



Measuring the Quality of America's Health Care

October 1, 2004

Dear Colleague:

NCQA is pleased to provide you with the *HEDIS[®] 2005 Volume 2 Technical Update*. With this release, NCQA is effectively freezing the technical specifications for HEDIS 2005 Volume 2. The only measures not currently frozen are those that require the use of pharmacy data to identify denominator eligibility or numerator compliance. A Public Comment period will be held November 5–19, 2004, to review the draft NDC lists. These lists and instructions for providing commentary will be posted to the NCQA Web site at <http://www.ncqa.org/Programs/HEDIS/HEDIS%202005%20Info.htm>. The measures will be final by December 15, 2004, when the NDC lists are posted.

This update memo includes:

- Random Number Table for HEDIS 2005
- corrections, policy changes and clarifications to *HEDIS 2005 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 2005 Volume 3 and Volume 5 will be released later this year. 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 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

Enclosure

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

| Measure | RAND |
|-----------------------------------------------------------------------|-------------|
| Childhood Immunization Status | 0.14 |
| Adolescent Immunization Status | 0.89 |
| Colorectal Cancer Screening | 0.75 |
| Breast Cancer Screening | 0.21 |
| Cervical Cancer Screening | 0.70 |
| Controlling High Blood Pressure | 0.06 |
| Beta-Blocker Treatment After a Heart Attack | 0.32 |
| Cholesterol Management After Acute Cardiovascular Event | 0.64 |
| Comprehensive Diabetes Care | 0.80 |
| Prenatal and Postpartum Care | 0.56 |
| Frequency of Ongoing Prenatal Care | 0.56 |
| Well-Child Visits in the First 15 Months of Life | 0.98 |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | 0.45 |
| Adolescent Well-Care Visits | 0.39 |
| Weeks of Pregnancy at Time of Enrollment in the MCO | 0.09 |

Specification Updates

This document contains corrections, policy changes and clarifications to the *HEDIS 2005 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 2005 specifications or notification of a revised requirement
- **Clarification:** Additional information that clarifies an existing 2005 measure or guideline.

| Page | Measure/Guideline | Heading/Subtitle | Issue | Correction/Policy Change | Clarification |
|------|------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|
| 39 | General Guidelines | GG 58 Code Mapping | HEDIS does not allow mapping of standard code sets (CPT, ICD-9-CM, LOINC, DRG, CMS 1500 forms, Place of Service Codes, UB-92) used in the measures. Mapping is restricted to proprietary codes, HCPCS and NDC. | | X |
| 41 | General Guidelines | Table 1 Measures Reportable with a Partial Year of Data | For Use of Imaging Studies for Low Back Pain, change the continuous enrollment period from: 28 days after diagnosis, to: 180 days prior to the Episode Start Date through 28 days after the Episode Start Date. Change the continuous enrollment period for Glaucoma Screening in Older Adults from: the measurement year, to: the measurement year and the year prior to the measurement year. | | X |
| 46 | Guidelines for Calculations and Sampling | Claims-Dependent Denominators | Remove Appropriate Treatment for Children With Upper Respiratory Infection, Chlamydia Screening in Women, Use of Appropriate Medications for People With Asthma, Follow Up After Hospitalization for Mental Illness, Antidepressant Medication Management, Use of Imaging Studies for Low Back Pain, Initiation and Engagement of AOD Treatment and Claims Timeliness from this section because these are administrative-only measures. | | X |
| 49 | Guidelines for Calculations and Sampling | Table 2 | Change Childhood and Adolescent Immunization Status measures to reflect Y ² in the “prior year’s rate may be used to reduce MY 2004 Sample Size” column. In Comprehensive Diabetes Care, place a Y in the column “prior year’s rate may be used to reduce MY 2004 Sample Size.” | | X |
| 53 | Guidelines for Calculations and Sampling | Oversample Methodology | Plans that choose to report measures using the oversample and the sample must do so consistently across all measures. | | X |

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|------|---------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|
| 67 | Childhood Immunization Status | Table E-1A: Codes to Identify Childhood Immunizations | Replace the dash between CPT codes 90744 and 90747 with a comma. | | X |
| 69 | Childhood Immunization Status | Table E1-1/2: Data Elements for Childhood Immunization Status | Remove the X from the admin column in the denominator row. | | X |
| 71 | Adolescent Immunization Status | Table E2-A: Codes to Identify Adolescent Immunizations | Replace the comma between CPT codes 90744 and 90746 with a dash. | | X |
| 75 | Appropriate Treatment for Children With Upper Respiratory Infection | Eligible Population | Change from: anchor date = none, to: anchor date = episode date. | X | |
| 81 | Appropriate Testing for Children With Pharyngitis | Table E4-E: Codes to Identify Group A Streptococcus Tests | Replace LOINC Code in row enzyme immunoassay 556-5 with 6556-5. Replace CPT code 87802 with CPT code 87082. | | X |
| 84 | Colorectal Cancer Screening | Hybrid Specification Numerator | Delete the notation of barium enema from the DCBE bullet. | | X |
| 86 | Colorectal Cancer Screening | Table E5-2/3 Data Elements for Colorectal Cancer Screening | Remove one of the two rows entitled: Numerator Events by medical records. Also remove X in admin column for the following rows: FOBT by medical records*, Flexible sigmoidoscopy by medical records*, DCBE by medical records* and colonoscopy by medical records*. | | X |
| 94 | Chlamydia Screening in Women | Table E8-A: Codes to Identify Sexually Active Women | ICD-9-CM code range 09.0-098.0 should be 091.0-098.0. Replace LOINC Code 3773-3 in row amniotic fluid cytogenetics tests with 33773-3. | | X |
| 108 | Beta-Blocker Treatment After a Heart Attack | Hybrid Denominator Specification | Update the text to read: The MCO may reduce its sample size using the prior year's reported rate or this year's administrative rate. | | X |
| 113 | Cholesterol Management After Acute Cardiovascular Event | Event/Diagnosis | Change the explanation to calendar year 2003. | | X |
| 122 | Comprehensive Diabetes Care | Table E14-F: Codes to Identify Microalbuminuria Tests | Remove CPT code 84155. List the CPT codes as: 82042, 82043, 82044, 84156 OR [(84160, 84165) with code 81050]. | | X |

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| 122 | Comprehensive Diabetes Care | Table E14-F: Codes to Identify Microalbuminuria Tests | Add (*) and a note to CPT 81050: May use LOINC codes if not able to link total volume urine to microalbumin test. | | X |
| 122-123 | Comprehensive Diabetes Care | Tables E14-F, E14-G | Move LOINC codes from Table E14-G (macroalbuminuria test) to Table E14-F (microalbuminuria test): Urine macroalbuminurea : 1753-3, 1754-1, 1755-8, 9318-7, 13705-9, 14585-4, 20621-9, 21059-1, 32294-1 Urine protein : 2887-8, 2888-6, 2889-4, 2890-2, 12842-1, 13801-6, 18373-1, 21482-5, 26801-1, 27298-9, 32209-9, 32551-4, 34366-5, 35663-4 | | |
| 127 | Use of Appropriate Medications for People With Asthma | Table E15-A: Asthma Medications | Make the 3 bullets in the second column 5 bullets: <ul style="list-style-type: none"> • Cromolyn sodium • Inhaled corticosteroids • Leukotriene modifiers • Methylxanthines • Nedocromil | | |
| 128 | Use of Appropriate Medications for People With Asthma | Definitions: Dispensing Event | Replace the last sentence with: However, multiple inhalers of the same medication filled on the same date of service should be counted as one dispensing event. | | X |
| 129 | Use of Appropriate Medications for People With Asthma | Table E15-B: Codes to Identify Emergency Department and Inpatient Asthma Encounters | Remove CPT code 99288 to identify ED services. | | X |
| 130 | Use of Appropriate Medications for People With Asthma | Table E15-C: Codes to Identify Emphysema and COPD | Add ICD-9-CM code 493.2 to identify COPD. Replace ICD-9-CM code 506 with 506.4 to identify COPD. | | X |
| 133 | Follow-Up After Hospitalization for Mental Illness | Table E16-B: Codes to Identify Ambulatory Mental Health Encounter or Intermediate Treatment | Add UB-92 Revenue Codes 0905-0907. | | X |
| 138 | Antidepressant Medication Management | Table E17-B: Codes to Identify Follow-Up Office Visits | Add UB-92 Revenue Codes 0905-0907 to identify psychiatric visit codes. | | X |

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|------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|
| 143 | Use of Imaging Studies for Low Back Pain | Step 1 | Change from: December 2 of the measurement year, to: December 3 of the measurement year. | | X |
| 163 | Prenatal and Postpartum Care | Table A3-B: Codes to Identify Deliveries and Verify Live Births | Remove ICD-9-CM code 674.x2 from Step B. Add ICD-9-CM codes 72.0 – 73.99* to Step A. | | X |
| 165 | Prenatal and Postpartum Care | Table A3-C: Markers for Early Prenatal Care Obtainable from Administrative Data, Decision Rules 2 and 3 | All 4 CPT codes—86644, 86694, 86762, 86777—must be present to qualify as a TORCH. Code 86762 may also be used if it is used with the code (86900 or 86901) for rubella antibody with Rh incompatibility. Add CPT code 76810 for ultrasound. | | X |
| 174 | Initiation and Engagement of AOD Dependence Treatment | Age | Add the following bullets to the end of this section: <ul style="list-style-type: none"> • 18-25 year olds • 26-34 year olds • 35-64 year olds • 65+ year olds • overall rate. | X | |
| 174 | Initiation and Engagement of AOD Dependence Treatment | Event Diagnosis | Update the first bullet to reflect: an outpatient claim/encounter or intermediate claim/encounter between January 1 and November 15 of the measurement year, or | | X |
| 176 | Initiation and Engagement of AOD Dependence Treatment | Data Elements Table: A5-1/2/3 | Add under each row in the administrative column: for each age stratification. | X | |
| 177 | Claims Timeliness | Denominator | Remove the note about encounters. Encounter data is further explained in the notes at the end of the measure. | | X |
| 198 | Practitioner Turnover | Notes | Add bullet: <ul style="list-style-type: none"> • the measure evaluates turnover at the individual practitioner level. Facility turnover should not be included. | | X |
| 211 | Frequency of Ongoing Prenatal Care | Step 7 | Change from: >81 percent of the number of expected visits, to: ≥ 81 percent of expected visits. | | X |

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| 234 | Inpatient Utilization—General Hospital/Acute Care | Discharges | Remove the sentence: Include all discharges designated as inpatient with UB-92 Type of Bill codes 11x, 12x, 41x, 42x, and 84X using Table U6-A, and replace with: Use codes in Table U6-A to identify discharges. | | X |
| 235 | Inpatient Utilization—General Hospital/Acute Care | Note below Table U6-A: Codes to Identify Total Inpatient Discharges | Add UB-92 Type of Bill Code 84X to the note. | | X |
| 237-238 | Inpatient Utilization—General Hospital/Acute Care | Table U6-1/2/3: Inpatient Utilization—General Hospital/Acute Care | Add asterisk next to table with the following note: The maternity category is calculated using member months for members 10 and over. | | X |
| 243 | Ambulatory Care | Table U7-B: Codes to Identify Emergency Department Visits | Remove CPT code 99288. The code range should be 99281-99285. | | X |
| 244 | Ambulatory Care | Note below Table U7-C: Codes to Identify Ambulatory Surgery/Procedures | Update Note to read: MCOs should use the ASC Base Eligibility File that was valid on December 31, 2004. | | X |
| 261 | Mental Health Utilization—Percentage of Members Receiving Services | Calculations: Product Lines | Change the sentence: Report the number and percentage per 1,000 members per year of MCO members in the product line/eligibility group ..., to: Report the number and rate per 1,000 members per year of MCO members in the product line/eligibility group ... | | X |
| 262 | Mental Health Utilization—Percentage of Members Receiving Services | Table U14-A: Codes to Identify Intermediate Care and Ambulatory Services | Remove CPT code range 99217-99420 and replace with 99420*. Remove CPT code 90820. | | X |
| 265 | Chemical Dependency Utilization—Inpatient Discharges and Average Length of Stay | Benefit | Update to read: Chemical Dependency (inpatient). | | X |
| 268 | Identification of Alcohol and Other Drug Services | Calculation: Product Lines | Change the sentence: Report the number and percentage per 1,000 members per year of MCO members in the product line/eligibility group ..., to: Report the number and rate per 1,000 members per year of MCO members in the product line/eligibility group ... | | X |

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| 269 | Identification of Alcohol and Other Drug Services | Table U16-B: Codes to Identify Intermediate Care and Ambulatory Services | Replace ICD-9-CM code range 30,5.2-305.9 with 305.2-305.9. Replace ICD-9-CM Codes 94.6x with 94.62, 94.63, 94.65, 94.66, 94.68, 94.69. | | X |
| 270 | Identification of Alcohol and Other Drug Services | Table U16-C: Codes to Identify Intermediate Care and Ambulatory Services | Add UB-92 Revenue Codes 944 and 945. | | X |
| 288 | Board Certification | Column C | Place at the end of the page after Other Physician Specialist and before Notes: For each type of physician, calculate the percentage that is board certified by dividing Column B by Column A. | | X |