## HEDIS 2014 Technical Specifications for Physician Measurement

### SUMMARY TABLE OF MEASURE CHANGES

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| Guidelines for Physician Measurement                                      | • Changed all coding table references to value sets.  
• Clarified the Patient-reported Data section in the *Obtaining Medical Record Information Manually* guideline.  
• Revised the *Identifying Events/Diagnoses Using Laboratory Data* guideline under the Electronic Method section.  
• Renamed and revised the *Code Presentation* guideline to reflect the presentation of codes in the value sets.  
• Revised the *Uniform Bill Code Specificity* guideline to reflect how UB TOB codes will be listed in the value sets. |
| Effectiveness of Preventive Care Guidelines for Physician Effectiveness of Care | • Revised the requirements for "Which services count?" when collecting data for the Effectiveness of Care measures.                                                                                     |
| Adult BMI Assessment                                                        | • Removed coding tables and replaced all coding table references with value set references.  
• Clarified in the Electronic Specification that patients 19 years of age and younger can meet criteria with a BMI percentile.  
• Clarified that ranges and thresholds do not meet numerator criteria for the Medical Record Specification. |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | • Removed coding tables and replaced all coding table references with value set references.  
• Clarified in the Electronic Specification for BMI percentile that adolescents 16-17 years of age on the date of service can meet criteria with a BMI value.  
• Clarified that ranges and thresholds do not meet numerator criteria for BMI percentile in the Medical Record Specification.  
• Clarified that patients must receive educational materials during a face-to-face visit in order to meet criteria for the Hybrid Specification for the *Counseling for nutrition* and *Counseling for physical activity* indicators.  
• Added that weight or obesity counseling count as numerator compliant for they Hybrid Specification for both the *Counseling for nutrition* and *Counseling for physical activity* indicators.  
• Added a Note stating that a physical exam finding or observation alone is not compliant for Counseling for nutrition.  
• Clarified in the Note that services specific to an acute or chronic condition do not count toward the *Counseling for nutrition* and *Counseling for physical activity* indicators. |
| Childhood Immunization Status                                               | • Removed coding tables and replaced all coding table references with value set references.                                                                                                             |
| Immunizations for Adolescents                                              | • Removed coding tables and replaced all coding table references with value set references.                                                                                                             |
| Human Papillomavirus Vaccine for Female Adolescents                         | • Removed coding tables and replaced all coding table references with value set references.                                                                                                             |
| Lead Screening in Children                                                 | • Removed coding tables and replaced all coding table references with value set references.                                                                                                             |
| Colorectal Cancer Screening                                                | • Removed coding tables and replaced all coding table references with value set references.                                                                                                             |
| Breast Cancer Screening                                                    | • Removed coding tables and replaced all coding table references with value set references.  
• Revised the patient inclusion criteria.  
• Revised the age criterion to women 50–74 years of age.  
• Revised the numerator time frame.  
• Revised the age criterion to women 50–74 years of age.  
• Revised the numerator time frame. |

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| Cervical Cancer Screening                             | • Removed coding tables and replaced all coding table references with value set references.  
  • Added steps to allow for two appropriate screening methods of cervical cancer screening: cervical cytology performed every three years in women 21–64 years of age and cervical cytology/HPV co-testing performed every five years in women 30–64 years of age. |
| Non-Recommended Cervical Cancer Screening in Adolescent Females | • First-year measure.                                                                                                                                                                                                                                                   |
| Chlamydia Screening in Women                          | • Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                               |
| Glaucoma Screening in Older Adults                    | • Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                                 |
| Use of High-Risk Medications in the Elderly           | • Clarified calculation of average daily dose for elixirs and concentrates in Calculating average daily dose.  
  • Revised criteria for numerator 2 for both medications with days supply criteria and medications with average daily dose criteria.  
  • Clarified that organizations may not round when calculating the average daily dose.                                                                                                                                                                          |
| Care for Older Adults                                 | • Removed coding tables and replaced all coding table references with value set references.  
  • Revised the definition for the medication list to clarify that the list may include prescription dosages and frequency.*  
  • Revised Medication Review requirements to allow for transitional care management services.  
  • Replaced “pain screening” with “pain assessment” throughout the specification.  
  • Clarified that all notations for ADLs and IADLs must be present in the medical record documentation in order to count for the Functional Status Assessment indicator.  
  • Clarified that hearing, vision and speech must be assessed to meet the Sensory ability component in the Functional Status Assessment indicator.  
  • Revised the medical record documentation requirements for the Pain Assessment indicator to indicate that any documentation of a pain assessment (including positive or negative findings) is acceptable.  
  • Removed “Evidence of a pain management plan” as compliant for the Pain Assessment indicator.                                                                                                                                 |
<p>| Appropriate Treatment for Children With Upper Respiratory Infection | • Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                                   |
| Appropriate Testing for Children With Pharyngitis      | • Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                                  |
| Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis | • Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                                  |
| Use of Imaging Studies for Low Back Pain              | • Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                                   |</p>
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| Persistence of Beta-Blocker Treatment After a Heart Attack                  | - Clarified in the Description that patients must have a diagnosis of AMI.  
- Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Controlling High Blood Pressure                                            | - Removed coding tables and replaced all coding table references with value set references.  
- Removed “Telephone call record” as an acceptable method for confirming the hypertension diagnosis.  
- Clarified step 2 of the numerator to state when a BP reading is not compliant.  
- Revised the exclusion criteria to allow exclusion of all patients who had a nonacute inpatient encounter during the measurement year (previously the exclusion was limited to nonacute inpatient admissions).                                                                                                                                                                                                                                                                                                                                                                                   |
| Cholesterol Management for Patients With Cardiovascular Conditions         | - Removed coding tables and replaced all coding table references with value set references.  
- Revised the time frame in the event/diagnosis criteria.  
- Clarified requirements for AMI and CABG diagnoses in the Event/diagnosis section.  
- Clarified medical record requirements for the LDL-C Control indicators.  
- Added a Note section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Comprehensive Ischemic Vascular Disease                                    | - Removed coding tables and replaced all coding table references with value set references.  
- Revised the time frame in the event/diagnosis criteria.  
- Clarified medical record requirements for the LDL-C Control (<100 mg/dL) indicator.  
- Clarified the numerator for BP Control indicators in the Medical Record Specification to state when a BP reading is not compliant.  
- Clarified in the Note section that organizations must use the most recent result for indicators that require it, regardless of data source.                                                                                                                                                                                                                                                                                                                                                     |
| Comprehensive Adult Diabetes Care                                         | - Removed coding tables and replaced all coding table references with value set references.  
- Clarified requirements for a CABG diagnosis in the Required exclusions for HbA1c Control <7% for a Selected Population indicator.  
- Added canagliflozin to the description of “Sodium glucose cotransporter 2 (SGLT2) inhibitor” in Table CDC-A.  
- Clarified requirements for using the HbA1c Level 7.0–9.0 Value Set for the HbA1c Control (<8.0%) indicator.  
- Clarified hybrid requirements for the HbA1c Control indicators.  
- Clarified medical record documentation requirements for a negative retinal or dilated eye exam.  
- Clarified that a finding (e.g., normal, within normal limits) is acceptable for the LDL-C Screening indicator.  
- Clarified hybrid requirements for the LDL-C Control (<100 mg/dL) indicator.  
- Clarified step 2 of the numerator for BP Control indicators in the Hybrid Specifications to state when a BP reading is not compliant.  
- Clarified in the Note section that organizations must use the most recent result for indicators that require it, regardless of data source.                                                                                                                                                                                                                                                                                                                                                     |
| Use of Appropriate Medications for People With Asthma                      | - Removed coding tables and replaced all coding table references with value set references.  
- Revised the definition of *Inhaler dispensing event*.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| **Effectiveness of Chronic Care**                                          | **Medication Management for People With Asthma**  
  - Removed coding tables and replaced all coding table references with value set references.  
  - Revised the definition of *Inhaler dispensing event*.  
  - Clarified that the PDC should be rounded to two decimal places, using the .5 rule, in step 4 of the numerator calculation.  

| **Asthma Medication Ratio**                                                |  
  - Removed coding tables and replaced all coding table references with value set references.  
  - Revised the definition of *Inhaler dispensing event*.  
  - Added the definition of *Units of medication*.  

| **Use of Spirometry Testing in the Assessment and Diagnosis of COPD**      |  
  - Removed coding tables and replaced all coding table references with value set references.  

| **Pharmacotherapy Management of COPD Exacerbation**                       |  
  - Removed coding tables and replaced all coding table references with value set references.  

| **Follow-Up After Hospitalization for Mental Illness**                    |  
  - Removed coding tables and replaced all coding table references with value set references.  
  - Added requirements for transitional care management services to the Numerator criteria in the Electronic Specification.  

| **Antidepressant Medication Management**                                  |  
  - Removed coding tables and replaced all coding table references with value set references.  
  - Deleted the IESD.  
  - Revised the Negative Medication History time frame.  
  - Revised the IPSD definition.  
  - Revised the continuous enrollment criteria.  
  - Revised the anchor date.  
  - Revised the event/diagnosis steps.  

| **Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications** |  
  - Removed coding tables and replaced all coding table references with value set references.  

| **Diabetes Monitoring for People With Diabetes and Schizophrenia**        |  
  - Removed coding tables and replaced all coding table references with value set references.  

| **Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia** |  
  - Removed coding tables and replaced all coding table references with value set references.  
  - Revised the Event/diagnosis criteria to allow both facility and professional claims when identifying AMI or CABG events.  
  - Clarified the requirements for AMI and CABG diagnoses in the Event/diagnosis criteria section.  

| **Adherence to Antipsychotic Medications for Individuals With Schizophrenia** |  
  - Removed coding tables and replaced all coding table references with value set references.  
  - Clarified in step 4 of the numerator calculation that the PDC should be rounded to two decimal places, using the .5 rule.  

| **Follow-Up Care for Children Prescribed ADHD Medication**                |  
  - Removed coding tables and replaced all coding table references with value set references.  
  - Revised dates in intake period and age criteria to account for a year that is not a leap year.  

| **Osteoporosis Management in Women Who Had a Fracture**                  |  
  - Removed coding tables and replaced all coding table references with value set references.  

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| Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis      | - Removed coding tables and replaced all coding table references with value set references.  
- Added tofacitinib to the description of “Janus kinase (JAK) inhibitor” in Table ART-C.                                                                                                                                                                                                                                                                                                                                                                             |
| Annual Monitoring for Patients on Persistent Medications                   | - Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Potentially Harmful Drug-Disease Interactions in the Elderly                | - Removed coding tables and replaced all coding table references with value set references.  
- Revised drugs in all rates to align with AGS criteria (revised and renamed medication tables).  
- Added bipolar disorder and seizure disorder to the Rate 1 required exclusions.  
- Deleted dementia from the Rate 1 required exclusions.  
- Added required exclusions to Rate 2.  
- Replaced references of “chronic renal failure” to “chronic kidney disease” to account for chronic kidney disease stage 4 codes added to the additional eligible population criteria in Rate 3.                                                                                                                                                                                                     |
| Medication Reconciliation Post-Discharge                                   | - Removed coding tables and replaced all coding table references with value set references.  
- Clarified that patients who remain in an acute or nonacute facility through December 1 of the measurement year are not included in the measure.                                                                                                                                                                                                                                                                       |
| **Access/Availability of Care**                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Adults’ Access to Preventive/ Ambulatory Health Services                   | - Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Children’s and Adolescents’ Access to Primary Care Practitioners           | - Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Prenatal and Postpartum Care                                               | - Removed coding tables and replaced all coding table references with value set references.  
- Removed *Definition* section.  
- Moved steps to identify the eligible population (previously steps 1 and 2 under the Denominator section in the Administrative specification) to the *Eligible Population* section.  
- Removed references to “family practitioner” and “midwife” because these practitioners are included in the definitions of *PCP* and *OB/GYN and other prenatal care practitioners*, respectively.  
- Consolidated the steps for identifying numerator events.  
- Consolidated four decision rules (formerly in Table PPC-C) into three decision rules.                                                                                                                                                                                                                                                                       |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment   | - Removed coding tables and replaced all coding table references with value set references.  
- Clarified in the Initiation of AOD Treatment numerator that an IESD and initiation visit occurring on the same day must be with different providers.                                                                                                                                                                                                                                                                                                                                 |

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| Frequency of Ongoing Prenatal Care                                          | • Removed coding tables and replaced all coding table references with value set references.  
• Revised example in step 4 of the numerator to account for a year that is not a leap year. |
| Well-Child Visits in the First 15 Months of Life                            | • Removed coding tables and replaced all coding table references with value set references.  
• Revised example in continuous enrollment to account for a year that is not a leap year.  
• Clarified that visits must be on different dates of services for the numerators in the Electronic Specification. |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life       | • Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                          |
| Adolescent Well-Care Visits                                                 | • Removed coding tables and replaced all coding table references with value set references.                                                                                                                                                          |