

Proposed Changes to Existing Measures for HEDIS^{®1} 2009: Recommendation to Remove DRGs from Selected HEDIS Code Tables

NCQA seeks comments on removing Diagnosis-related group (DRG) codes from selected HEDIS code tables and requiring measures to be reported using other specified codes (e.g., ICD-9-CM Diagnosis and Procedure codes, CPT codes). We propose to remove DRGs from all code tables in the Effectiveness of Care, Access and Availability of Care and Health Plan Descriptive Information domains, and selected tables in the Cost of Care domain. Refer to the attached table for a specific list of DRG codes recommended for deletion.

Note: NCQA is not recommending removal of DRGs from Use of Service measures. For Cost of Care measures, NCQA recommends removing DRGs from tables used to identify the eligible population, but DRGs will remain the preferred method for identifying discharges used to calculate standard price.

Inclusion of DRGs in HEDIS code tables is redundant because measures can be reported using ICD-9-CM codes alone. The DRG code system organizes ICD-9-CM Diagnosis and Procedure codes into groups that are clinically consistent and demonstrate similar resource consumption and length-of-stay patterns. HEDIS measure code tables that include DRGs also include ICD-9-CM Diagnosis and Procedure codes appropriate for HEDIS reporting.

Because many DRGs are not specific enough for HEDIS reporting, the DRGs included in HEDIS code tables are incomplete and are not effective in identifying all eligible events or encounters. For example, a DRG that includes both Diagnosis codes listed for a HEDIS measure and Diagnosis codes *not* listed for a HEDIS measure would not be included in HEDIS code tables. This is because there is no way to tell, based on the DRG alone, if the member was assigned the DRG because of a diagnosis *intended* for the measure or a diagnosis *not intended* for the measure. Because the DRG lists are incomplete, organizations must use other codes in the HEDIS code table to identify all eligible events or encounters; it is not valid to report using DRGs alone.

Unlike CPT or ICD-9-CM codes, a DRG cannot be evaluated for appropriateness based on the code description alone. First, all potential DRGs must be identified using the list of ICD-9-CM codes included in the HEDIS code table. Each ICD-9-CM code typically maps to between one and five DRGs. Next, the list of ICD-9-CM codes for each potential DRG must be reviewed. DRGs that are not specific to the list of ICD-9-CM codes in the HEDIS code table must be removed. Because the end result of this process is a partial list (due to specificity issues), one must question whether maintaining an incomplete DRG list is an appropriate use of resources.

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DRGs Recommended for Deletion

The table below lists the DRGs recommended for deletion by measure and HEDIS code table name. It also identifies DRGs scheduled to be removed from the measure because they are not specific enough for the measure. These codes are indicated by an asterisk (*).

For example, while MS-DRG 637 includes members assigned an ICD-9-CM principal diagnosis code of 250, diabetes, it also identifies members with an ICD-9-CM principal diagnosis of 791.5, glycosuria. Because DRG 637 identifies conditions other than those intended to be included in the Comprehensive Diabetes Care measure, it is not specific enough to be used to identify members with diabetes and must be removed from Table CDC-B.

Measure	Page	Table Name	Description	CMS-DRG	MS-DRG
Cholesterol Management for Patients With Cardiovascular Conditions	113	CMC-A: Codes to Identify AMI, PTCA and CABG	AMI (inpatient only)	121, 122, 516	280-282
			CABG (inpatient only)	106, 107, 109, 547-550	231-236
			PTCA	516*, 517*, 526*, 527*, 555*, 556*, 557*, 558*	246*, 247*, 248*, 249*, 250*, 251*
	113	CMC-B: Codes to Identify IVD	IVD	140, 559	061-063, 311
Controlling High Blood Pressure	119	CBP-C: Codes to Identify Exclusions	Evidence of ESRD	317	685
Persistence of Beta-Blocker Treatment After a Heart Attack	121	PBH-A: Codes to Identify AMI	AMI	121, 122, 516, 526	280-282
Comprehensive Diabetes Care	128	CDC-B: Codes to Identify Diabetes	Diabetes	294*, 295*	637*, 638*, 639*
	132	CDC-K: Codes to Identify Evidence of Nephropathy	Evidence of treatment for nephropathy	316, 317	682-685
Osteoporosis Management in Women Who Had a Fracture	145	OMW-A: Codes to Identify Fractures	NA	235, 236	533-536
Antidepressant Medication Management	154	AMM-A: Codes to Identify Major Depression	Major depression	426*	881*
			Prior depressive episodes	426*	881*
		AMM-B: Codes to Identify Substance Abuse	NA	433, 521*, 522*, 523*	894*, 895*, 896*, 897*
Follow-Up After Hospitalization for Mental Illness	165	FUH-A: Codes to Identify Mental Health Diagnosis	NA	426, 430	881, 885
	165	FUH-B: Codes to Identify Nonacute Care	Rehabilitation	462	945, 946

Measure	Page	Table Name	Description	CMS-DRG	MS-DRG
Potentially Harmful Drug-Disease Interactions in the Elderly	176	DDE-H: Codes to Identify Chronic Renal Failure	Chronic renal failure	317	685
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	205	IET-E: Codes to Identify Inpatient Visits	NA	433*, 521*, 522*, 523*	894*, 895*, 896*, 897*
Prenatal and Postpartum Care	210	PPC-B: Codes to Identify Deliveries and Verify Live Births	Step A: Identify deliveries	370-375	765-768, 774, 775
Relative Resource Use for People With Diabetes	327	RDI-B: Codes to Identify ESRD	ESRD (including renal dialysis)	317	685
Relative Resource Use for People With Cardiovascular Conditions	349	RCA-A: Codes to Identify Clinical Category	AMI	121, 122, 516	280-282