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><b>Numerator Guidance:</b>  <i>Timeframe: 12 months (prior to the end of reporting quarter)</i>  <math>= 3 \text{ months (quarter)} + 09 \text{ months prior}</math></p> <p><b>HbA1C – CPT – 83036</b> (<i>Based on LOINC observation</i>)</p> <p><b>Denominator</b>            Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 75</math> years of age), with a diagnosis of diabetes during the reporting quarter</p> <p><b>AND</b>            who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><b>Denominator Guidance</b></p> <ul style="list-style-type: none"> <li>○ <i>Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code).</i>  <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 plus ICD 10 Codes: E10, E11, E13, O24 series (See Appendix - B)</i></li> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> </ul> <p><b>Denominator exclusions</b></p> <ul style="list-style-type: none"> <li>○ Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes (within the denominator time frame)</li> </ul>

	<p><b>ICD 10 Codes:</b> Gestational Diabetes: 024.410, 024.414, 024.415, 024.419, 024.420, 024.424, 024.425, 024.429, 024.430, 024.434, 024.435, 024.439.</p> <p><b>Polycystic Ovaries:</b> E28.2</p> <p><b>STERIOD INDUCED DIABETES:</b> E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9.</p> <ul style="list-style-type: none"> <li>○ All ABM Mandate encounters</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	<b>% Hemoglobin A1c &gt;9.0 or no test result</b>
<b>Desired Direction</b>	<30%
<b>International comparison if available</b>	<a href="#">Quality Measures   CMS</a> <a href="https://www.ncqa.org/hedis/measures/">https://www.ncqa.org/hedis/measures/</a> <a href="https://www.ahrq.gov/">https://www.ahrq.gov/</a> <a href="https://www.qualityforum.org/QPS/QPSTool">https://www.qualityforum.org/QPS/QPSTool</a>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>• Centrally collected claim data (KEH))</li> <li>• Patient medical record</li> </ul>

**Type: chronic disease management**

**Number: PC010**

<b>KPI Description (title):</b>	<b>Diabetes: Hemoglobin A1c (HbA1c) Good Control Rate (<math>\leq 8.0\%</math>)</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition</b>	Percentage of diabetics $\geq 18$ to $\leq 75$ years of age whose most recent HbA1c level was $\leq 8.0\%$ (good control) within 12 months (prior to the end of reporting quarter)
<b>Calculation</b>	<p><b>Numerator</b>          Patients in the denominator population whose most recent HbA1c level was <math>\leq 8.0\%</math> can be performed in the <i>same or different facility</i> within 12 months prior to the end of the reporting quarter. (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><b>Numerator Guidance:</b>  <i>Timeframe: 12 months (prior to the end of reporting quarter)</i>  <math>= 3 \text{ months (quarter)} + 09 \text{ months prior}</math></p> <p><b>HbA1C – CPT – 83036 (Based on LOINC observation)</b></p> <p><b>Denominator</b>          Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 75</math> years of age), with a diagnosis of diabetes during the reporting quarter</p> <p><b>AND</b></p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><b>Denominator Guidance</b></p> <ul style="list-style-type: none"> <li>○ <i>Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code).</i>  <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus ICD 10 Codes: E10, E11, E13, O24 series (See Appendix – B)</i></li> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> </ul> <p><b>Denominator Exclusions</b></p> <ul style="list-style-type: none"> <li>• Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes (within the denominator time frame)</li> </ul>

## Primary Care (PC) Service JAWDA Performance Indicators

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	<p><b>ICD 10 Codes:</b> Gestational Diabetes: 024.410, 024.414, 024.415, 024.419, 024.420, 024.424, 024.425, 024.429, 024.430, 024.434, 024.435, 024.439.</p> <p>Polycystic Ovaries: E28.2</p> <p>STERIOD INDUCED DIABETES: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9.</p> <ul style="list-style-type: none"> <li>○ All ABM Mandate encounters</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	<b>% Hemoglobin A1C ≤8.0%</b>
<b>Desired Direction</b>	>36%
<b>International comparison if available</b>	<a href="https://www.ncqa.org/hedis/measures/">https://www.ncqa.org/hedis/measures/</a> <a href="https://www.ahrq.gov/">https://www.ahrq.gov/</a> <a href="https://www.qualityforum.org/QPS/QPSTool">https://www.qualityforum.org/QPS/QPSTool</a>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>• Centrally collected claim data (KEH)</li> <li>• Patient medical record</li> </ul>

**Type: chronic disease management**

**Number: PC011**

<b>KPI Description (title):</b>	<b>Percentage of Diabetics Receiving Annual Foot Exams</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition</b>	Percentage of diabetics $\geq 18$ to $\leq 75$ years of age who received a Foot exam: visual inspection with either a sensory exam or a pulse exam within 12 months (prior to the end of reporting quarter)
<b>Calculation</b>	<p><b><u>Numerator</u></b>            Patients in the denominator population with a diabetic foot exam (skin, soft tissue, musculoskeletal, vascular, neurological) <i>performed in the same facility or network</i> within 12 months. (prior to the end of reporting quarter)</p> <p><b><u>Numerator Guidance:</u></b>  <i>Timeframe: 12 months (prior to the end of reporting quarter)</i>  <math>= 3 \text{ months (quarter)} + 09 \text{ months prior}</math></p> <p><b><u>Denominator</u></b>            Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 75</math> years of age), with a diagnosis of diabetes during the reporting quarter</p> <p><b>AND</b></p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><b><u>Denominator Guidance</u></b></p> <ul style="list-style-type: none"> <li>○ <i>Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code).</i>  <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus ICD 10 Codes: E10, E11, E13, 024 series (See Appendix - B)</i></li> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> </ul> <p><b><u>Denominator Exclusions</u></b></p> <ul style="list-style-type: none"> <li>○ Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes, amputated lower limb before or during the measurement period. (within the denominator time frame)</li> </ul>

	<p><b>ICD 10 Codes:</b> Gestational Diabetes: 024.410, 024.414, 024.415, 024.419, 024.420, 024.424, 024.425, 024.429, 024.430, 024.434, 024.435, 024.439.</p> <p>Polycystic Ovaries: E28.2</p> <p>STERIOD INDUCED DIABETES: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9.</p> <p>AMPUTATED LOWER LIMB BEFORE OR DURING THE MEASUREMENT PERIOD - Z89.411, Z89.412, Z89.419, Z89.421, Z89.422, Z89.429, Z89.431, Z89.432, Z89.439, Z89.441, Z89.442, Z89.449, Z89.511, Z89.512, Z89.519, Z89.521, Z89.522, Z89.529, Z89.611, Z89.612, Z89.619, Z89.621, Z89.622, Z89.629.</p> <ul style="list-style-type: none"> <li>○ All ABM Mandate encounters</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	% foot examination for diabetic patients
<b>International comparison if available</b>	<a href="https://www.ncqa.org/hedis/measures/">https://www.ncqa.org/hedis/measures/</a> <a href="https://www.ahrq.gov/">https://www.ahrq.gov/</a> <a href="https://www.qualityforum.org/QPS/QPSTool">https://www.qualityforum.org/QPS/QPSTool</a>
<b>Desired Direction</b>	>76%
<b>Data Source</b>	Centrally collected claim data (KEH) Patient medical record

**Type: chronic disease management**

**Number: PC012**

<b>KPI Description (title):</b>	<b>Percentage of Diabetics Receiving Annual Eye Exams</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition</b>	Percentage of patients $\geq 18$ to $\leq 75$ years of age with diabetes and an active diagnosis of retinopathy in any part of the reporting quarter who had a retinal or dilated eye exam by an eye care professional during the reporting quarter <b>OR</b> diabetics with no diagnosis of retinopathy in any part of the reporting quarter who had a retinal or dilated eye exam by an eye care professional during the reporting quarter or in the 09 months prior to the reporting quarter
<b>Calculation</b>	<p><b>Numerator</b></p> <p>Patients with eye screening for diabetic retinal disease performed in the <i>same or different facility</i>. This includes diabetics who had <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>○ Diabetic with a diagnosis of retinopathy during the reporting quarter and a retinal image or dilated eye exam by an eye care professional during the reporting quarter (Procedure codes with ICD)</li> <li>○ Diabetic with no diagnosis of retinopathy in the reporting quarter and a retinal image or dilated eye exam by an eye care professional during the measurement quarter or within 09 months prior to the reporting quarter (Procedure codes without ICD)</li> </ul> <p><i>The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends.</i></p> <p><b>Numerator Guidance:</b></p> <ul style="list-style-type: none"> <li>○ <i>Timeframe: 12 months (prior to the end of reporting quarter) = 3 months (quarter) + 09 months prior</i></li> <li>○ <i>The eye exam must be performed or reviewed by an ophthalmologist or optometrist, or there must be evidence that fundus photography results were read by a system that provides an artificial intelligence (AI) interpretation.</i></li> </ul> <p><b>Retinal or Dilated Eye Exam CPT Codes:</b> 92134, 92132, 92133, 92136, 92242, 92265, 92270, 92283, 92284, 92285, 92230, 92235, 92260, 92499, 95060, 92240, 92250, 92260, 92227, 92228.</p> <p><b>SERVICE CODE:</b> 60</p> <p><b>CPT Ophthalmological services:</b> 92002, 92004, 92012, 92014, 92018, 92019</p>

	<p><b><u>Denominator</u></b>          Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 75</math> years of age), with a diagnosis of diabetes during the reporting quarter  <b>AND</b>          who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><b><i>Denominator Guidance</i></b></p> <ul style="list-style-type: none"> <li>○ <i>Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code).</i>  <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus ICD 10 Codes: E10, E11, E13, O24 series (See Appendix - B)</i></li> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> </ul> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes (within the denominator time frame)  <b>ICD 10 Codes: Gestational Diabetes: O24.410, O24.414, O24.415, O24.419, O24.420, O24.424, O24.425, O24.429, O24.430, O24.434, O24.435, O24.439.</b>  <b>Polycystic Ovaries: E28.2</b>  <b>STERIOD INDUCED DIABETES: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9.</b></li> <li>○ All ABM Mandate encounters</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	% annual retinal or dilated eye examination

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<b>Desired Direction</b>	>52%
<b>International comparison if available</b>	Quality ID #117 (NQF 0055): Diabetes: Eye Exam (2022) <a href="https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020%20Measure%20117%20MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020 Measure 117 MIPSCQM.pdf</a> <a href="https://ecqi.healthit.gov/ecqm/ec/2021/cms131v9">https://ecqi.healthit.gov/ecqm/ec/2021/cms131v9</a>
<b>Data Source</b>	<ul style="list-style-type: none"><li>• Centrally collected claim data (KEH)</li><li>• Patient clinical record</li></ul>

**Type: Chronic disease management**

**Number: PC013**

<b>KPI Description (title):</b>	<b>Percentage of Diabetics Receiving Annual Nephropathy Exams</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition</b>	Percentage of patients $\geq 18$ to $\leq 75$ years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the reporting quarter or in the 09 months prior to the reporting quarter
<b>Calculation</b>	<p><b><u>Numerator</u></b>            Patients in the denominator population with a screening for nephropathy or evidence of nephropathy can be performed in the <i>same or different facility</i> within 12 months prior to the end of the reporting quarter. (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><b><u>Codes:</u></b>  <b><u>Any of the following conditions:</u></b></p> <ul style="list-style-type: none"> <li>○ Microalbuminuria/ Macroalbuminuria test: <b>82043</b></li> <li>○ <b>or</b></li> <li>○ Estimated glomerular filtration rate (eGFR) <b>and</b> a urine albumin-creatinine ratio (uACR). <b>Use any of the relevant CPT for calculation: 82570, 82042, 82044, 82565</b></li> </ul> <p><b><u>Numerator Guidance:</u></b>  <i>Timeframe: 12 months (prior to the end of reporting quarter)</i>  <math>= 3 \text{ months (quarter)} + 09 \text{ months prior}</math></p> <p><b><u>Denominator</u></b>            Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 75</math> years of age), with a diagnosis of diabetes during the reporting quarter</p> <p><b>AND</b></p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><b><u>Denominator Guidance</u></b></p> <ul style="list-style-type: none"> <li>○ <i>Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code).</i>  <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus ICD 10 Codes: E10, E11, E13, 024 series (See Appendix - B)</i></li> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> </ul>

	<p><b><u>Denominator Exclusions</u></b></p> <ul style="list-style-type: none"> <li>○ Patient with diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes (within the denominator time frame)</li> </ul> <p><b><i>ICD 10 Codes: Gestational Diabetes: 024.410, 024.414, 024.415, 024.419, 024.420, 024.424, 024.425, 024.429, 024.430, 024.434, 024.435, 024.439.</i></b></p> <p><b><i>Polycystic Ovaries: E28.2</i></b></p> <p><b><i>STERIOD INDUCED DIABETES: E09.00, E09.01, E09.10, E09.11, E09.21, E09.22, E09.29, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3219, E09.3291, E09.3292, E09.3293, E09.3299, E09.3311, E09.3312, E09.3313, E09.3319, E09.3391, E09.3392, E09.3393, E09.3399, E09.3411, E09.3412, E09.3413, E09.3419, E09.3491, E09.3492, E09.3493, E09.3499, E09.3511, E09.3512, E09.3513, E09.3519, E09.3521, E09.3522, E09.3523, E09.3529, E09.3531, E09.3532, E09.3533, E09.3539, E09.3541, E09.3542, E09.3543, E09.3549, E09.3551, E09.3552, E09.3553, E09.3559, E09.3591, E09.3592, E09.3593, E09.3599, E09.36, E09.37X1, E09.37X2, E09.37X3, E09.37X9, E09.39, E09.40, E09.41, E09.42, E09.43, E09.44, E09.49, E09.51, E09.52, E09.59, E09.610, E09.618, E09.620, E09.621, E09.622, E09.628, E09.630, E09.638, E09.641, E09.649, E09.65, E09.69, E09.8, E09.9.</i></b></p> <p><b><i>DOCUMENTATION OF KIDNEY TRANSPLANT: ICD10: T86.10, T86.11, T86.12, T86.13, T86.19, Z48.22, Z94.0.</i></b></p> <ul style="list-style-type: none"> <li>○ All ABM Mandate encounters</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	% annual nephropathy screening test
<b>Desired Direction</b>	>92%
<b>International comparison if available</b>	<p><a href="https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020_Measure_119_MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2020_Measure_119_MIPSCQM.pdf</a></p> <p><a href="https://ecqi.healthit.gov/ecqm/ec/2022/cms134v10">https://ecqi.healthit.gov/ecqm/ec/2022/cms134v10</a></p> <p><a href="https://mdinteractive.com/mips_quality_measure/2022-mips-quality-measure-119">https://mdinteractive.com/mips_quality_measure/2022-mips-quality-measure-119</a></p>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>• Centrally collected claim data (KEH)</li> <li>• Patient medical record</li> </ul>

**Type: Chronic disease management**

**Number: PC014**

<b>KPI Description (title):</b>	<b>Percentage of Patients with Controlled Hypertension (&lt;130/80 mmHg)</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition</b>	Percentage of patients $\geq 18$ to $\leq 85$ years of age who had a diagnosis of essential hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled ( $< 130/80$ mmHg) during the reporting quarter
<b>Calculation</b>	<p><b>Numerator:</b> Patients whose most recent blood pressure, performed in the <i>same facility or network</i>, is adequately controlled (systolic blood pressure <math>&lt; 130</math> mmHg <b>and</b> diastolic blood pressure <math>&lt; 80</math> mmHg) during the reporting quarter.</p> <p><b>Numerator Guidance:</b></p> <ul style="list-style-type: none"> <li>○ <i>If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."</i></li> <li>○ <i>If there are multiple blood pressure readings on the same day, use the reading with both the systolic and diastolic being in the normal range (numerator values) as the most recent blood pressure reading.</i></li> </ul> <p><b>Denominator:</b> Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 85</math> years of age), with a diagnosis of hypertension during the reporting quarter</p> <p><b>AND</b></p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of hypertension with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><b>Denominator Guidance:</b></p> <ul style="list-style-type: none"> <li>○ <i>Any outpatient face-to-face consultations for patients with an established hypertension condition (with or without a primary or secondary diagnosis code).</i> <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus with the essential hypertension diagnoses (applicable ICD-10 code: I10-I13)</i></li> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> </ul> <p><b>Denominator Exclusions:</b></p> <ul style="list-style-type: none"> <li>○ Documentation of End stage renal disease (ESRD): <b>ICD10: N18.6</b> (within the denominator time frame)</li> <li>○ Renal transplant (before or during the reporting quarter)</li> </ul>

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	<p><b>ICD codes:</b> T86.10, T86.11, T86.12, T86.13, T86.19, Z48.22, Z94.0, <b>CPT codes:</b> 90935- 90999 (Dialysis Services and Procedures CPT® Code range) 90935, 90937, 90940, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 90989, 90993, 90997, 90999.</p> <ul style="list-style-type: none"><li>○ Pregnancy (during the reporting quarter) <i>Appendix A (000- 09A)</i></li><li>○ All ABM Mandate encounters</li></ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	Percentage.
<b>International comparison if available</b>	<a href="https://mdinteractive.com/MIPS_Family_Practice">https://mdinteractive.com/MIPS_Family_Practice</a>
<b>Desired Direction</b>	>64%
<b>Data Source</b>	<ul style="list-style-type: none"><li>● Centrally collected claim data (KEH)</li><li>● Patient medical record</li></ul>

**Type: Chronic disease management**

**Number: PC016**

<b>KPI Description (title):</b>	<b>Percentage of Hypertensive Patients Receiving Annual Nephropathy Exams</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition</b>	Percentage of patients $\geq 18$ to $\leq 85$ years of age with hypertension who had a nephropathy screening test or evidence of nephropathy exam during the reporting quarter or in the 09 months prior to the reporting quarter
<b>Calculation</b>	<p><b><u>Numerator:</u></b> Patients in the denominator population with a screening for nephropathy or evidence of nephropathy exam performed in the <i>same or different facility</i> within 12 months prior to the end of the reporting quarter. (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><b><u>Codes:</u></b> <b><u>Any of the following conditions:</u></b></p> <ul style="list-style-type: none"> <li>○ Microalbuminuria/ Macroalbuminuria test: <b>82043</b></li> <li>○ <b>or</b></li> <li>○ Estimated glomerular filtration rate (eGFR) <b>and</b> a urine albumin-creatinine ratio (uACR). <b>Use any of the relevant CPT for calculation: 82570, 82042, 82044, 82565</b></li> </ul> <p><b><u>Numerator Guidance:</u></b> <i>Timeframe: 12 months (prior to the end of reporting quarter)</i> <i>= 3 months (quarter) + 09 months prior</i></p> <p><b><u>Denominator:</u></b> Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 85</math> years of age), with a diagnosis of hypertension during the reporting quarter</p> <p><b>AND</b></p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of hypertension with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ <i>Any outpatient face-to-face consultations for patients with an established hypertension condition (with or without a primary or secondary diagnosis code).</i> <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, plus with the essential hypertension diagnoses (ICD-10 code: I10-I13)</i></li> </ul>

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	<ul style="list-style-type: none"> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> </ul> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ DOCUMENTATION OF KIDNEY TRANSPLANT: <b>ICD10: T86.10, T86.11, T86.12, T86.13, T86.19, Z48.22, Z94.0</b> (within the denominator time frame)</li> <li>○ Pregnancy (during the reporting quarter) <b>Appendix B (000- 09A)</b></li> <li>○ All ABM Mandate encounters</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	% annual nephropathy screening test
<b>International comparison if available</b>	<a href="https://www.ncqa.org/hedis/measures/">https://www.ncqa.org/hedis/measures/</a> <a href="https://www.ahrq.gov/">https://www.ahrq.gov/</a> <a href="https://www.qualityforum.org/QPS/QPSTool">https://www.qualityforum.org/QPS/QPSTool</a>
<b>Desired Direction</b>	>90%
<b>Data Source</b>	<ul style="list-style-type: none"> <li>● Centrally collected claim data (KEH)</li> <li>● Patient medical record</li> </ul>

**Type: Child health**

**Number: PC021**

<b>KPI Description (title):</b>	<b>Autism Screening in children between 18 to 24 months</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition</b>	Percentage of children from (18 months to 24 months of age who received at least 1 autism screening using an evidence-based tool.
<b>Calculation</b>	<p><b><u>Numerator:</u></b> Children from the denominator who had the screening for Autism using evidence-based tool</p> <p><b>ICD-10CM: Z13.4</b> <b>CPT: 96110</b></p> <p><b><i>Performance Met Criteria:</i></b> <i>Up to 24 months age: at least 1</i></p> <p><b><u>Denominator:</u></b> Total number of children (18 month to 24 months) with an outpatient visit during the reporting quarter.</p> <p><b><u>Denominator Guidance:</u></b></p> <ul style="list-style-type: none"> <li>○ <i>The age limit will apply to the patient's visit in the reporting facility within the reporting quarter.</i></li> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> </ul> <p><b>CPT codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</b></p> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ Current diagnosed conditions (<b>ICD-10 CM: F84.0 - Autistic disorder or other developmental disorders</b>)</li> <li>○ All ABM Mandate encounters, except Well Child and Immunization Mandate encounters.</li> <li>○ Self-pay encounters.</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	Percentage
<b>International comparison if available</b>	DOH Standard Well Child visits (0-6 years) <a href="https://www.cdc.gov/ncbddd/autism/hcp-screening.html">https://www.cdc.gov/ncbddd/autism/hcp-screening.html</a> <a href="https://www.doh.gov.ae/-/media/256D066B50884B79ADF51238FABF2032.ashx">https://www.doh.gov.ae/-/media/256D066B50884B79ADF51238FABF2032.ashx</a>

## Primary Care (PC) Service JAWDA Performance Indicators

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<b>Desired Direction</b>	<b>Higher is better</b>
<b>Data Source</b>	<ul style="list-style-type: none"><li>• Centrally collected claim data (KEH)</li><li>• Patient medical record</li></ul>

**Type: Chronic disease management**

**Number: PC023**

<b>KPI Description (title):</b>	<b>Percentage of Patients with Poorly Controlled Hypertension (<math>\geq 130</math> mmHg or <math>\geq 80</math> mmHg)</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition</b>	Percentage of patients $\geq 18$ to $\leq 85$ years of age who had a diagnosis of essential hypertension overlapping the measurement period and whose 2 abnormal readings in separate encounters in the last 3 months was ( $\geq 130$ mmHg or diastolic blood pressure $\geq 80$ mmHg) during the reporting quarter.
<b>Calculation</b>	<p><b>Numerator:</b> Patients whose most recent 2 abnormal blood pressure readings in separate encounters, performed in the <i>same facility or network</i>, was (systolic blood pressure <math>\geq 130</math> mmHg or diastolic blood pressure <math>\geq 80</math> mmHg) during the reporting quarter.</p> <p><b>Numerator Guidance:</b></p> <ul style="list-style-type: none"> <li>○ <i>If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."</i></li> <li>○ <i>If there are multiple blood pressure readings on the same day, use the reading with either the systolic or diastolic being in the abnormal range (numerator values) as the most recent blood pressure readings.</i></li> <li>○ <i>The most recent blood pressure reading during the reporting quarter can be in the same primary care unit/facility.</i></li> </ul> <p><b>Denominator:</b></p> <p>Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 85</math> years of age), with a diagnosis of hypertension during the reporting quarter</p> <p><b>AND</b></p> <p>who had at least 2 outpatient visits within 09 months with a diagnosis of hypertension with <i>the same primary care unit/facility</i> (prior to the reporting quarter)</p> <p><b>Denominator Guidance:</b></p> <ul style="list-style-type: none"> <li>○ <i>Any outpatient face-to-face consultations for patients with an established hypertension condition (with or without a primary or secondary diagnosis code).</i>  <i>CPT Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215 plus with the essential hypertension diagnoses (ICD-10 code: I10-I13)</i></li> </ul>

	<ul style="list-style-type: none"> <li>○ <i>In case of multiple consultation visits within the reporting quarter, please consider any visit after applying the exclusion criteria (e.g. ABM mandate encounters excluded)</i></li> </ul> <p><b><u>Denominator Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>○ Documentation of End stage renal disease (ESRD): <b>ICD10: N18.6</b> (within the denominator time frame)</li> <li>○ Renal transplant (before or during the reporting quarter)  <b>ICD codes: T86.10, T86.11, T86.12, T86.13, T86.19, Z48.22, Z94.0, CPT codes: 90935- 90999 (Dialysis Services and Procedures CPT® Code range) 90935, 90937, 90940, 90947, 90951, 90952, 90953, 90954, 90955, 90956, 90957, 90958, 90959, 90960, 90961, 90962, 90963, 90964, 90965, 90966, 90967, 90968, 90969, 90970, 90989, 90993, 90997, 90999.</b></li> <li>○ Pregnancy (during the reporting quarter) <b>Appendix A (000- 09A)</b></li> <li>○ All ABM Mandate encounters</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	Percentage.
<b>International comparison if available</b>	<a href="https://mdinteractive.com/MIPS_Family_Practice">https://mdinteractive.com/MIPS_Family_Practice</a>
<b>Desired Direction</b>	<b>Lower is better</b>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>● Centrally collected claim data (KEH)</li> <li>● Patient medical record</li> </ul>

**Type: Chronic disease management**

**Number: PC024**

<b>KPI Description (title):</b>	<b>Percentage of high-risk patients (18 years and above) who are screened for dyslipidemia</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Process</b>
<b>Definition</b>	The percentage of high-risk patients $\geq 18$ years who had a complete lipid profile performed for screening of dyslipidemia within 1 year prior to the end of reporting quarter. Dyslipidemia is diagnosed by measuring serum lipids. Routine measurements (lipid profile) include total cholesterol (TC), TGs, HDL-C, and LDL-C.
<b>Calculation</b>	<p><b>Numerator:</b> Number of patients (<math>\geq 18</math> years of age) who had a complete lipid profile performed for screening of dyslipidemia by the <i>same facility or network</i> within 12 months prior to the end of the reporting quarter. (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</p> <p><b>Numerator Guidance:</b> <i>Timeframe: 12 months (prior to the end of reporting quarter)</i> <i>= 3 months (quarter) + 09 months prior</i></p> <p><b>Denominator:</b> Number of high-risk patients <math>\geq 18</math> years of age, with at least one encounter within the same primary healthcare provider during the reporting quarter AND having at least one encounter within the 9 months prior to the start of the reporting quarter</p> <p><b>Denominator Guidance:</b></p> <ul style="list-style-type: none"> <li>○ <i>High risk patients are:</i> <ul style="list-style-type: none"> <li><i>Diabetes (Appendix B)</i></li> <li><i>Hypertension (ICD-10 codes: I10-I13)</i></li> <li><i>Cardiovascular Disease (ICD-10 codes: I20-I25)</i></li> <li><i>Obesity with BMI <math>&gt;= 30</math> (ICD-10 codes: E66)</i></li> </ul> </li> <li>○ <i>Face- to-face consultations should be included</i></li> <li>○ <i>In case of multiple consultation visits within prior months, please consider the latest one.</i></li> </ul> <p><b>Denominator Exclusions:</b></p> <ul style="list-style-type: none"> <li>○ Individuals with documented reason for not ordering dyslipidemia screening (e.g.: refusal).</li> <li>○ Individuals who have limitation of insurance benefits.</li> <li>○ Patients previously diagnosed with dyslipidemia (ICD-10 codes: E78 series):</li> </ul>

## Primary Care (PC) Service JAWDA Performance Indicators

	<ul style="list-style-type: none"> <li>○ New patients in the reporting facility/network: Diagnosed prior to the first encounter in the reporting facility/network within the denominator time frame</li> <li>○ Established patients in the reporting facility/network: <ul style="list-style-type: none"> <li>▪ Diagnosed prior to the denominator timeframe in any facility/network</li> <li>▪ Diagnosed within the denominator timeframe by another facility/network</li> </ul> </li> <li>○ Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health Status</li> <li>○ Pregnancy (during the reporting quarter) <b>Appendix A (000- 09A)</b></li> <li>○ All ABM Mandate encounters.</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	% Dyslipidemia Screening
<b>International comparison if available</b>	<ul style="list-style-type: none"> <li>• <a href="https://www.cdc.gov/mmwr/preview/mmwrhtml/su6102a5.htm">https://www.cdc.gov/mmwr/preview/mmwrhtml/su6102a5.htm</a></li> <li>• DOH Standard for Obesity and Weight Diagnosis, Pharmacological and Surgical Management Interventions</li> <li>• DOH PROGRAM SERVICE REQUIREMENTS FOR THE PROVISION OF CARDIOVASCULAR RISK FACTORS SCREENING AND FOLLOW-UP</li> <li>• Standard for Diagnosis and Management of Diabetes Mellitus Type 1 and 2</li> <li>• HAAD Guidelines for The Provision of Cardiovascular Disease Management Programs</li> </ul>
<b>Desired Direction</b>	<b>Higher is better</b>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>• Patient medical record</li> </ul>

**Type: Disease management**

**Number: PC025**

<b>KPI Description (title):</b>	<b>Percentage of adult patients (18 years and above) who are overweight or obese</b>
<b>Domain</b>	<b>Effectiveness</b>
<b>Indicator Type</b>	<b>Outcome</b>
<b>Definition</b>	This measure addresses the importance of both obesity and overweight.
<b>Calculation</b>	<p><b>Numerator:</b> Number of adult patients from the denominator with a documented BMI range 25 and above performed in the same facility or network.</p> <p><b>Numerator Guidance:</b></p> <ul style="list-style-type: none"> <li>○ <i>If no height &amp; weight, or BMI is recorded during the measurement period, the patient's assessment is assumed "overweight or obese."</i></li> <li>○ <i>If there are multiple visits in the reporting quarter, consider the visit with the abnormal BMI range (numerator values BMI range <math>\geq 25</math>).</i></li> </ul> <p><b>Denominator:</b></p> <p>Total number of unique adult patients (<math>\geq 18</math> years of age) who have at least one visit in the facility during the reporting quarter,</p> <p><b>Denominator Guidance:</b></p> <ul style="list-style-type: none"> <li>○ <i>The patient must be aged 18 and older on the date of visit.</i></li> <li>○ <i>Face-to-face consultations should be included</i></li> </ul> <p><b>Denominator Exclusions:</b></p> <ul style="list-style-type: none"> <li>○ Patients who are not eligible for BMI Calculation or due to any of the following: <ul style="list-style-type: none"> <li>• Patients receiving palliative care on the date of the current encounter or any time prior to the current encounter.</li> <li>• Patients who are pregnant on the date of the current encounter or any time during the reporting period prior to the current encounter.</li> <li>• Patients who refuse measurement of height and/or weight or refuse follow-up on the date of the current encounter or any time during the</li> <li>• Reporting period prior to the current encounter.</li> <li>• Patient is in an urgent or emergent medical situation where time is of the essence, and to delay treatment would jeopardize the patient's health status.</li> </ul> </li> <li>○ All ABM Mandate encounters</li> </ul>
<b>Reporting Frequency</b>	Quarterly
<b>Unit Measure</b>	% obesity Screening
<b>International comparison if available</b>	<a href="https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019%20Measure%20128%20MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019 Measure 128 MIPSCQM.pdf</a>

## Primary Care (PC) Service JAWDA Performance Indicators

<b>Desired Direction</b>	<b>Lower is better</b>
<b>Data Source</b>	<ul style="list-style-type: none"> <li>• Patient medical record</li> </ul>

**Type: Mental Health**

**Number: PC026**

<b>KPI Description (title):</b>	<b>Primary Care Depression Treatment Success Rate</b>																				
<b>Domain</b>	<b>Effectiveness</b>																				
<b>Indicator Type</b>	<b>Outcome</b>																				
<b>Definition</b>	Percentage of patients treated for depression in primary care who show a % reduction in depression scores (PHQ9) between 14 days to 180 days																				
<b>Calculation</b>	<p><b>Numerator:</b> Total patients aged 18 years and older from the denominator with 50% improvement of PHQ-9 scores between 14 days to 180 days (follow-up) from initial PHQ-9 screening</p> <p><b>Numerator guidance:</b></p> <ul style="list-style-type: none"> <li>• At least one PHQ-9 score recorded between 14 days and 180 days after baseline / index event.</li> <li>• The best (i.e., lowest) PHQ-9 score observed between 14 days and 180 days after index event date to be considered as response.</li> </ul> <p><b>Denominator:</b> All adults aged <b>18 years and older</b> patients who had a positive PHQ-9 screening and were treated in the same primary care center during the same measurement period of positive screening.</p> <p><b>Ex: Calculation of Time frame</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Reporting Period</th> <th style="text-align: center;">Submission Dates</th> <th style="text-align: center;">Denominator</th> <th style="text-align: center;">Numerator</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Q1 2025</td> <td style="text-align: center;">1st May 2025 – June 13th 2025</td> <td style="text-align: center;">Q3 2024</td> <td style="text-align: center;">Q1 2025</td> </tr> <tr> <td style="text-align: center;">Q2 2025</td> <td style="text-align: center;">1st Aug 2025 – 22nd Aug 2025</td> <td style="text-align: center;">Q4 2024</td> <td style="text-align: center;">Q2 2025</td> </tr> <tr> <td style="text-align: center;">Q3 2025</td> <td style="text-align: center;">1st Nov 2025 – 22nd Nov 2025</td> <td style="text-align: center;">Q1 2025</td> <td style="text-align: center;">Q3 2025</td> </tr> <tr> <td style="text-align: center;">Q4 2025</td> <td style="text-align: center;">1st Feb 2026 – 21st Feb 2026</td> <td style="text-align: center;">Q2 2025</td> <td style="text-align: center;">Q4 2025</td> </tr> </tbody> </table> <p><b>Denominator Exclusions:</b></p> <ul style="list-style-type: none"> <li>○ Patients having procedure code for a psychotherapy visit or a depression psychotherapy code within the 180 days prior to the denominator identification period.</li> <li>○ Patients who have ever been diagnosed with bipolar disorder</li> </ul>	Reporting Period	Submission Dates	Denominator	Numerator	Q1 2025	1st May 2025 – June 13th 2025	Q3 2024	Q1 2025	Q2 2025	1st Aug 2025 – 22nd Aug 2025	Q4 2024	Q2 2025	Q3 2025	1st Nov 2025 – 22nd Nov 2025	Q1 2025	Q3 2025	Q4 2025	1st Feb 2026 – 21st Feb 2026	Q2 2025	Q4 2025
Reporting Period	Submission Dates	Denominator	Numerator																		
Q1 2025	1st May 2025 – June 13th 2025	Q3 2024	Q1 2025																		
Q2 2025	1st Aug 2025 – 22nd Aug 2025	Q4 2024	Q2 2025																		
Q3 2025	1st Nov 2025 – 22nd Nov 2025	Q1 2025	Q3 2025																		
Q4 2025	1st Feb 2026 – 21st Feb 2026	Q2 2025	Q4 2025																		

## Primary Care (PC) Service JAWDA Performance Indicators

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	<p>F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9</p> <ul style="list-style-type: none"> <li>○ All ABM Mandate encounters</li> </ul>
	Quarterly
<b>Unit Measure</b>	% of depression patients with treatment success in primary care
<b>International comparison if available</b>	<p><a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC5496323/pdf/13643_2017_Article_530.pdf">https://pmc.ncbi.nlm.nih.gov/articles/PMC5496323/pdf/13643_2017_Article_530.pdf</a></p> <p><a href="https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_411_MIPSCQM.pdf">https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_411_MIPSCQM.pdf</a></p> <p><a href="https://psychiatryonline.org/doi/epdf/10.1176/appi.ps.201900295">https://psychiatryonline.org/doi/epdf/10.1176/appi.ps.201900295</a></p>
<b>Desire Direction</b>	>50%
<b>Data Source</b>	<ul style="list-style-type: none"> <li>• Centrally collected claim data (KEH))</li> <li>• Patient medical record</li> </ul>

**APPENDIX – A ICD-10 CM CODES (000-09A)**

000.00	000.01	000.1	000.201	000.202	000.209	000.80	000.81
000.90	000.91	001.0	001.1	001.9			
002.0	002.1	002.81	002.89	002.9	003.0	003.1	003.2
003.30	003.31	003.32	003.33	003.34	003.35	003.36	003.37
003.38	003.39	003.4	003.5	003.6	003.7	003.80	003.81
003.82	003.83	003.84	003.85	003.86	003.87	003.88	003.89
003.9	004.5	004.6	004.7	004.80	004.81	004.82	004.83
004.84	004.85	004.86	004.87	004.88	004.89	007.0	007.1
007.2	007.30	007.31	007.32	007.33	007.34	007.35	007.36
007.37	007.38	007.39	007.4	008.0	008.1	008.2	008.3
008.4	008.5	008.6	008.7	008.81	008.82	008.83	008.89
008.9	009.00	009.01	009.02	009.03	009.10	009.11	009.12
009.13	009.211	009.212	009.213	009.219	009.291	009.292	009.293
009.299	009.30	009.31	009.32	009.33	009.40	009.41	009.42
009.43	009.511	009.512	009.513	009.519	009.521	009.522	009.523
009.529	009.611	009.612	009.613	009.619	009.621	009.622	009.623
009.629	009.70	009.71	009.72	009.73	009.811	009.812	009.813
009.819	009.821	009.822	009.823	009.829	009.891	009.892	009.893
009.899	009.90	009.91	009.92	009.93	010.011	010.012	010.013
010.019	010.02	010.03	010.111	010.112	010.113	010.119	010.12
010.13	010.211	010.212	010.213	010.219	010.22	010.23	010.311
010.312	010.313	010.319	010.32	010.33	010.411	010.412	010.413
010.419	010.42	010.43	010.911	010.912	010.913	010.919	010.92
010.93	011.1	011.2	011.3	011.9	012.00	012.01	012.02
012.03	012.10	012.11	012.12	012.13	012.20	012.21	012.22
012.23	013.1	013.2	013.3	013.9	014.00	014.02	014.03
014.10	014.12	014.13	014.20	014.22	014.23	014.90	014.92
014.93	015.00	015.02	015.03	015.1	015.2	015.9	016.1
016.2	016.3	016.9	020.0	020.8	020.9	021.0	021.1
021.2	021.8	021.9	022.00	022.01	022.02	022.03	022.10
022.11	022.12	022.13	022.20	022.21	022.22	022.23	022.30
022.31	022.32	022.33	022.40	022.41	022.42	022.43	022.50
022.51	022.52	022.53	022.8X1	022.8X2	022.8X3	022.8X9	022.90
022.91	022.92	022.93	023.00	023.01	023.02	023.03	023.10
023.11	023.12	023.13	023.20	023.21	023.22	023.23	023.30
023.31	023.32	023.33	023.40	023.41	023.42	023.43	023.511
023.512	023.513	023.519	023.521	023.522	023.523	023.529	023.591
023.592	023.593	023.599	023.90	023.91	023.92	023.93	024.011
024.012	024.013	024.019	024.02	024.03	024.111	024.112	024.113
024.119	024.12	024.13	024.311	024.312	024.313	024.319	024.32
024.33	024.410	024.414	024.419	024.420	024.424	024.429	024.430
024.434	024.439	024.811	024.812	024.813	024.819	024.82	024.83
024.911	024.912	024.913	024.919	024.92	024.93	025.10	025.11
025.12	025.13	025.2	025.3	026.00	026.01	026.02	026.03

## Primary Care (PC) Service JAWDA Performance Indicators

O26.10	O26.11	O26.12	O26.13	O26.20	O26.21	O26.22	O26.23
O26.30	O26.31	O26.32	O26.33	O26.40	O26.41	O26.42	O26.43
O26.50	O26.51	O26.52	O26.53	O26.611	O26.612	O26.613	O26.619
O26.62	O26.63	O26.711	O26.712	O26.713	O26.719	O26.72	O26.73
O26.811	O26.812	O26.813	O26.819	O26.821	O26.822	O26.823	O26.829
O26.831	O26.832	O26.833	O26.839	O26.841	O26.842	O26.843	O26.849
O26.851	O26.852	O26.853	O26.859	O26.86	O26.872	O26.873	O26.879
O26.891	O26.892	O26.893	O26.899	O26.90	O26.91	O26.92	O26.93
O28.0	O28.1	O28.2	O28.3	O28.4	O28.5	O28.8	O28.9
O29.011	O29.012	O29.013	O29.019	O29.021	O29.022	O29.023	O29.029
O29.091	O29.092	O29.093	O29.099	O29.111	O29.112	O29.113	O29.119
O29.121	O29.122	O29.123	O29.129	O29.191	O29.192	O29.193	O29.199
O29.211	O29.212	O29.213	O29.219	O29.291	O29.292	O29.293	O29.299
O29.3X1	O29.3X2	O29.3X3	O29.3X9	O29.40	O29.41	O29.42	O29.43
O29.5X1	O29.5X2	O29.5X3	O29.5X9	O29.60	O29.61	O29.62	O29.63
O29.8X1	O29.8X2	O29.8X3	O29.8X9	O29.90	O29.91	O29.92	O29.93
O30.001	O30.002	O30.003	O30.009	O30.011	O30.012	O30.013	O30.019
O30.021	O30.022	O30.023	O30.029	O30.031	O30.032	O30.033	O30.039
O30.041	O30.042	O30.043	O30.049	O30.091	O30.092	O30.093	O30.099
O30.101	O30.102	O30.103	O30.109	O30.111	O30.112	O30.113	O30.119
O30.121	O30.122	O30.123	O30.129	O30.191	O30.192	O30.193	O30.199
O30.201	O30.202	O30.203	O30.209	O30.211	O30.212	O30.213	O30.219
O30.221	O30.222	O30.223	O30.229	O30.291	O30.292	O30.293	O30.299
O30.801	O30.802	O30.803	O30.809	O30.811	O30.812	O30.813	O30.819
O30.821	O30.822	O30.823	O30.829	O30.891	O30.892	O30.893	O30.899
O30.90	O30.91	O30.92	O30.93	O31.00X0	O31.00X1	O31.00X2	O31.00X3
O31.00X4	O31.00X5	O31.00X9	O31.01X0	O31.01X1	O31.01X2	O31.01X3	O31.01X4
O31.01X5	O31.01X9	O31.02X0	O31.02X1	O31.02X2	O31.02X3	O31.02X4	O31.02X5
O31.02X9	O31.03X0	O31.03X1	O31.03X2	O31.03X3	O31.03X4	O31.03X5	O31.03X9
O31.10X0	O31.10X1	O31.10X2	O31.10X3	O31.10X4	O31.10X5	O31.10X9	O31.11X0
O31.11X1	O31.11X2	O31.11X3	O31.11X4	O31.11X5	O31.11X9	O31.12X0	O31.12X1
O31.12X2	O31.12X3	O31.12X4	O31.12X5	O31.12X9	O31.13X0	O31.13X1	O31.13X2
O31.13X3	O31.13X4	O31.13X5	O31.13X9	O31.20X0	O31.20X1	O31.20X2	O31.20X3
O31.20X4	O31.20X5	O31.20X9	O31.21X0	O31.21X1	O31.21X2	O31.21X3	O31.21X4
O31.21X5	O31.21X9	O31.22X0	O31.22X1	O31.22X2	O31.22X3	O31.22X4	O31.22X5
O31.22X9	O31.23X0	O31.23X1	O31.23X2	O31.23X3	O31.23X4	O31.23X5	O31.23X9
O31.30X0	O31.30X1	O31.30X2	O31.30X3	O31.30X4	O31.30X5	O31.30X9	O31.31X0
O31.31X1	O31.31X2	O31.31X3	O31.31X4	O31.31X5	O31.31X9	O31.32X0	O31.32X1
O31.32X2	O31.32X3	O31.32X4	O31.32X5	O31.32X9	O31.33X0	O31.33X1	O31.33X2
O31.33X3	O31.33X4	O31.33X5	O31.33X9	O31.8X10	O31.8X11	O31.8X12	O31.8X13
O31.8X14	O31.8X15	O31.8X19	O31.8X20	O31.8X21	O31.8X22	O31.8X23	O31.8X24
O31.8X25	O31.8X29	O31.8X30	O31.8X31	O31.8X32	O31.8X33	O31.8X34	O31.8X35
O31.8X39	O31.8X90	O31.8X91	O31.8X92	O31.8X93	O31.8X94	O31.8X95	O31.8X99
O32.0XX0	O32.0XX1	O32.0XX2	O32.0XX3	O32.0XX4	O32.0XX5	O32.0XX9	O32.1XX0
O24.434	O24.439	O24.811	O24.812	O24.813	O24.819	O24.82	O24.83

## Primary Care (PC) Service JAWDA Performance Indicators

O24.911	O24.912	O24.913	O24.919	O24.92	O24.93	O25.10	O25.11
O25.12	O25.13	O25.2	O25.3	O26.00	O26.01	O26.02	O26.03
O26.10	O26.11	O26.12	O26.13	O26.20	O26.21	O26.22	O26.23
O26.30	O26.31	O26.32	O26.33	O26.40	O26.41	O26.42	O26.43
O26.50	O26.51	O26.52	O26.53	O26.611	O26.612	O26.613	O26.619
O26.62	O26.63	O26.711	O26.712	O26.713	O26.719	O26.72	O26.73
O26.811	O26.812	O26.813	O26.819	O26.821	O26.822	O26.823	O26.829
O26.831	O26.832	O26.833	O26.839	O26.841	O26.842	O26.843	O26.849
O26.851	O26.852	O26.853	O26.859	O26.86	O26.872	O26.873	O26.879
O26.891	O26.892	O26.893	O26.899	O26.90	O26.91	O26.92	O26.93
O28.0	O28.1	O28.2	O28.3	O28.4	O28.5	O28.8	O28.9
O29.011	O29.012	O29.013	O29.019	O29.021	O29.022	O29.023	O29.029
O29.091	O29.092	O29.093	O29.099	O29.111	O29.112	O29.113	O29.119
O29.121	O29.122	O29.123	O29.129	O29.191	O29.192	O29.193	O29.199
O29.211	O29.212	O29.213	O29.219	O29.291	O29.292	O29.293	O29.299
O29.3X1	O29.3X2	O29.3X3	O29.3X9	O29.40	O29.41	O29.42	O29.43
O29.5X1	O29.5X2	O29.5X3	O29.5X9	O29.60	O29.61	O29.62	O29.63
O29.8X1	O29.8X2	O29.8X3	O29.8X9	O29.90	O29.91	O29.92	O29.93
O30.001	O30.002	O30.003	O30.009	O30.011	O30.012	O30.013	O30.019
O30.021	O30.022	O30.023	O30.029	O30.031	O30.032	O30.033	O30.039
O30.041	O30.042	O30.043	O30.049	O30.091	O30.092	O30.093	O30.099
O30.101	O30.102	O30.103	O30.109	O30.111	O30.112	O30.113	O30.119
O30.121	O30.122	O30.123	O30.129	O30.191	O30.192	O30.193	O30.199
O30.201	O30.202	O30.203	O30.209	O30.211	O30.212	O30.213	O30.219
O30.221	O30.222	O30.223	O30.229	O30.291	O30.292	O30.293	O30.299
O30.801	O30.802	O30.803	O30.809	O30.811	O30.812	O30.813	O30.819
O30.821	O30.822	O30.823	O30.829	O30.891	O30.892	O30.893	O30.899
O30.90	O30.91	O30.92	O30.93	O31.00X0	O31.00X1	O31.00X2	O31.00X3
O31.00X4	O31.00X5	O31.00X9	O31.01X0	O31.01X1	O31.01X2	O31.01X3	O31.01X4
O31.01X5	O31.01X9	O31.02X0	O31.02X1	O31.02X2	O31.02X3	O31.02X4	O31.02X5
O31.02X9	O31.03X0	O31.03X1	O31.03X2	O31.03X3	O31.03X4	O31.03X5	O31.03X9
O31.10X0	O31.10X1	O31.10X2	O31.10X3	O31.10X4	O31.10X5	O31.10X9	O31.11X0
O31.11X1	O31.11X2	O31.11X3	O31.11X4	O31.11X5	O31.11X9	O31.12X0	O31.12X1
O31.12X2	O31.12X3	O31.12X4	O31.12X5	O31.12X9	O31.13X0	O31.13X1	O31.13X2
O31.13X3	O31.13X4	O31.13X5	O31.13X9	O31.20X0	O31.20X1	O31.20X2	O31.20X3
O31.20X4	O31.20X5	O31.20X9	O31.21X0	O31.21X1	O31.21X2	O31.21X3	O31.21X4
O31.21X5	O31.21X9	O31.22X0	O31.22X1	O31.22X2	O31.22X3	O31.22X4	O31.22X5
O31.22X9	O31.23X0	O31.23X1	O31.23X2	O31.23X3	O31.23X4	O31.23X5	O31.23X9
O31.30X0	O31.30X1	O31.30X2	O31.30X3	O31.30X4	O31.30X5	O31.30X9	O31.31X0
O31.31X1	O31.31X2	O31.31X3	O31.31X4	O31.31X5	O31.31X9	O31.32X0	O31.32X1
O31.32X2	O31.32X3	O31.32X4	O31.32X5	O31.32X9	O31.33X0	O31.33X1	O31.33X2
O31.33X3	O31.33X4	O31.33X5	O31.33X9	O31.8X10	O31.8X11	O31.8X12	O31.8X13
O31.8X14	O31.8X15	O31.8X19	O31.8X20	O31.8X21	O31.8X22	O31.8X23	O31.8X24
O31.8X25	O31.8X29	O31.8X30	O31.8X31	O31.8X32	O31.8X33	O31.8X34	O31.8X35
O31.8X39	O31.8X90	O31.8X91	O31.8X92	O31.8X93	O31.8X94	O31.8X95	O31.8X99

## Primary Care (PC) Service JAWDA Performance Indicators

O32.0XX0	O32.0XX1	O32.0XX2	O32.0XX3	O32.0XX4	O32.0XX5	O32.0XX9	O32.1XX0
O32.1XX1	O32.1XX2	O32.1XX3	O32.1XX4	O32.1XX5	O32.1XX9	O32.2XX0	O32.2XX1
O32.2XX2	O32.2XX3	O32.2XX4	O32.2XX5	O32.2XX9	O32.3XX0	O32.3XX1	O32.3XX2
O32.3XX3	O32.3XX4	O32.3XX5	O32.3XX9	O32.4XX0	O32.4XX1	O32.4XX2	O32.4XX3
O32.4XX4	O32.4XX5	O32.4XX9	O32.6XX0	O32.6XX1	O32.6XX2	O32.6XX3	O32.6XX4
O32.6XX5	O32.6XX9	O32.8XX0	O32.8XX1	O32.8XX2	O32.8XX3	O32.8XX4	O32.8XX5
O32.8XX9	O32.9XX0	O32.9XX1	O32.9XX2	O32.9XX3	O32.9XX4	O32.9XX5	O32.9XX9
O33.0	O33.1	O33.2	O33.3XX0	O33.3XX1	O33.3XX2	O33.3XX3	O33.3XX4
O33.3XX5	O33.3XX9	O33.4XX0	O33.4XX1	O33.4XX2	O33.4XX3	O33.4XX4	O33.4XX5
O33.4XX9	O33.5XX0	O33.5XX1	O33.5XX2	O33.5XX3	O33.5XX4	O33.5XX5	O33.5XX9
O33.6XX0	O33.6XX1	O33.6XX2	O33.6XX3	O33.6XX4	O33.6XX5	O33.6XX9	O33.7XX0
O33.7XX1	O33.7XX2	O33.7XX3	O33.7XX4	O33.7XX5	O33.7XX9	O33.8	O33.9
O34.00	O34.01	O34.02	O34.03	O34.10	O34.11	O34.12	O34.13
O34.211	O34.212	O34.219	O34.29	O34.30	O34.31	O34.32	O34.33
O34.40	O34.41	O34.42	O34.43	O34.511	O34.512	O34.513	O34.519
O34.521	O34.522	O34.523	O34.529	O34.531	O34.532	O34.533	O34.539
O34.591	O34.592	O34.593	O34.599	O34.60	O34.61	O34.62	O34.63
O34.70	O34.71	O34.72	O34.73	O34.80	O34.81	O34.82	O34.83
O34.90	O34.91	O34.92	O34.93	O35.0XX0	O35.0XX1	O35.0XX2	O35.0XX3
O35.0XX4	O35.0XX5	O35.0XX9	O35.1XX0	O35.1XX1	O35.1XX2	O35.1XX3	O35.1XX4
O35.1XX5	O35.1XX9	O35.2XX0	O35.2XX1	O35.2XX2	O35.2XX3	O35.2XX4	O35.2XX5
O35.2XX9	O35.3XX0	O35.3XX1	O35.3XX2	O35.3XX3	O35.3XX4	O35.3XX5	O35.3XX9
O35.4XX0	O35.4XX1	O35.4XX2	O35.4XX3	O35.4XX4	O35.4XX5	O35.4XX9	O35.5XX0
O35.5XX1	O35.5XX2	O35.5XX3	O35.5XX4	O35.5XX5	O35.5XX9	O35.6XX0	O35.6XX1
O35.6XX2	O35.6XX3	O35.6XX4	O35.6XX5	O35.6XX9	O35.7XX0	O35.7XX1	O35.7XX2
O35.7XX3	O35.7XX4	O35.7XX5	O35.7XX9	O35.8XX0	O35.8XX1	O35.8XX2	O35.8XX3
O35.8XX4	O35.8XX5	O35.8XX9	O35.9XX0	O35.9XX1	O35.9XX2	O35.9XX3	O35.9XX4
O35.9XX5	O35.9XX9	O36.0110	O36.0111	O36.0112	O36.0113	O36.0114	O36.0115
O36.0119	O36.0120	O36.0121	O36.0122	O36.0123	O36.0124	O36.0125	O36.0129
O36.0130	O36.0131	O36.0132	O36.0133	O36.0134	O36.0135	O36.0139	O36.0190
O36.0191	O36.0192	O36.0193	O36.0194	O36.0195	O36.0199	O36.0910	O36.0911
O36.0912	O36.0913	O36.0914	O36.0915	O36.0919	O36.0920	O36.0921	O36.0922
O36.0923	O36.0924	O36.0925	O36.0929	O36.0930	O36.0931	O36.0932	O36.0933
O36.0934	O36.0935	O36.0939	O36.0990	O36.0991	O36.0992	O36.0993	O36.0994
O36.0995	O36.0999	O36.1110	O36.1111	O36.1112	O36.1113	O36.1114	O36.1115
O36.1119	O36.1120	O36.1121	O36.1122	O36.1123	O36.1124	O36.1125	O36.1129
O36.1130	O36.1131	O36.1132	O36.1133	O36.1134	O36.1135	O36.1139	O36.1190
O36.1191	O36.1192	O36.1193	O36.1194	O36.1195	O36.1199	O36.1910	O36.1911
O36.1912	O36.1913	O36.1914	O36.1915	O36.1919	O36.1920	O36.1921	O36.1922
O36.1923	O36.1924	O36.1925	O36.1929	O36.1930	O36.1931	O36.1932	O36.1933
O36.1934	O36.1935	O36.1939	O36.1990	O36.1991	O36.1992	O36.1993	O36.1994
O36.1995	O36.1999	O36.20X0	O36.20X1	O36.20X2	O36.20X3	O36.20X4	O36.20X5
O36.20X9	O36.21X0	O36.21X1	O36.21X2	O36.21X3	O36.21X4	O36.21X5	O36.21X9
O36.22X0	O36.22X1	O36.22X2	O36.22X3	O36.22X4	O36.22X5	O36.22X9	O36.23X0
O36.23X1	O36.23X2	O36.23X3	O36.23X4	O36.23X5	O36.23X9	O36.4XX0	O36.4XX1
O36.4XX2	O36.4XX3	O36.4XX4	O36.4XX5	O36.4XX9	O36.5110	O36.5111	O36.5112

## Primary Care (PC) Service JAWDA Performance Indicators

036.5113	036.5114	036.5115	036.5119	036.5120	036.5121	036.5122	036.5123
036.5124	036.5125	036.5129	036.5130	036.5131	036.5132	036.5133	036.5134
036.5135	036.5139	036.5190	036.5191	036.5192	036.5193	036.5194	036.5195
036.5199	036.5910	036.5911	036.5912	036.5913	036.5914	036.5915	036.5919
036.5920	036.5921	036.5922	036.5923	036.5924	036.5925	036.5929	036.5930
036.5931	036.5932	036.5933	036.5934	036.5935	036.5939	036.5990	036.5991
036.5992	036.5993	036.5994	036.5995	036.5999	036.60X0	036.60X1	036.60X2
036.60X3	036.60X4	036.60X5	036.60X9	036.61X0	036.61X1	036.61X2	036.61X3
036.61X4	036.61X5	036.61X9	036.62X0	036.62X1	036.62X2	036.62X3	036.62X4
036.62X5	036.62X9	036.63X0	036.63X1	036.63X2	036.63X3	036.63X4	036.63X5
036.63X9	036.70X0	036.70X1	036.70X2	036.70X3	036.70X4	036.70X5	036.70X9
036.71X0	036.71X1	036.71X2	036.71X3	036.71X4	036.71X5	036.71X9	036.72X0
036.72X1	036.72X2	036.72X3	036.72X4	036.72X5	036.72X9	036.73X0	036.73X1
036.73X2	036.73X3	036.73X4	036.73X5	036.73X9	036.80X0	036.80X1	036.80X2
036.80X3	036.80X4	036.80X5	036.80X9	036.8120	036.8121	036.8122	036.8123
036.8124	036.8125	036.8129	036.8130	036.8131	036.8132	036.8133	036.8134
036.8135	036.8139	036.8190	036.8191	036.8192	036.8193	036.8194	036.8195
036.8199	036.8210	036.8211	036.8212	036.8213	036.8214	036.8215	036.8219
036.8220	036.8221	036.8222	036.8223	036.8224	036.8225	036.8229	036.8230
036.8231	036.8232	036.8233	036.8234	036.8235	036.8239	036.8290	036.8291
036.8292	036.8293	036.8294	036.8295	036.8299	036.8910	036.8911	036.8912
036.8913	036.8914	036.8915	036.8919	036.8920	036.8921	036.8922	036.8923
036.8924	036.8925	036.8929	036.8930	036.8931	036.8932	036.8933	036.8934
036.8935	036.8939	036.8990	036.8991	036.8992	036.8993	036.8994	036.8995
036.8999	036.90X0	036.90X1	036.90X2	036.90X3	036.90X4	036.90X5	036.90X9
036.91X0	036.91X1	036.91X2	036.91X3	036.91X4	036.91X5	036.91X9	036.92X0
036.92X1	036.92X2	036.92X3	036.92X4	036.92X5	036.92X9	036.93X0	036.93X1
036.93X2	036.93X3	036.93X4	036.93X5	036.93X9	040.1XX0	040.1XX1	040.1XX2
040.1XX3	040.1XX4	040.1XX5	040.1XX9	040.2XX0	040.2XX1	040.2XX2	040.2XX3
040.2XX4	040.2XX5	040.2XX9	040.3XX0	040.3XX1	040.3XX2	040.3XX3	040.3XX4
040.3XX5	040.3XX9	040.9XX0	040.9XX1	040.9XX2	040.9XX3	040.9XX4	040.9XX5
040.9XX9	041.00X0	041.00X1	041.00X2	041.00X3	041.00X4	041.00X5	041.00X9
041.01X0	041.01X1	041.01X2	041.01X3	041.01X4	041.01X5	041.01X9	041.02X0
041.02X1	041.02X2	041.02X3	041.02X4	041.02X5	041.02X9	041.03X0	041.03X1
041.03X2	041.03X3	041.03X4	041.03X5	041.03X9	041.1010	041.1011	041.1012
041.1013	041.1014	041.1015	041.1019	041.1020	041.1021	041.1022	041.1023
041.1024	041.1025	041.1029	041.1030	041.1031	041.1032	041.1033	041.1034
041.1035	041.1039	041.1090	041.1091	041.1092	041.1093	041.1094	041.1095
041.1099	041.1210	041.1211	041.1212	041.1213	041.1214	041.1215	041.1219
041.1220	041.1221	041.1222	041.1223	041.1224	041.1225	041.1229	041.1230
041.1231	041.1232	041.1233	041.1234	041.1235	041.1239	041.1290	041.1291
041.1292	041.1293	041.1294	041.1295	041.1299	041.1410	041.1411	041.1412
041.1413	041.1414	041.1415	041.1419	041.1420	041.1421	041.1422	041.1423
041.1424	041.1425	041.1429	041.1430	041.1431	041.1432	041.1433	041.1434
041.1435	041.1439	041.1490	041.1491	041.1492	041.1493	041.1494	041.1495

## Primary Care (PC) Service JAWDA Performance Indicators

041.1499	041.8X10	041.8X11	041.8X12	041.8X13	041.8X14	041.8X15	041.8X19
041.8X20	041.8X21	041.8X22	041.8X23	041.8X24	041.8X25	041.8X29	041.8X30
041.8X31	041.8X32	041.8X33	041.8X34	041.8X35	041.8X39	041.8X90	041.8X91
041.8X92	041.8X93	041.8X94	041.8X95	041.8X99	041.90X0	041.90X1	041.90X2
041.90X3	041.90X4	041.90X5	041.90X9	041.91X0	041.91X1	041.91X2	041.91X3
041.91X4	041.91X5	041.91X9	041.92X0	041.92X1	041.92X2	041.92X3	041.92X4
041.92X5	041.92X9	041.93X0	041.93X1	041.93X2	041.93X3	041.93X4	041.93X5
041.93X9	042.00	042.011	042.012	042.013	042.019	042.02	042.10
042.111	042.112	042.113	042.119	042.12	042.90	042.911	042.912
042.913	042.919	042.92	043.011	043.012	043.013	043.019	043.021
043.022	043.023	043.029	043.101	043.102	043.103	043.109	043.111
043.112	043.113	043.119	043.121	043.122	043.123	043.129	043.191
043.192	043.193	043.199	043.211	043.212	043.213	043.219	043.221
043.222	043.223	043.229	043.231	043.232	043.233	043.239	043.811
043.812	043.813	043.819	043.891	043.892	043.893	043.899	043.90
043.91	043.92	043.93	044.00	044.01	044.02	044.03	044.10
044.11	044.12	044.13	045.001	045.002	045.003	045.009	045.011
045.012	045.013	045.019	045.021	045.022	045.023	045.029	045.091
045.092	045.093	045.099	045.8X1	045.8X2	045.8X3	045.8X9	045.90
045.91	045.92	045.93	046.001	046.002	046.003	046.009	046.011
046.012	046.013	046.019	046.021	046.022	046.023	046.029	046.091
046.092	046.093	046.099	046.8X1	046.8X2	046.8X3	046.8X9	046.90
046.91	046.92	046.93	047.00	047.02	047.03	047.1	047.9
048.0	048.1	060.00	060.02	060.03	060.10X0	060.10X1	060.10X2
060.10X3	060.10X4	060.10X5	060.10X9	060.12X0	060.12X1	060.12X2	060.12X3
060.12X4	060.12X5	060.12X9	060.13X0	060.13X1	060.13X2	060.13X3	060.13X4
060.13X5	060.13X9	060.14X0	060.14X1	060.14X2	060.14X3	060.14X4	060.14X5
060.14X9	060.20X0	060.20X1	060.20X2	060.20X3	060.20X4	060.20X5	060.20X9
060.22X0	060.22X1	060.22X2	060.22X3	060.22X4	060.22X5	060.22X9	060.23X0
060.23X1	060.23X2	060.23X3	060.23X4	060.23X5	060.23X9	061.0	061.1
061.8	061.9	062.0	062.1	062.2	062.3	062.4	062.8
062.9	063.0	063.1	063.2	063.9	064.0XX0	064.0XX1	064.0XX2
064.0XX3	064.0XX4	064.0XX5	064.0XX9	064.1XX0	064.1XX1	064.1XX2	064.1XX3
064.1XX4	064.1XX5	064.1XX9	064.2XX0	064.2XX1	064.2XX2	064.2XX3	064.2XX4
064.2XX5	064.2XX9	064.3XX0	064.3XX1	064.3XX2	064.3XX3	064.3XX4	064.3XX5
064.3XX9	064.4XX0	064.4XX1	064.4XX2	064.4XX3	064.4XX4	064.4XX5	064.4XX9
064.5XX0	064.5XX1	064.5XX2	064.5XX3	064.5XX4	064.5XX5	064.5XX9	064.8XX0
064.8XX1	064.8XX2	064.8XX3	064.8XX4	064.8XX5	064.8XX9	064.9XX0	064.9XX1
064.9XX2	064.9XX3	064.9XX4	064.9XX5	064.9XX9	065.0	065.1	065.2
065.3	065.4	065.5	065.8	065.9	066.0	066.1	066.2
066.3	066.40	066.41	066.5	066.6	066.8	066.9	067.0
067.8	067.9	068	069.0XX0	069.0XX1	069.0XX2	069.0XX3	069.0XX4
069.0XX5	069.0XX9	069.1XX0	069.1XX1	069.1XX2	069.1XX3	069.1XX4	069.1XX5
069.1XX9	069.2XX0	069.2XX1	069.2XX2	069.2XX3	069.2XX4	069.2XX5	069.2XX9
069.3XX0	069.3XX1	069.3XX2	069.3XX3	069.3XX4	069.3XX5	069.3XX9	069.4XX0

## Primary Care (PC) Service JAWDA Performance Indicators

069.4XX1	069.4XX2	069.4XX3	069.4XX4	069.4XX5	069.4XX9	069.5XX0	069.5XX1
069.5XX2	069.5XX3	069.5XX4	069.5XX5	069.5XX9	069.81X0	069.81X1	069.81X2
069.81X3	069.81X4	069.81X5	069.81X9	069.82X0	069.82X1	069.82X2	069.82X3
069.82X4	069.82X5	069.82X9	069.89X0	069.89X1	069.89X2	069.89X3	069.89X4
069.89X5	069.89X9	069.9XX0	069.9XX1	069.9XX2	069.9XX3	069.9XX4	069.9XX5
069.9XX9	070.0	070.1	070.20	070.21	070.22	070.23	070.3
071.02	071.03	071.1	071.2	071.3	071.4	071.5	071.6
071.7	071.81	071.82	071.89	071.9	072.0	072.1	072.2
072.3	073.0	073.1	074.0	074.1	074.2	074.3	074.4
074.5	074.6	074.7	074.8	074.9	075.0	075.1	075.2
075.3	075.4	075.5	075.81	075.82	075.89	075.9	076
077.0	077.1	077.8	077.9	080	082	085	086.0
086.11	086.12	086.13	086.19	086.20	086.21	086.22	086.29
086.4	086.81	086.89	087.0	087.1	087.2	087.3	087.4
087.8	087.9	088.011	088.012	088.013	088.019	088.02	088.03
088.111	088.112	088.113	088.119	088.12	088.13	088.211	088.212
088.213	088.219	088.22	088.23	088.311	088.312	088.313	088.319
088.32	088.33	088.811	088.812	088.813	088.819	088.82	088.83
089.01	089.09	089.1	089.2	089.3	089.4	089.5	089.6
089.8	089.9	090.0	090.1	090.2	090.3	090.4	090.5
090.6	090.81	090.89	090.9	091.011	091.012	091.013	091.019
091.02	091.03	091.111	091.112	091.113	091.119	091.12	091.13
091.211	091.212	091.213	091.219	091.22	091.23	092.011	092.012
092.013	092.019	092.02	092.03	092.111	092.112	092.113	092.119
092.12	092.13	092.20	092.29	092.3	092.4	092.5	092.6
092.70	092.79	094	098.011	098.012	098.013	098.019	098.02
098.03	098.111	098.112	098.113	098.119	098.12	098.13	098.211
098.212	098.213	098.219	098.22	098.23	098.311	098.312	098.313
098.319	098.32	098.33	098.411	098.412	098.413	098.419	098.42
098.43	098.511	098.512	098.513	098.519	098.52	098.53	098.611
098.612	098.613	098.619	098.62	098.63	098.711	098.712	098.713
098.719	098.72	098.73	098.811	098.812	098.813	098.819	098.82
098.83	098.911	098.912	098.913	098.919	098.92	098.93	099.011
099.012	099.013	099.019	099.02	099.03	099.111	099.112	099.113
099.119	099.12	099.13	099.210	099.211	099.212	099.213	099.214
099.215	099.280	099.281	099.282	099.283	099.284	099.285	099.310
099.311	099.312	099.313	099.314	099.315	099.320	099.321	099.322
099.323	099.324	099.325	099.330	099.331	099.332	099.333	099.334
099.335	099.340	099.341	099.342	099.343	099.344	099.345	099.350
099.351	099.352	099.353	099.354	099.355	099.411	099.412	099.413
099.419	099.42	099.43	099.511	099.512	099.513	099.519	099.52
099.53	099.611	099.612	099.613	099.619	099.62	099.63	099.711
099.712	099.713	099.719	099.72	099.73	099.810	099.814	099.815
099.820	099.824	099.825	099.830	099.834	099.835	099.840	099.841
099.842	099.843	099.844	099.845	099.89	09A.111	09A.112	09A.113

## Primary Care (PC) Service JAWDA Performance Indicators

09A.119	09A.12	09A.13	09A.211	09A.212	09A.213	09A.219	09A.22
09A.23	09A.311	09A.312	09A.313	09A.319	09A.32	09A.33	09A.411
09A.412	09A.413	09A.419	09A.42	09A.43	09A.511	09A.512	09A.513
09A.519	09A.52	09A.53	070.4	070.9	071.00		

### Appendix B – ICD-10 CM CODES (E10, E11, E13, O24 Series)

E10.10	E10.11	E10.21	E10.22	E10.29	E10.311	E10.319	E10.3211
E10.3212	E10.3213	E10.3219	E10.3291	E10.3292	E10.3293	E10.3299	E10.3311
E10.3312	E10.3313	E10.3319	E10.3391	E10.3392	E10.3393	E10.3399	E10.3411
E10.3412	E10.3413	E10.3419	E10.3491	E10.3492	E10.3493	E10.3499	E10.3511
E10.3512	E10.3513	E10.3519	E10.3521	E10.3522	E10.3523	E10.3529	E10.3531
E10.3532	E10.3533	E10.3539	E10.3541	E10.3542	E10.3543	E10.3549	E10.3551
E10.3552	E10.3553	E10.3559	E10.3591	E10.3592	E10.3593	E10.3599	E10.36
E10.37X1	E10.37X2	E10.37X3	E10.37X9	E10.39	E10.40	E10.41	E10.42
E10.43	E10.44	E10.49	E10.51	E10.52	E10.59	E10.610	E10.618
E10.620	E10.621	E10.622	E10.628	E10.630	E10.638	E10.641	E10.649
E10.65	E10.69	E10.8	E10.9	E11.00	E11.01	E11.21	E11.22
E11.29	E11.311	E11.319	E11.3211	E11.3212	E11.3213	E11.3219	E11.3291
E11.3292	E11.3293	E11.3299	E11.3311	E11.3312	E11.3313	E11.3319	E11.3391
E11.3392	E11.3393	E11.3399	E11.3411	E11.3412	E11.3413	E11.3419	E11.3491
E11.3492	E11.3493	E11.3499	E11.3511	E11.3512	E11.3513	E11.3519	E11.3521
E11.3522	E11.3523	E11.3529	E11.3531	E11.3532	E11.3533	E11.3539	E11.3541
E11.3542	E11.3543	E11.3549	E11.3551	E11.3552	E11.3553	E11.3559	E11.3591
E11.3592	E11.3593	E11.3599	E11.36	E11.37X1	E11.37X2	E11.37X3	E11.37X9
E11.39	E11.40	E11.41	E11.42	E11.43	E11.44	E11.49	E11.51
E11.52	E11.59	E11.610	E11.618	E11.620	E11.621	E11.622	E11.628
E11.630	E11.638	E11.641	E11.649	E11.65	E11.69	E11.8	E11.9
E13.00	E13.01	E13.10	E13.11	E13.21	E13.22	E13.29	E13.311
E13.319	E13.3211	E13.3212	E13.3213	E13.3219	E13.3291	E13.3292	E13.3293
E13.3299	E13.3311	E13.3312	E13.3313	E13.3319	E13.3391	E13.3392	E13.3393
E13.3399	E13.3411	E13.3412	E13.3413	E13.3419	E13.3491	E13.3492	E13.3493
E13.3499	E13.3511	E13.3512	E13.3513	E13.3519	E13.3521	E13.3522	E13.3523
E13.3529	E13.3531	E13.3532	E13.3533	E13.3539	E13.3541	E13.3542	E13.3543
E13.3549	E13.3551	E13.3552	E13.3553	E13.3559	E13.3591	E13.3592	E13.3593
E13.3599	E13.36	E13.37X1	E13.37X2	E13.37X3	E13.37X9	E13.39	E13.40
E13.41	E13.42	E13.43	E13.44	E13.49	E13.51	E13.52	E13.59
E13.610	E13.618	E13.620	E13.621	E13.622	E13.628	E13.630	E13.638
E13.641	E13.649	E13.65	E13.69	E13.8	E13.9	O24.011	O24.012
O24.013	O24.019	O24.02	O24.03	O24.111	O24.112	O24.113	O24.119
O24.12	O24.13	O24.311	O24.312	O24.313	O24.319	O24.32	O24.33
O24.811	O24.812	O24.813	O24.819	O24.82	O24.83		

## Summary of Changes 2025 V8

KPI #	Changes
PC001 – PC003, PC006 - PC008, PC015, PC017 - PC020, PC022	Retired the KPIs
PC004 – PC005	Revised Title, definition, and KPI content (Numerator & Denominator)
PC009 - PC014, PC016	Revised Denominator & Denominator Guidance: Added “As per DOH adjudication rule, 7-day follow-up from the last visit is NOT considered a separate visit”
PC021	Revised Title, definition, and KPI content (Numerator & Denominator)
PC023 - PC026	Added new KPI

## Summary of Changes 2025 V8.1

KPI #	Changes
PC004	<ul style="list-style-type: none"> <li>○ Rephrase <b>Denominator</b>: All patients aged 18 (completed) age in years and older at the beginning of the reporting quarter who did a PHQ-9 within 24 hours of positive PHQ2</li> <li>○ Added in <b>Denominator Exclusions</b>: <ul style="list-style-type: none"> <li>○ Patients with a Documented Reason for not Screening for Depression (Patient refuses to participate for any reason)</li> <li>○ Individuals who do not qualify for insurance benefits of psychiatric treatment</li> </ul> </li> </ul>
PC005	<ul style="list-style-type: none"> <li>● Moved phrase “within the same primary care unit/facility/network” from Denominator to numerator</li> <li>● Added in Denominator Exclusions: <ul style="list-style-type: none"> <li>○ Patients with a Documented Reason for not Screening for Depression (Patient refuses to participate for any reason)</li> <li>○ Individuals who do not qualify for insurance benefits of psychiatric treatment</li> </ul> </li> </ul>
PC009 - PC014, PC016	<ul style="list-style-type: none"> <li>● Removed Denominator Guidance: Added “As per DOH adjudication rule, 7-day follow-up from the last visit is NOT considered a separate visit”</li> </ul>
PC009, PC010, PC012, PC016, PC024	<ul style="list-style-type: none"> <li>● Added in <b>Numerator</b>: <i>performed in the same or different facility</i> within 12 months prior to the end of the reporting quarter (The results from such visits may be entered into the facility or network EMR at any time up till one month after the quarter ends)</li> </ul>
PC011, PC014	<ul style="list-style-type: none"> <li>● Added in <b>Numerator</b>: performed in the same facility or network</li> </ul>
PC023	<ul style="list-style-type: none"> <li>● Revised <b>Numerator</b>: Patients whose most recent 2 abnormal blood pressure readings in separate encounters, performed in the same facility or network, was (systolic blood pressure <math>\geq</math> 130 mmHg or diastolic blood pressure <math>\geq</math> 80 mmHg) during the reporting quarter.</li> </ul>
PC024	<ul style="list-style-type: none"> <li>● Added in <b>Denominator Exclusion</b>: Individuals who have limitation of insurance benefits.</li> </ul>
PC025	<ul style="list-style-type: none"> <li>● Revised <b>Numerator</b>: Number of adult patients from the denominator with a documented BMI (BMI range 25 and above) performed in the same facility or network. <b>Numerator Guidance</b>: <i>If there are multiple visits in the reporting quarter, consider the visit with the abnormal BMI range (numerator values BMI range <math>\geq</math>25).</i></li> <li>● <b>Denominator</b>: Total number of unique adult patients (<math>\geq</math>18 years of age) who have at least one visit in the facility during the reporting quarter, <b>Denominator Guidance</b>: <i>The patient must be aged 18 and older on the date of visit.</i></li> </ul>

## Primary Care (PC) Service JAWDA Performance Indicators

### Summary of Changes 2025 V8.2

KPI #	Changes
PC004 - PC005	<ul style="list-style-type: none"> <li>○ Removed <b>Denominator Exclusions:</b> Individuals who do not qualify for insurance benefits of psychiatric treatment</li> </ul>
PC005	<ul style="list-style-type: none"> <li>● Rephrased <b>Denominator Exclusions:</b> Patients with a Documented Reason for not attending Follow-up appointments on Depression (Patient refuses to participate for any reason)</li> </ul>
PC026	<ul style="list-style-type: none"> <li>● Rephrased <b>Denominator:</b> All adults aged <b>18 years and older</b> patients who had a positive PHQ-9 screening and were treated in the same primary care center during the <b>same measurement period of positive screening</b></li> </ul>

### Summary of Changes 2025 V8.3

KPI #	Changes
PC025	<ul style="list-style-type: none"> <li>○ Added <b>Numerator Inclusions:</b> If no height &amp; weight, or BMI is recorded during the measurement period, the patient's assessment is assumed "overweight or obese."</li> </ul>

### Summary of Changes 2025 V8.4

KPI #	Changes
PC09 to PC013	<p><b>Denominator: Rephrased the denominator definition.</b></p> <p>Total number of unique patients (<math>\geq 18</math> to <math>\leq 75</math> years of age), with diabetes related outpatient visit/s during the reporting quarter <b>AND</b> who had at least 2 diabetes related outpatient visits within 09 months, by the same primary care unit/facility (prior to the reporting quarter)</p> <p style="text-align: center;"><b>To</b></p> <p>Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 75</math> years of age), with a diagnosis of diabetes during the reporting quarter <b>AND</b> who had at least 2 outpatient visits within 09 months with a diagnosis of diabetes with the same primary care unit/facility (prior to the reporting quarter)</p> <p><b>Denominator guidance: Removed the word related and rephrased</b></p> <p>Diabetes <b>related</b> outpatient visit is face-to-face visits with primary or secondary diagnosis</p> <p style="text-align: center;"><b>To</b></p> <p>Outpatient face-to-face visits with a primary or secondary diagnosis of diabetes.</p>
PC014, PC016, PC023	<p><b>Denominator: Rephrased the denominator definition</b></p> <p>Total number of unique patients <math>\geq 18</math> to <math>\leq 85</math> years of age, with hypertension related outpatient visit/s during the reporting quarter <b>AND</b> who had at least 2 hypertension related outpatient face-to-face visits (primary or secondary diagnosis) within 09 months, by the same primary care unit/facility (prior to the reporting quarter)</p> <p style="text-align: center;"><b>TO</b></p>

## Primary Care (PC) Service JAWDA Performance Indicators

	<p>Total number of unique outpatients (<math>\geq 18</math> to <math>\leq 85</math> years of age), with a diagnosis of hypertension during the reporting quarter <b>AND</b> who had at least 2 outpatient visits within 09 months with a diagnosis of hypertension with the same primary care unit/facility (prior to the reporting quarter)</p> <p><b>Denominator Guidance: Removed the word related and rephrased</b></p> <p>Hypertension <b>related</b> outpatient visit is face-to-face visits with primary or secondary diagnosis</p> <p style="text-align: center;"><b>TO</b></p> <p>Outpatient face-to-face visits with a primary or secondary diagnosis of hypertension</p>
PC021	<p><b>Denominator: Rephrased the denominator definition</b></p> <p>Total number of children (18 month to 24 months) who received well child vaccination during the reporting quarter.</p> <p style="text-align: center;"><b>To</b></p> <p>Total number of children (18 month to 24 months) with an outpatient visit during the reporting quarter.</p> <p><b>Denominator Guidance: Rephrased the guidance.</b></p> <ul style="list-style-type: none"> <li>o The age limit will apply to the patient's visit in the reporting facility within the reporting quarter. However, the vaccination may be done in the same or different facility in the reporting quarter or prior to it</li> </ul> <p style="text-align: center;"><b>To</b></p> <ul style="list-style-type: none"> <li>o The age limit will apply to the patient's visit in the reporting facility within the reporting quarter.</li> </ul> <p><b>Denominator Guidance: Removed the second bullet:</b></p> <p>The consultations should be by the same provider, however, can be by the same primary care unit/facility.</p> <p><b>Added consultation codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215</b></p>
PC024	<p><b>Denominator Exclusion: Rephrased the sentence</b></p> <p>Patients with known diagnosis of dyslipidemia (ICD-10 codes: E78 series) prior to the first encounter in the same facility within the measurement time frame i.e. 12 months prior to the end of the reporting quarter.</p> <p style="text-align: center;"><b>TO</b></p> <p>Patients who were diagnosed of dyslipidemia (ICD-10 codes: E78 series) prior to the first encounter in the reporting facility.</p>

## Summary of Changes 2025 V8.5

KPI #	Changes
PC004	<p><b>Changed the title-</b></p> <p><b>Percentage of patients diagnosed with depression after positive screening</b>  <b>To</b>  <b>Percentage of Patients Completing the PHQ-9 Within 24 Hours After a Positive PHQ-2 Result</b></p> <p><b>Definition: Rephrased:</b> Percentage of patients aged 18 years and older at the beginning of the reporting quarter, who did PHQ-9 screening (Completed documentation) within 24 hrs. of being screened positive on PHQ2.</p> <p><b>Denominator Rephrased the sentence:</b> All patients aged 18 (completed) age in years and older at the beginning of the reporting quarter who did a PHQ-9 within 24 hours of positive PHQ2.</p> <p><b>To</b></p> <p>All patients aged 18 (completed) age in years and older at the beginning of the reporting quarter who were screened positive on PHQ-2.</p> <p><b>Denominator guidance:</b> Added- In the reporting quarter, if multiple positive PHQ2 screenings conducted consider first one only.</p> <p><b>Numerator Rephrased the sentence:</b> Total number of unique patients from the denominator who had a positive PHQ-9 <math>\geq 5</math> within 24 hours.</p> <p><b>To</b></p> <p>Total number of unique patients from the denominator who did PHQ-9 screening (Completed documentation) within 24 hrs of positive PHQ-2.</p>

## Summary of Changes 2025 V8.6

KPI #	Changes
PC004	<p>Added in <b>Denominator Guidance</b> the patient requirement:</p> <p>Calculate the number of patients who are covered through THIQA Insurance.</p>

## Summary of Changes 2026 V9

KPI #	Changes
PC005 & PC025	<ul style="list-style-type: none"> <li>○ Added Denominator Exclusion: All ABM Mandate encounters</li> </ul>
PC010	<ul style="list-style-type: none"> <li>○ Changed the Good control rate target from (<math>\leq 7.0\%</math>) to (<math>\leq 8.0\%</math>)</li> </ul>
PC024	Added in the Denominator Exclusion:

## Primary Care (PC) Service JAWDA Performance Indicators

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	<ul style="list-style-type: none"> <li>○ Pregnancy (during the reporting quarter) <a href="#">Appendix A (000- 09A)</a></li> <li>○ Patients previously diagnosed with dyslipidemia (<a href="#">ICD-10 codes: E78 series</a>):           <ul style="list-style-type: none"> <li>○ New patients in the reporting facility/network: Diagnosed prior to the first encounter in the reporting facility/network within the denominator time frame</li> <li>○ Established patients in the reporting facility/network:               <ul style="list-style-type: none"> <li>▪ Diagnosed prior to the denominator timeframe in any facility/network</li> <li>▪ Diagnosed within the denominator timeframe by another facility/network</li> </ul> </li> </ul> </li> </ul>
PC026	Added Example Table for <b>Calculation of Timeframe</b>
PC09 to PC013	<p><b>Denominator Guidance: rephrased</b></p> <p>Any outpatient face-to-face consultations for patients with an established Diabetes condition (with or without a primary or secondary diagnosis code).</p>
PC014, PC016, PC023	<p><b>Denominator Guidance: rephrased</b></p> <p>Any outpatient face-to-face consultations for patients with an established hypertension condition (with or without a primary or secondary diagnosis code).</p>