



*Measuring the Quality of America's Health Care*

September 29, 2006

Dear Colleague:

NCQA is pleased to provide you with the *HEDIS® 2007, Volume 2: Technical Update*. With this release, NCQA freezes the technical specifications for HEDIS 2007 Volume 2. The only measures not currently frozen are those that require the use of pharmacy data. These measures will be final on November 15, 2006, when the NDC lists are posted.

This memo includes:

- Random Number (RAND) table for HEDIS 2007
- Corrections, policy changes and clarifications to *HEDIS 2007, Volume 2: Technical Specifications*

Additional Update items posted to NCQA's Web site include:

- Updated [Cost of Care](#) Guidelines and measures for HEDIS 2007 reporting. The following Cost of Care measure specifications have been updated: *Relative Resource Use for People With Diabetes*, *Relative Resource Use for People With Asthma* and *Relative Resource use for People With Acute Low Back Pain*. Significant updates or clarifications are highlighted. These include updates or clarifications that may change the calculation or programming of the measures. **Note:** The *Technical Update* does not include updates to the remaining three Cost of Care measures which will be collected in HEDIS 2008. Necessary updates or revisions will be made to these remaining measures in HEDIS 2008.
- [HEDIS Volume 2 PPO Addendum](#). This includes revised General Guidelines for PPO reporting for HEDIS 2007.

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 2007, 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 Update or about other measure specifications, contact us through our Policy Clarification Support (PCS) system at [www.ncqa.org/PCS](http://www.ncqa.org/PCS) or by phone (888-275-7585).

We wish everyone a successful HEDIS data collection season!

Sincerely,

A handwritten signature in cursive script, appearing to read 'Cindy Ottone'.

Cindy Ottone, MHA  
Director, Policy

Enclosure

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

Measure	RAND
Childhood Immunization Status	.14
Adolescent Immunization Status	.49
Colorectal Cancer Screening	.79
Cervical Cancer Screening	.40
Controlling High Blood Pressure	.66
Beta-Blocker Treatment After a Heart Attack	.47
Cholesterol Management for Patients With Cardiovascular Conditions	.23
Comprehensive Diabetes Care	.03
Prenatal and Postpartum Care*	.84
Frequency of Ongoing Prenatal Care*	.84 Updated on 10/02/06
Well-Child Visits in the First 15 Months of Life	.92
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	.90
Adolescent Well-Care Visits	.50
Weeks of Pregnancy at Time of Enrollment in the MCO	.14

*\* Note: The Random Numbers for the Prenatal and Postpartum Care and Frequency of Ongoing Prenatal Care measures are the same. These measures are collected on the same denominator.*

### Specification Updates

This document contains corrections, policy changes and clarifications to *HEDIS 2007 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 correction made to an error in the 2007 specifications or notification of a revised requirement
- **Clarification:** Additional information that clarifies an existing 2007 measure or guideline.

Page	Measure/Guideline	Heading/Subtitle	Issue	Correction/Policy Change	Clarification
TOC	Table of Contents	Relative Resource Use for People With Acute Low Back Pain	Replace RBP with RLB.		X
35	General Guidelines for Data Collection and Reporting	Table 1	For Spirometry Testing in the Assessment and Diagnosis of COPD, in the Continuous Enrollment Period column, replace the text with: 730 days (2 years) prior to the IESD through 180 days after the IESD.		X
44	Guidelines for Calculations and Sampling	Table 2	For Childhood Immunization Status, in the Prior Year’s Rate May Be Used to Reduce MY 2006 Sample Size column, replace “N” with: Y. If reducing the sample size based on the product-line specific prior year’s reported rate, combination 3 must be used.		X
61	Childhood Immunization Status	Table CIS-A	In the Hepatitis B row, insert a comma between HCPCS Q3021 and Q3023.		X
69	Appropriate Treatment for Children With Upper Respiratory Infection	Table URI-B	Replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		X
73	Appropriate Testing for Children With Pharyngitis	Table CWP-B	Replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		X
73	Appropriate Testing for Children With Pharyngitis	Table CWP-C	In the shaded cell, replace “ND” with <i>AND</i> .		X
78	Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis	Table AAB-B	Replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		X
79	Inappropriate Antibiotic Treatment for Adults With Acute Bronchitis	Table AAB-E	In the Infections of the pharynx, larynx, tonsils, adenoids row, replace the period between ICD-9-CM Diagnosis codes 478.71 and 478.79 with a comma.		X
91	Chlamydia Screening in Women	Table CHL-A	Add: <ul style="list-style-type: none"> <li>• HCPCS H1000, H1001, H1003-H1005, S4981</li> <li>• ICD-9-CM Diagnosis codes 996.32, V15.7</li> <li>• ICD-9-CM Procedure codes 69.01, 69.02, 69.51, 69.52, 69.7, 97.24, 97.71, 97.73</li> </ul>		X

			<ul style="list-style-type: none"> <li>• LOINC code 43406-8.</li> </ul>		
92	Chlamydia Screening in Women	Table CHL-B	Add LOINC codes 6349-5, 43406-8.		X
99	Controlling High Blood Pressure	Numerator: <i>Medical Record</i>	Add a fourth bullet to Step 1 that reads: Do not include home blood pressure monitoring results or blood pressure readings that are self-reported by the member (e.g., home and health-fair BPs).		X
99	Controlling High Blood Pressure	Numerator: <i>Medical Record</i>	Add a sentence to Step 2 that reads: The systolic and diastolic results do not need to be from the same reading.		X
99	Controlling High Blood Pressure	Table CBP-C	In the Evidence of ESRD row, add HCPCS G0308-G0313.		X
108	Cholesterol Management for Patients With Cardiovascular Conditions	Description	Replace with: The percentage of members 18-75 years of age who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty from January 1-November 1 of the year prior to the measurement year, <i>or</i> who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to measurement year, who had each of the following during the measurement year. <ul style="list-style-type: none"> <li>• LDL-C screening performed</li> <li>• LDL-C control (&lt;100 mg/dL)</li> </ul>	X	
109	Cholesterol Management for Patients With Cardiovascular Conditions	Event/diagnosis	Replace the <i>Diagnosis</i> paragraph below Table CMC-A with: <i>Diagnosis:</i> Identify members as having IVD who met at least one of the two criteria below, during <i>both</i> the measurement year and the year prior to the measurement year (criteria need not be the same across both years). <ul style="list-style-type: none"> <li>• At least one outpatient visit (Table CMC-C) with an IVD diagnosis (Table CMC-B).</li> <li>• At least one acute inpatient visit (Table CMC-C) with an IVD diagnosis (Table CMC-B).</li> </ul>	X	
109	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-B	Delete: <ul style="list-style-type: none"> <li>• ICD-9-CM Diagnosis code 435</li> <li>• DRG 524</li> </ul> Replace 433-435 with 433-434	X	
109	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-C	In the Outpatient row replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		X
109	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-C	Delete all Nonacute inpatient and Emergency department visit type codes.	X	
110	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-D	Add a column for CPT Category II codes. Add CPT Category II codes 3048F, 3049F, 3050F.		X
110	Cholesterol Management for Patients With Cardiovascular Conditions	Administrative Numerator: LDL-C level <100mg/dL	Add a second paragraph that reads: If the most recent test during the measurement year is identified by a CPT		X

			Category II code, use Table CDC-H (p116) to evaluate whether the member is numerator compliant (3048F indicates the member is numerator compliant; 3049F, 3050F indicate the member is not numerator compliant).		
114	Comprehensive Diabetes Care	Table CDC-C	In the Outpatient row replace UB-92 Revenue code 052x with 0520-0523, 0526-0529. In the Nonacute inpatient row add UB-92 Revenue codes 0524, 0525.		X
116	Comprehensive Diabetes Care	Table CDC-F	Add: <ul style="list-style-type: none"> <li>• HCPCS S0620, S0621</li> <li>• ICD-9-CM Diagnosis code V72.0</li> </ul>		X
119	Comprehensive Diabetes Care	Blood pressure level <130/80 mm Hg	Replace the existing paragraph with: Using automated data, identify the most recent BP reading during the measurement year from an internal administrative database. If the most recent result is <130/80 mm Hg the member is numerator compliant. If the BP is ≥130/80 mm Hg or if there is no automated BP reading during the measurement year, the member is not compliant. If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP.		X
119	Comprehensive Diabetes Care	Blood pressure level <140/90 mm Hg	Replace the existing paragraph with: Using automated data, identify the most recent BP reading during the measurement year. If the MCO is using a combination of data from internal administrative databases and CPT Category II codes, it must search all sources and use the most recent result. An MCO that uses CPT Category II codes to identify numerator compliance for this indicator must search for all codes in Table CDC-L and use the most recent code to evaluate whether the member is numerator compliant. If the most recent result is from an administrative database, the member is numerator compliant if the BP is <140/90 mm Hg. The member is not compliant if the BP is ≥140/90 mm Hg or if there is no automated BP reading during the measurement year. If there are multiple BPs on the same date of service, use the lowest systolic and lowest diastolic BP on that date as the representative BP. If the most recent result is from a CPT Category II code, use Table CDC-L to evaluate whether the member is numerator compliant.		X
123	Comprehensive Diabetes Care	Numerator: <i>Medical Record</i>	Add a sentence to Step 2 that reads: The systolic and diastolic results do not need to be from the same reading.		X
123	Comprehensive Diabetes Care	Note	To the first bulleted note, add a sentence that reads: The methodology for the blood pressure control indicators must be consistent as well.		X
123	Comprehensive Diabetes Care	Note	Add the following bullet: <ul style="list-style-type: none"> <li>• Do not include home blood pressure monitoring results or blood pressure</li> </ul>		X

			readings that are self-reported by the member (e.g., home and health-fair BPs).		
127	Use of Appropriate Medications for People with Asthma	Table ASM-B	In the Outpatient row replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		X
129	Use of Appropriate Medications for People with Asthma	Table ASM-1/2/3	Rename Table ASM-1/2/3 as: Table ASM-1/2.		X
133	Follow-Up After Hospitalization for Mental Illness	Numerator: 30-day follow-up	Replace "To identify outpatient follow-up encounters, use the CPT codes or the UB-92 revenue codes in Table FUH-B" with: Use codes in Table FUH-B to identify outpatient follow-up encounters.		X
133	Follow-Up After Hospitalization for Mental Illness	Numerator: 7-day follow-up	Replace "To identify outpatient follow-up encounters, use the CPT codes or the UB-92 revenue codes in Table FUH-B" with: Use codes in Table FUH-B to identify outpatient follow-up encounters.		X
138	Antidepressant Medication Management	Numerator: Optimal practitioner contacts for medication management	Replace "Visits with a mental health practitioner: To identify visits with mental health practitioners, use any of the CPT or UB-92 Revenue codes in Table AMM-B" with: <i>Visits with mental health practitioners: To identify visits with mental health practitioners, use any of the CPT, HCPCS or UB-92 Revenue codes in Table AMM-B.</i>		X
141	Follow-Up Care for Children Prescribed ADHD Medication	Follow-Up Care for Children Prescribed ADHD Medication	Continuation and Maintenance Phase is considered a first-year measure rate and will not be publicly reported in HEDIS 2007.	X	
146	Glaucoma Screening in Older Adults	Table GSO-A	Add HCPCS S0620, S0621.		X
149	Use of Imaging Studies for Low Back Pain	Table LBP-B	In the Outpatient row replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		X
152	Disease-Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	Table ART-B	In the Outpatient row replace UB-92 Revenue code 052x with 0520-0523, 0526-0529. In the Nonacute inpatient row add UB-92 Revenue codes 0524, 0525.		X
154-160	Annual Monitoring for Patients on Persistent Medications	Annual Monitoring for Patients on Persistent Medications	Delete the Annual Monitoring for Members on Statins rate (Rate 5) from the measure. Report four separate rates and a total rate for the measure. The Total rate is equal to the sum of the four numerators divided by the sum of the four denominators.	X	
156	Annual Monitoring for Patients on Persistent Medications	Table MPM-A	Delete the following: Amlodipine-benazepril, Candesartan+HCTZ, Enalapril-felodipine, Enalapril-diltiazem, Eprosartan+ HCTZ, Irbesartan+HCTZ, Olmesartan+HCTZ, Quinapril+HCTZ, Telmisartan+HCTZ, Valsartan+HCTZ		X
157-158	Annual Monitoring for Patients on Persistent Medications	Table MPM-D	Delete the following: HCTZ/Captopril, HCTZ/Fosinopril, HCTZ/Hydralizaine, HCTZ/Quinapril, HCTZ/Telmisartan, HCTZ/ Triamterene Add the following: Benzthiazide, Hydroflumethazide, Quinethazone, HCTZ/Guanethidine		X

158	Annual Monitoring for Patients on Persistent Medications	Table MPM-E	Delete the following: Carbatrol, Di-Phen, Epitol, Equetro, Tegretol, Tegretol XR Add the following: Diphenylan, Depacaine, Myoproic Acid		X
162-163	Drugs to Be Avoided in the Elderly	Table DAE-A	Delete the following: Butalbital, Chlordiazepoxide-Methscopolamine, Estinyl, Estrace, Estratab, Estroproiate, Gynodiol, Nandrolone, Oxandrolone, Stanozolol, Testosterone Add the following: Mesoridazine, Pemoline, Cyclandelate		X
165	Potentially Harmful Drug-Disease Interactions in the Elderly	Rate 1: Additional eligible population criteria	Replace "in the measurement year or the year prior to the measurement year" with: on or between January 1 of the year prior to the measurement year and December 1 of the measurement year		X
166	Potentially Harmful Drug-Disease Interactions in the Elderly	Rate 2: Additional eligible population criteria	Replace "during the measurement year or the year prior to the measurement year" with: on or between January 1 of the year prior to the measurement year and December 1 of the measurement year		X
167	Potentially Harmful Drug-Disease Interactions in the Elderly	Rate 3: Additional eligible population criteria	Replace "during the measurement year or the year prior to the measurement year" with: on or between January 1 of the year prior to the measurement year and December 1 of the measurement year		X
183	Adults' Access to Preventive/Ambulatory Health Services	Numerator	Replace "Exclude inpatient stays and emergency department (ED) visits" with: Exclude acute inpatient encounters and emergency department (ED) visits.		X
190	Prenatal and Postpartum Care	Table PPC-C	Add CPT Category II code 0501F to Decision Rule 1.		X
194	Prenatal and Postpartum Care	Table PPC-D	Add CPT Category II code 0501F.		X
205	Initiation and Engagement of AOD Dependence Treatment	Table IET-1/2/3	On each row that has "For each age stratification and total" replace with: For each age stratification and total – for each of the 2 rates		X
219	Years in Business/Total Membership	Table YIB	Rename Table YIB as: Table YIB-1/2/3.		X
258	Inpatient Utilization – General Hospital/Acute Care	Asterisk note below Table IPU–1	Replace "10 – 74 years" with: 10 – 64 years		X
262	Ambulatory Care	Table AMB-A	In the Freestanding clinic row replace UB-92 Revenue code 052x with 0520-0523, 0526-0529.		X
269	Inpatient Utilization—Nonacute Care	Table NON-A	In the SNF row add UB-92 Revenue codes 0524, 0525.		X
290	Identification of Alcohol and Other Drug Services	Table IAD-1/2/3	Remove the 18-64 age band from the Intermediate and Ambulatory Member Months reporting table.		X

292	Outpatient Drug Utilization	Calculations – Formulas	Replace all references to “formulary/other rebates” with: formulary or other rebates		X
292	Outpatient Drug Utilization	Calculations – Formulas	Replace “Annual total number of prescriptions per member per year” with: Average total number of prescriptions per member per year		X
294	Antibiotic Utilization	Antibiotic Utilization	This measure will not be publicly reported for HEDIS 2007. However, plans are encouraged to collect and report data for this measure.	X	
297	Antibiotic Utilization	All other antibiotics	In the last sentence replace “Table ABX-4” with: ABX-C		X
297	Antibiotic Utilization	Table ABX-C	In the Cephalosporin Therapeutic Class row, delete Piperacillin-tazobactam.		X
302	Antibiotic Utilization	Table ABX-1/2/3 (c)	Add age bands: <ul style="list-style-type: none"> <li>• 0-9</li> <li>• 10-17</li> <li>• 18-34</li> <li>• 35-49</li> </ul>		X
305-346	Cost of Care	Cost of Care	<a href="#">See updated HEDIS 2007 specifications.</a>		X
381	Board Certification	Description	Replace the first paragraph with: The percentage of the following physicians who are board certified. <ul style="list-style-type: none"> <li>• Primary care physicians</li> <li>• OB/GYN physicians</li> <li>• Pediatric physician specialists</li> <li>• Geriatricians</li> <li>• Other physician specialists</li> </ul>		X
389	Enrollment by Product Line	Member Years of Enrollment by Age and Sex – Medicare: Table Instructions	Replace “[X member months of enrolled Medicare males, 0-19]” with: [X member years of enrolled Medicare males, 0-19]		X
398	Race/Ethnicity Diversity of Membership	Race/Ethnicity Diversity of Membership	Measure will not be publicly reported for HEDIS 2007. However, plans are encouraged to collect and report data for this measure.	X	
401	Language Diversity of Membership	Language Diversity of Membership	Measure will not be publicly reported for HEDIS 2007. However, plans are encouraged to collect and report data for this measure.	X	
402	Language Diversity of Membership	Table LDM-1/3	In the Total row, add: <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Total</li> </ul>		X