



Measuring the Quality of America's Health Care

October 1, 2003

Dear Colleague:

NCQA is pleased to provide you with the *HEDIS[®] 2004 Volume 2, Technical Update*. With this release, NCQA is effectively freezing the technical specifications for HEDIS 2004 Volume 2. The only measures not currently frozen are those that require the use of pharmacy data to identify denominator eligibility or numerator compliance. These measures will be final when the NDC lists are posted, by December 15, 2003. This update includes:

- Random Number Table for HEDIS 2004
- corrections/policy changes and clarifications to *HEDIS 2004 Volume 2: Technical Specifications*.

Review these items and incorporate them into your implementation processes. HEDIS Compliance Auditors will consider these documents to be part of the specifications.

Separate updates for HEDIS 2004 Volume 3 and Volume 5 will be released later this year. The specifications for these volumes will be frozen at that time.

If you have additional questions about information included in this mailing or about other measure-specification questions, contact us through our Policy Clarification Support (PCS) system at www.ncqa.org/main/support.htm, or by phone (888/275-7585) or fax (202/955-3599).

We hope you find this information useful, and we wish everyone a successful HEDIS data collection season!

Sincerely,

A handwritten signature in black ink, appearing to read 'Randall Reid Kiser'.

Randall Reid Kiser, MS
Director, Policy

Enclosures

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**Random Number (RAND) Table
for Measures Using the Hybrid Method**

| Measure | RAND |
|---|-------------|
| Childhood Immunization Status | 0.87 |
| Adolescent Immunization Status | 0.10 |
| Colorectal Cancer Screening | 0.04 |
| Breast Cancer Screening | 0.50 |
| Cervical Cancer Screening | 0.64 |
| Controlling High Blood Pressure | 0.17 |
| Beta-Blocker Treatment After a Heart Attack | 0.81 |
| Cholesterol Management After Acute Cardiovascular Event | 0.41 |
| Comprehensive Diabetes Care | 0.74 |
| Prenatal and Postpartum Care | 0.91 |
| Frequency of Ongoing Prenatal Care | 0.91 |
| Well-Child Visits in the First 15 Months of Life | 0.03 |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 0.85 |
| Adolescent Well-Care Visits | 0.53 |
| Weeks of Pregnancy at Time of Enrollment in the MCO | 0.21 |

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Specification Updates

This document contains corrections/policy changes and clarifications to the *HEDIS 2004 Volume 2, Technical Specifications*. NCQA has identified the appropriate page number, measure or guideline and heading/subtitle for each item. NCQA's operational definitions for corrections/policy changes and clarifications are as follows:

- **Correction/Policy Change:** A change made to an error in the 2004 specifications or notification of a revised requirement
- **Clarification:** Additional information that clarifies an existing 2004 measure or guideline.

| Page | Measure/Guideline | Heading/Subtitle | Issue | Correction/Policy Change | Clarification |
|------|---|---|---|--------------------------|---------------|
| 13 | What's New in HEDIS 2004 | Comprehensive Diabetes Care | The HbA1c rate has been changed to define poor control as greater than (>) 9%. | | X |
| 26 | General Guidelines for Data Collection and Reporting | General Guideline 12: Measures for Rotation | Remove Comprehensive Diabetes Care from the list of measures eligible for rotation. Significant changes were made to each measure indicator. | X | |
| 26 | General Guidelines for Data Collection and Reporting | General Guideline 12: Measures for Rotation | Remove Follow-Up After Hospitalization for Mental Illness from the list of measures eligible for rotation. It is no longer a hybrid measure. | | X |
| 54 | Guidelines for Calculations and Sampling | Note | Add: "To reduce the sample size for the Comprehensive Diabetes Care measure, plans should first take the inverse of the HbA1c rate (100 minus the HbA1c rate) and then reduce using the lowest of the various indicators." | | X |
| 70 | Childhood Immunization Status | OPV/IPV, Hepatitis B and HiB Antigens | Change text from "by the 2nd birthday" to "on or before the second birthday." | | X |
| 71 | Childhood Immunization Status | Table E-1A: Codes to Identify Childhood Immunizations | Add CPT code 90709 to identify rubella. | | X |
| 80 | Appropriate Treatment for Children With Upper Respiratory Infection | Table E3-B: Codes to Identify Outpatient Visits | Delete UB-92 Revenue code 462 and replace with code 456. | | X |
| 80 | Appropriate Treatment for Children With Upper Respiratory Infection | Table E3-C: Codes to Identify Emergency Department Visits | Delete UB-92 Revenue codes 45X and replace with codes 450, 451, 452 and 459. Place an "OR" between the UB92 and CPT tables. | | X |

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|---------|---|--|--|--|---|
| 85 | Appropriate Testing for Children With Pharyngitis | Table E4-B: Codes to Identify Outpatient Visits | Delete UB-92 Revenue code 462 and replace with code 456. Delete CPT codes 99281-99288 to identify Emergency Department services. | | X |
| 85 | Appropriate Testing for Children With Pharyngitis | Table E4-C: Codes to Identify Emergency Department Visits | Delete UB-92 Revenue codes 45X and replace with codes 450, 451, 452 and 459. Place an "OR" between the UB92 and CPT tables. | | X |
| 85 | Appropriate Testing for Children With Pharyngitis | Step 2 | Replace current wording with "For each member identified in Step 1, determine all outpatient Episode Dates." | | X |
| 86 | Appropriate Testing for Children With Pharyngitis | Table E4-E: Codes to Identify Group A. Streptococcus Tests | Delete CPT codes 86588, 87060 and 87083 from the measure. | | X |
| 89 | Colorectal Cancer Screening | Table E5-A: Codes to Identify Colorectal Cancer Screening | Add CPT codes 45341, 45342 and 45345 to the Flexible Sigmoidoscopy row. Move ICD-9-CM codes 45.22, 45.23 and 45.25 from the Flexible Sigmoidoscopy row to the Colonoscopy row. Leave ICD-9-CM code 45.24 in the Flexible Sigmoidoscopy row. Add ICD-9-CM code V76.51 to the colonoscopy row. Add CPT codes 44397 and 45386 to the Colonoscopy row. | | X |
| 90 | Colorectal Cancer Screening | Data Elements | Move the optional data elements listed under Denominator to the Numerator Events by Medical Records heading. | | X |
| 97 | Chlamydia Screening in Women | Summary of Changes to HEDIS 2004 | Add ICD-9-CM code V73.98 to Table E8-A to identify sexually active women. | | X |
| 100-101 | Osteoporosis Management in Women Who Had A Fracture | Measure Description and Numerator | These sections should reference women who were dispensed a prescription to treat osteoporosis or who had a BMD test within 6 months (or 180 days) after the date of service for the fracture. Members who were appropriately treated or tested for osteoporosis after the fracture. Appropriate treatment or testing is defined by any one of the three criteria below: <ul style="list-style-type: none"> • dispensed a prescription to treat osteoporosis in the 180-day period after the <i>date of service</i> for a fracture • had a BMD test in the 180-day period after the <i>date of service</i> for a fracture • had a BMD test during the acute care inpatient stay for the fracture (applies only to fractures requiring hospitalization). <i>For fractures requiring hospitalization (inpatient), the date of service is the date of discharge from the acute care setting.</i> | | X |

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|---------|---|---|--|--|---|
| 100 | Osteoporosis Management in Women Who Had a Fracture | Table E9-A: Codes to Identify Fractures | Exclude ICD-9-CM 79 codes with a fifth digit of 4 or 8 (e.g., 79.x4 and 79.x8). | | X |
| 103 | Controlling High Blood Pressure | Event/Diagnosis | Use the codes listed in Table E10-A in lieu of Table U7-A for <i>office or other outpatient services</i> (Ambulatory Care measure) to define outpatient visits. | | X |
| 103 | Controlling High Blood Pressure | Table E10-A: Codes to Identify Outpatient Visits | Remove CPT codes 99217-99220 from the table. | | X |
| 115 | Cholesterol Management After Acute Cardiovascular Event | Medical Record | Delete "...of an LDL-C level <100mg/dL." | | X |
| 118 | Comprehensive Diabetes Care | Table E13-B: Codes to Identify Diabetics Using Claims/Encounter Data | Re-title the third column of the second table "UB-92 Revenue Codes." Delete DRG code 205 from Diabetes diagnosis and replace it with DRG code 295. Delete CPT codes 99289 and 99290 from Outpatient/Nonacute Inpatient. Delete DRG code 462 and replace it with code UB-92 Revenue Code 456. Delete UB-92 Revenue codes 45X from Acute Inpatient/Emergency Department and replace it with codes 450, 451, 452 and 459. | | X |
| 118-119 | Comprehensive Diabetes Care | HbA1c Screening and Control | Plans can use either the formula on page 119 to convert glycohemoglobin to HbA1c or a conversion formula provided by their lab vendor. Plans should have documentation of the lab vendor's conversion formula available for the HEDIS Compliance Auditor. NCQA will recommend removing glycohemoglobin tests from the specifications during the HEDIS 2005 public comment period. | | X |
| 123 | Comprehensive Diabetes Care | Exclusions | Under the first bullet, change the reference to Table E11-B to Table E13-B to identify a diagnosis of diabetes. | | X |
| 128 | Use of Appropriate Medication for People With Asthma | Step 2 | Change the text in the first bullet from "meet any one of the other four criteria" to "meet any of the other three criteria." | | X |
| 128 | Use of Appropriate Medications for People With Asthma | Table E14-A: Codes to Identify Emergency Department and Inpatient Asthma Encounters | UB-92 code 456 should be used to identify outpatient visits, not ED services. Delete 45X under ED services and replace with 450, 451, 452 and 459. | | X |
| 129 | Use of Appropriate Medications for People With Asthma | Data Elements Table E14-1/2/3 | Insert additional rows under Eligible Member Population with the following heads: "Numerator Events in Eligible Population, Current Year's Administrative Rate, Total Exclusions, Denominator." | | X |
| 131 | Follow-Up After Hospitalization for Mental Illness | Mental health readmission or direct transfer | The second paragraph should reference ICD-9-CM codes listed in Table U13-A, not Table U15-A. | | X |

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| 133 | Antidepressant Medication Management | Description: Optimal Practitioner Contacts | Change the specification in the description "at least three follow-up contacts with a primary care practitioner or mental health practitioner...." to "at least three follow-up contacts with a non-mental-health practitioner or mental health practitioner..." | | X |
| 134 | Antidepressant Medication Management | Under the heading Negative Diagnosis History | Change the reference to Table E16-A (from Table E15-A) to identify a diagnosis of depression. | | X |
| 136 | Antidepressant Medication Management | Step 7 | Delete the reference in the Practitioner Turnover measure "any visit with a non-mental health practitioner can be used toward the optimal contacts rate." | | X |
| 137 | Antidepressant Medication Management | Visits With Mental Health Practitioners | Text should reference Table E16-B, not Table E15-B. | | X |
| 150 | Adults' Access to Preventive/ Ambulatory Health Services | Summary of Changes | Codes 770, 771 and 779 are UB-92 Revenue codes, not DRG codes. | | X |
| 154 | Children's and Adolescents' access to Primary Care Practitioners | Table A2-A: Codes for Identifying Ambulatory or Preventive Care Visits | Delete CPT code 993935 and replace with code 99395 in the Preventive Medicine codes section. | | X |
| 156 | Prenatal and Postpartum Care | Event/Diagnosis | The third sentence in the first paragraph should read "Refer to Tables A3-A and A3-B to identify and verify live births." | | X |
| 160 | Prenatal and Postpartum Care | Table A3-D: Markers for Prenatal Care Obtainable from Administrative Data | Add CPT code 76810 to the measure. | | X |
| 167 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Negative Diagnosis History | Refer to Table A5-A and Table A5-B to identify members with a negative diagnosis history. | | X |
| 169 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Table A5-A: Codes to Identify Day/ Night Care and Outpatient Visits | Add CPT codes 99217-99219, 99341-99345 to the measure. Delete CPT codes 90500-90580, 90846, 90880, 90882, 90885, 90887, 90899, 99062-99065, 99221-99223, 99231-99233, 99234-99236, 99238-99239, 99251-99255, 99261-99263, 99271-99275, 99288, 99291-99292 and 99417-99419. Delete "-23" from ICD-9 Procedure code 94.69. | | X |
| 169 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Table A5-B: Codes to Identify Day/ Night Care and Outpatient Visits | Add UB-92 Revenue codes 510, 513, 515-517, 519-523, 526 529 and 961 to Ambulatory Option A. Add CMS 1500 Place of Service Code 50 to Option B. Delete codes 960-979, as these visits are already identified through other diagnosis codes. | | X |

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| 169 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Table A5-C: Codes to Identify Inpatient Services | Add DRG codes 434-437 to the measure. Delete "-23" from ICD-9 Procedure code 94.69. Delete codes 960-979, as these visits are already identified through other diagnosis codes. | | X |
| 170 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Initiation of AOD Treatment, Step 3 | The last sentence in Step 3 should read "(CPT codes 99281-99288 and ICD-9-CM codes 94.62, 94.63, 94.65, 94.66, 94.68, 94.69)". | | X |
| 171 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Engagement of Alcohol and Other Drug Treatment | Exclude the member if the discharge date of the initiation inpatient stay is after November 29. Detox visits identified through ICD-9 procedure codes should not be counted toward engagement visits. Plans may count two services on the same day, as long as the services were provided by different practitioners. | | X |
| 175 | Call Answer Timeliness | Product Lines | The note should read: "An MCO that uses the same systems, policies and procedures and staff to answer calls (not process claims) for all product lines may report the same rate for all product lines if it is not possible for it to report data by individual product line." | | X |
| 178 | Call Abandonment | Product Lines | The note should read: "An MCO that uses the same systems, policies and procedures and staff to answer calls (not process claims) for all product lines may report the same rate for all product lines if it is not possible for it to report data by individual product line." | | X |
| 209 | Well-Child Visits in the First 15 Months of Life | Continuous Enrollment | The example should read: "a child born on January 9, 2002..." | | X |
| 261 | Mental Health Utilization—Percentage of Members Receiving Services | Table U14-A: Codes to Identify Day/Night Care and Ambulatory Services | Add CPT codes 99217-99219 to the measure. | | X |
| 262 | Mental Health Utilization—Percentage of Members Receiving Services | Table U14-B: Codes to Identify Day/Night Care and Ambulatory Services | Add CMS 1500 Place of Service Code 50 to Option B. | | X |
| 264 | Chemical Dependency Utilization—Inpatient Discharges and Average Length of Stay | Table U15-A: Codes to Identify Inpatient Services | Add DRG codes 434-437 to the measure. | | X |

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| 269 | Chemical Dependency Utilization—Percentage of Members Receiving Services | Table U16-B: Codes to Identify Day/ Night Care and Ambulatory Services | Add UB-92 Revenue Code 961 to the Ambulatory Option A section. | | X |
| 272 | Identification of Alcohol and Other Drug Services | Product Lines | The first sentence should read “Construct Tables U17-1A through U17-D, U17-2, U17-2E, and U17-3 using Table U17-1/2/3 on pages 274-275.” | | X |
| 272 | Identification of Alcohol and Other Drug Services | Table U17-A: Codes to Identify Inpatient Services | Add DRG codes 434-437 to the measure. | | X |
| 273 | Identification of Alcohol and Other Drug Services | Step 2 | The first sentence in the third paragraph should read “Count the following CPT procedure codes listed in Table U17-B only if...” The next sentence should read “... with the appropriate codes listed in Table U17-B.” The last sentence in the second paragraph under Ambulatory should read “...with the appropriate codes listed in Table U17-C.” | | X |
| 273 | Identification of Alcohol and Other Drug Services | Table U17-B: Codes to Identify Day/ Night Care and Ambulatory Services | Delete CPT codes 90500-90580, 90880, 90882, 90885, 90887, 90899, 99062-99065, 99221-99223, 99231-99233, 99234-99236, 99238-99239, 99251-99255, 99261-99263, 99271-99275 99288 99291-99292 and 99417-99419 from the measure. | | X |
| 273 | Identification of Alcohol and Other Drug Services | Table U17-C: Codes to Identify Day/ Night Care and Ambulatory Services | Add UB-92 Revenue Code 961 to the Ambulatory Option A section. Add CMS 1500 Place of Service Code 50 to Option B. | | X |