

Background and Report Summary

Report Definitions:

Low Value Measure Rule- The type of service evaluated by the Health Waste Calculator with results defined as either Necessary or Low Value. Low Value Measure Rules also briefly outline the criteria for a potentially unnecessary service

Total Services Measured- The total number of services that were evaluated for a specific Low Value Measure

Percent of all Services Measured- The total number of services measured for each Low Value Measure divided by the overall total number of services measured within each report

Number of Individuals who Received Services- The distinct number of individuals who received a service that corresponded with a low value measure rule, reguardless of whether or not the service was categorized as low value

Number of Low Value Services- The total number of services that meet the necessary criteria outlined in the Waste Calculator methodology to be classified as low value

Number of Individuals who Received a Low Value Service- The distinct number of individuals who received a service that corresponded with a low value measure rule and was categorized as low value

% Distinct Members with Low Value- the distinct members with low value dividied by the distinct members with services

Total Proxy Cost of Low Value Services- The total number of proxy allowed dollars associated with claims classified as low value

Average Proxy Cost per Service- The total number of proxy allowed dollars associated with claims classified as low value divided by the total number of services classified as low value

% of Overall Low Value Spending- The total low value proxy allowed dollars for each Low Value Measure divided by the overall total low value proxy dollars measured within each report

Quality Index- The number of services classified as Necessary divided by the total number of services measured

Low Value Index- The number of services classified as either Likely Low Value or Low Value divided by the total number of services measured

Report Caveats:

- Standardized Proxy Reimbursement Amount: Virginia Code prohibits disclosing or reporting provider-specific, facility-specific or carrier-specific
 reimbursement information. Information capable of being reverse-engineered, combined or otherwise used to calculate or derive such reimbursement
 information from the APCD is also prohibited. To comply with the legal prohibition of disclosing reimbursement information, a standardized proxy
 reimbursement amount was utilized for these reports generated from the Virginia APCD. All dollar amounts referenced in these reports are proxy
 dollars based on Milliman's Global RVU methodology.
- · All geographic reports are based on the Health Planning Region assigned to a patient's zip code of residence
- The output of the Health Waste Calculator is subject to the quality of the necessary inputs within Virginia APCD claims data. Lack of accurate Procedure and Diagnosis codes on the individual claims analyzed may cause some services that were potentially or definitively wasteful to be classified as necessary and vice versa.
- · For privacy reasons, no calculations that resulted in less than 11 observations are displayed within each report.

About the Virginia APCD:

The Virginia All Payer Claims Database (APCD) was established to facilitate data-driven, evidence-based improvements in the access, quality and cost of health care and to promote and improve public health through the understanding of health care expenditure patterns and the operation and performance of the health care system. Virginia's APCD is a voluntary program with specific requirements of participating data submitters and certain restrictions on how the de-identified data may be used. Virginia's APCD was created under the authority of the Virginia Department of Health. The program is operated by VHI as a collaborative effort with health care stakeholders who provide input through the Virginia APCD Advisory Committee.

The Virginia APCD consists of medical and pharmacy claims submitted by commercial and public insurance carriers and currently includes paid claims data for approximately 4.5 million Virginia Residents. Health insurance carriers submit paid claims data for services provided to privately-insured individuals and individuals covered under self-funded group health plans in the Commonwealth.

These records include paid claims from institutional encounters (hospital, surgery centers, etc.), medical professional services (such as doctor visits and imaging), pharmacy and other services. Data submitted to the Virginia APCD by medical insurance carriers includes claims from administrators of "carved-out" services such as pharmacy and mental health/chemical dependency. The database also contains records about individual plan members (e.g., demographics and enrollment), providers and insurance products (e.g., product type and coverage type).

The Virginia APCD includes data on coverage and services for the majority of commercially-insured Virginia residents as well as those with public or private Medicaid and Medicare insurance. It also includes data from both health insurance carriers and third-party administrators. The following kinds of coverage are excluded at this time:

- · Workers' Compensation
- TRICARE and the Veterans Health Administration and
- Federal Employees Health Benefit Plan

MedInsight Health Waste Calculator:

Overview:

The MedInsight Health Waste Calculator is an analytical tool that provides actionable data to support healthcare quality, efficiency and effectiveness reporting. The calculator brings together clinical expertise and powerful data analytics, allowing health care managers to target and reduce wasteful spending.

Comprehensive measures are developed and constantly refined to provide the most innovative and up-to-date healthcare analytics by Milliman healthcare experts and partners at VBID Health, Mike Chernew and Mark Fendrick, MD.

The sources leveraged for measures include:

- Choosing Wisely (from the ABIM Foundation)
- US Preventive Services Task Force Grade D Recommendations (recommendations against the service), for which there is moderate to high certainty that the service has no net benefit or that the harms outweigh the benefits
- The American Medical Association's Physician Consortium for Performance Improvement
- . The United Kingdom's National Institute for Health and Care Excellence (NICE) Recommendations on High Quality Care
- Numerous research endeavors, such as these recent publications:
 - o Mayo Clinic Proceedings publication on "A Decade of Reversal: An Analysis of 146 Contradicted Medical Practices"
 - o Johns Hopkins Medicine research report on imaging for severe dizziness in the ER
 - o Pediatrics, "CT Scan Utilization Patterns in Pediatric Patients with Recurrent Headache"

Health Waste Calculator Value:

Eliminating inefficient and unnecessary medical services improves overall healthcare efficiency while reducing costs. The Health Waste Calculator is effective at identifying potentially unnecessary care and potential cost savings. The Congressional Budget Office has estimated that 30% of medical care in the U.S. is unnecessary care. In 2009, the Institute of Medicine (IOM) identified \$750 billion of wasted spending, with unnecessary services accounting for \$210 billion (iom.edu/bestcare).

The MedInsight Health Waste Calculator:

- Adds value to existing publicly available cost and quality reporting efforts;
- Denotes whether services were appropriate or potentially wasteful;
- Indicates which services should be reviewed and flags potentially wasteful spending;
- Improves reporting for efficiency and effectiveness measurement.

In addition, Milliman and VBID health have established a research pipeline to continually investigate new wasteful services and look to rapidly expand the range of wasteful services included in this product offering.

Rationale for Developing the Measures:

Milliman and VBID Health continue to research and add to the growing list of over 450 measures in their research pipeline. Each are striving to identify at least 2 measures per medical society. In general the prioritization of measures are based on the criteria listed below:

- High prevalence rate or incidence of the wasteful events as reported in different publications;
- · High cost impact due to the wasteful events;
- Representation of different specialties or clinical conditions;
- · Representation of different types of services (e.g., preventive screening tests and diagnostic tests and prescription of drugs); and
- Representation of relevant measures for different age groups (children, adults, elderly, or all population), as well as gender-specific measures.

Health Waste Calculator Research Team Background:

The Waste Calculator Research team has incorporated health care data into related measure development for over five years. The scope of their work in



2017 Statewide Low Value Services Report- Overall

| | Total Services Percentage of all Total Individuals Total Low Value Total Individuals with No of Individuals with Total Cost Of Low Average Proxy Cost % of Overall Low Value Individuals with No. 10 Provided | | | | | | | | | | | |
|--|---|--|-------------------------------------|----------------------------|--|----------------------------------|---------------------------------------|--|------------------------------------|------------------|-----------------|--|
| Low Value Measure Rule | Total Services Measured | Percentage of all To Services Measured wi | tal Individuals T th any Service | otal Low Value Services | Total Individuals with % of a Low Value Service a Lo | Individuals with w Value Service | Total Cost of Low . Value Services | Average Proxy Cost ⁹ per Service | % of Overall Low Value Spending | Quality Index Lo | ow Value Index | |
| Totals | 5,936,140 | 100.00% | 4,116,579 | 2,072,770 | 1,599,919 | 38.87% | \$747,060,891 | \$360 | 100.00% | 65.08% | 34.92% | |
| Common Treatments | 348.102 | 5.86% | 276.980 | 343,431 | 272.987 | 98.56% | \$6.916.368 | \$20 | 0.93% | 1.34% | 98.66% | |
| Don't order antibiotics for adenoviral conjunctivitis (pink eye). | 410 | 0.01% | 409 | 363 | 362 | 88.51% | \$4,453 | \$12 | 0.00% | 11.46% | 88.54% | |
| Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea. | 253 | 0.00% | 238 | 100 | 94 | 39.50% | \$14,465 | \$145 | 0.00% | 60.47% | 39.53% | |
| Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age. | 33,450 | 0.56% | 17,731 | 33,450 | 17,731 | 100.00% | \$350,982 | \$10 | 0.05% | 0.00% | 100.00% | |
| Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis | | | | | | | | | | | | |
| externa) | 313,989 | 5.29% | 258,602 | 309,518 | 254,800 | 98.53% | \$6,546,468 | \$21 | 0.88% | 1.42% | 98.58% | |
| Diagnostic Testing | 1,082,631 | 18.24% | 774,665 | 550,878 | 360,493 | 46.54% | \$287,851,097 | \$523 | 38.53% | 49.12% | 50.88% | |
| Don't do imaging for low back pain within the first six weeks, unless red flags are present. | 40,586 | 0.68% | 40,515 | 30,788 | 30,723 | 75.83% | \$8,454,726 | \$275 | 1.13% | 24.14% | 75.86% | |
| Don't do imaging for uncomplicated headache. | 27,624 | 0.47% | 26,151 | 10,391 | 9,917 | 37.92% | \$12,687,029 | \$1,221 | 1.70% | 62.38% | 37.62% | |
| Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination. | 3,135 | 0.05% | 3,091 | 2,267 | 2,233 | 72.24% | \$3,684,629 | \$1,625 | 0.49% | 27.69% | 72.31% | |
| Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss. | 2,783 | 0.05% | 2,650 | 1,265 | 1,241 | 46.83% | \$7,065,838 | \$5,586 | 0.95% | 54.55% | 45.45% | |
| Don't perform a postcoital test (PCT) for the evaluation of infertility. | 11 | 0.00% | | 11 | • | 100.00% | \$276 | \$25 | 0.00% | 0.00% | 100.00% | |
| Don't perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile couple. | | | | | | | | | | | | |
| Don't perform electroencephalography (EEG) for headaches. | 3,580 | 0.06% | 3,472 | 2,095 | 2,029 | 58.44% | \$3,248,009 | \$1,550 | 0.43% | 41.48% | 58.52% | |
| Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms. | 5,778 | 0.10% | 5,585 | 2,174 | 2,093 | 37.48% | \$3,904,950 | \$1,796 | 0.52% | 62.37% | 37.63% | |
| Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms | -, | | -, | _, | _, | | *-,, | * 1,1 - 2 | | | | |
| unless high-risk markers are present. | 116,316 | 1.96% | 110,887 | 15,823 | 15,475 | 13.96% | \$11,504,464 | \$727 | 1.54% | 86.40% | 13.60% | |
| Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E | | | | | | | | | | | | |
| (IgE) tests, in the evaluation of allergy. | 16,104 | 0.27% | 15,546 | 10,252 | 9,872 | 63.50% | \$2,343,763 | \$229 | 0.31% | 36.34% | 63.66% | |
| Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months | 69 | 0.00% | 69 | | | | | | 0.00% | * | | |
| Don't routinely do diagnostic testing in patients with chronic urticaria. | 473 | 0.01% | 472 | 366 | 366 | 77.54% | \$242,087 | \$661 | 0.03% | 22.62% | 77.38% | |
| Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis. | 11,710 | 0.20% | 11,476 | 6,994 | 6,886 | 60.00% | \$22,227,758 | \$3,178 | 2.98% | 40.27% | 59.73% | |
| Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease. | 819,281 | 13.80% | 521,015 | 443,412 | 255,665 | 49.07% | \$171,285,826 | \$386 | 22.93% | 45.88% | 54.12% | |
| Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts). | 82 | 0.00% | 82 | 81 | 81 | 98.78% | \$10,432 | \$129 | 0.00% | 1.22% | 98.78% | |
| Don't order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated. | 7,057 | 0.12% | 6,893 | 6,150 | 6,001 | 87.06% | \$9,454,722 | \$1,537 | 1.27% | 12.85% | 87.15% | |
| Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known | | | | | | | | | | | | |
| histories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic. | 2,743 | 0.05% | 2,319 | 1,853 | 1,493 | 64.38% | \$3,382,369 | \$1,825 | 0.45% | 32.45% | 67.55% | |
| Don't perform routine head CT scans for emergency room visits for severe dizziness. | 25,290 | 0.43% | 24,424 | 16,944 | 16,397 | 67.13% | \$28,352,693 | \$1,673 | 3.80% | 33.00% | 67.00% | |
| Disease Approach | 102,437 | 1.73% | 79,720 | 55,798 | 45,583 | 57.18% | \$93,799,340 | \$1,681 | 12.56% | 45.53% | 54.47% | |
| Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology. | 4,121 | 0.07% | 3,867 | 3,182 | 2,978 | 77.01% | \$57,765,629 | \$18,154 | 7.73% | 22.79% | 77.21% | |
| Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis. | 363 | 0.01% | 358 | 128 | 127 | 35.47% | \$513,887 | \$4,015 | 0.07% | 64.74% | 35.26% | |
| Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age. | 17,584 | 0.30% | 14,446 | | • | | | | * | * | | |
| Don't perform an arthroscopic knee surgery for knee osteoarthritis. | 360 | 0.01% | 359 | 354 | 353 | 98.33% | \$972,962 | \$2,748 | 0.13% | 1.67% | 98.33% | |
| Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain. | 4,559 | 0.08% | 4,448 | 3,346 | 3,260 | 73.29% | \$10,900,576 | \$3,258 | 1.46% | 26.61% | 73.39% | |
| Don't perform revascularization without prior medical mangement for renal artery stenosis. | 851 | 0.01% | 762 | 845 | 756 | 99.21% | \$6,788,082 | \$8,033 | 0.91% | 0.71% | 99.29% | |
| Don't perform vertebrolplasty for osteoporotic vertebral fractures. | 1,410 | 0.02% | 1,192 | 1,348 | 1,141 | 95.72% | \$14,588,790 | \$10,823 | 1.95% | 4.40% | 95.60% | |
| Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder. | 17,405 | 0.29% | 9,846 | 2,814 | 1,984 | 20.15% | \$186,539 | \$66 | 0.02% | 83.83% | 16.17% | |
| Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, | | | | | | | | | | | | |
| including diabetes. | 55,784 | 0.94% | 44,442 | 43,780 | 34,983 | 78.72% | \$2,082,872 | \$48 | 0.28% | 21.52% | 78.48% | |
| Preoperative evaluation | 1,017,104 | 17.13% | 613,242 | 487,561 | 326,698 | 53.27% | \$227,405,029 | \$466 | 30.44% | 52.06% | 47.94% | |
| Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac | | | | | | | | | | | | |
| asymptomatic stable patients with known cardiac disease (e.g., CAD, varvular disease) undergoing low of moderate risk non-cardiac surgery | 1.571 | 0.03% | 1.446 | 897 | 833 | 57.61% | \$479,354 | \$534 | 0.06% | 42.90% | 57.10% | |
| Surgery Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – | 1,571 | 0.0070 | 1,440 | 037 | 000 | 37.0170 | ψ+73,33 4 | Ψ554 | 0.0070 | 42.3070 | 37.1070 | |
| specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are | | | | | | | | | | | | |
| expected to be minimal | 557,492 | 9.39% | 367,913 | 457,810 | 299,538 | 81.42% | \$218,912,426 | \$478 | 29.30% | 17.88% | 82.12% | |
| Don't obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASAI or II) undergoing low | _ | | | | | | | | | | | |
| risk surgery | 458,041 | 7.72% | 243,883 | 28,854 | 26,327 | 10.79% | \$8,013,249 | \$278 | 1.07% | 93.70% | 6.30% | |
| Routine FU/Monitoring | 65 | 0.00% | 62 | 63 | 60 | 96.77% | \$30,562 | \$485 | 0.00% | 3.08% | 96.92% | |
| Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis. | 65 | 0.00% | 62 | 63 | 60 | 96.77% | \$30,562 | \$485 | 0.00% | 3.08% | 96.92% | |
| Screening Tests | 3,385,801 | 57.04% | 2,371,910 | 635,039 | 594,098 | 25.05% | \$131,058,495 | \$206 | 17.54% | 81.24% | 18.76% | |
| Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms. | 2,073,912 | 34.94% | 1,231,696 | 160,761 | 150,065 | 12.18% | \$52,962,054 | \$329 | 7.09% | 92.25% | 7.75% | |
| Don't perform population based screening for 25-OH-Vitamin D deficiency | 552,434 | 9.31% | 450,777 | 117,803 | 112,901 | 25.05% | \$17,680,034 | \$150 | 2.37% | 78.68% | 21.32% | |
| Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 | | | | | | | | | | | | |
| with no risk factors. | 19,103 | 0.32% | 18,444 | 3,904 | 3,791 | 20.55% | \$514,718 | \$132 | 0.07% | 79.56% | 20.44% | |
| Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening | | | | | | | | | | | | |
| and are not otherwise at high risk for cervical cancer | 294,340 | 4.96% | 286,867 | 103,519 | 101,915 | 35.53% | \$9,764,400 | \$94 | 1.31% | 64.83% | 35.17% | |
| Don't order unnecessary screening for colorectal cancer in adults older than age 50 years. | 122.609 | 2.07% | 118.300 | 34.633 | 32.548 | 27.51% | \$10.532.058 | \$304 | 1.41% | 71.75% | 28.25% | |
| | | | | | | | | | | | | |
| Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present. Don't perform PSA-based screening for prostate cancer in all men regardless of age. | 41,726 281.677 | 0.70% 4.75% | 33,072 232,754 | 3,936 210.483 | 3,706 189,172 | 11.21% 81.28% | \$18,675,719 \$20,929,512 | \$4,745 \$99 | 2.50% 2.80% | 90.57% 25.28% | 9.43% 74.72% | |

Report based on APCD claims data for Commercial, Medicaid FFS, Medicaid Managed Care, Medicare FFS and Medicare Advantage coverage. Claims coverage for Commercial and Medicare Advantage may fluxuate and is anticipated to be roughly 40-50% for 2017.

*Indicates observed values less than 11. Suppressed values are still reflected in total and index calculations.

All reports utilize a standardized proxy reimbursement amount and are based on Virginia APCD claims volumes as of 12/31/18.

Services defined as low value or necessary are subject to the completeness of diagnosis and procedure fields submitted within the claims data was analyzed.

Total Low Value services reported include a combination of services categorized as low value and likely low value.

When there is only one row with supressed values, the entire row is removed.



2017 Central Region Low Value Services Report- Overall

| Part | | Total Low Value (Likely Low Value and Low Value Combined) | | | | | | | | | | | |
|---|---|---|--|-------------------------------------|----------------------------|--|--|-------------------------------------|----------------------------------|------------------------------------|------------------|---------------|--|
| Part | Low Value Measure Rule | Total Services Measured | Percentage of all To Services Measured with | tal Individuals T th any Service | otal Low Value Services | Total Individuals with % a Low Value Service a L | of Individuals with one of Individuals | Total Cost of Low Value Services | Average Proxy Cost 5 per Service | % of Overall Low Value Spending | Quality Index Lo | w Value Index | |
| Company of the production of a photographic plant pl | Totals | 1,046,177 | 100.00% | 722,836 | 337,703 | 266,827 | 36.91% | \$131,921,196 | \$391 | 100.00% | 67.72% | 32.28% | |
| Company of the production of a photographic plant pl | Common Treatments | 62.599 | 5.98% | 49.959 | 61.867 | 49.319 | 98.72% | \$1,273,726 | \$21 | 0.97% | 1.17% | 98.83% | |
| Control processed and antification for accomplicated scalar physical performance or programs the processed and p | | | | | | | | | | 0.00% | 8.33% | | |
| Companies transfer our entirection for inference with region and interesting in entirection and interesting and present plants are present. 172,111 184,015 18 | | | | | | | | \$473 | | | | | |
| Sample Control of Sample Contr | | 5,729 | 0.55% | 3,178 | 5,729 | 3,178 | 100.00% | \$62,201 | \$11 | 0.05% | 0.00% | 100.00% | |
| Disposition Feature 1.5 | Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis | | | | | | | | | | | | |
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| Decision of sections designed speam functions (section sections) speam functions (section) speam functions (section) speam functions (section) speam function) (section) spe | | 368 | 0.04% | 357 | 170 | 167 | 46.78% | \$1,103,391 | \$6,491 | 0.84% | 53.80% | 46.20% | |
| Ougher Completed International Conference of the Section Secti | | | • | | | - | | | | • | • | | |
| Dock | | | * | | | | | | | | | | |
| Descript minaging of the calcined animes for samely engroupe without find in revisal calcine symptoms and partial revisal sample or alternative lines; and such as a | | 607 | 0.06% | 502 | 250 | 244 | EQ 010/ | 623 240 | \$1.524 | 0.40% | 42 240/ | E7 66% | |
| Dark Dark Septiment without cardiac in marging or advanced non-invisible line of patients without cardiac symptoms to select skip first minimate as present. 190% 19,0% 2,20% 1,00% 14,05% 64,21% 64,00% 13,00% 10,00 | | | | | | | | | | | | | |
| unles Sign-Javis markers are preside. 1 90% 190% 1,90 | | 000 | 0.0070 | 000 | 314 | 307 | 33.4370 | \$354,504 | ψ1,703 | 0.4270 | 04.5070 | 33.4470 | |
| Description unproven despinate tests, such as immunospholin of glospite sings in the motival collaboration of allarings, for | | 20.542 | 1.96% | 19.686 | 2.485 | 2.432 | 12.35% | \$1.676.028 | \$674 | 1.27% | 87.90% | 12.10% | |
| (e) | | | | ., | , | , , | | | • | | | | |
| Dots Controllay do disgrands better with critical partical management in stage protecting the patients with control untrolegated content in complicated acute inhorascustiss. 2,356 2,256 2,256 3,257 3, | | 2,341 | 0.22% | 2,266 | 1,504 | 1,455 | 64.21% | \$405,705 | \$270 | 0.31% | 35.75% | 64.25% | |
| Dart Tourleely Oather made groups from garding for patients who meet diagnostic criteria for uncomplicated acute fininsoriumalis. 2,355 0,259 0,259 0,259 0,259 0,350 0,357 0,385 0,322-144 0,502 0,509 0,50 | Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months | | | | | | | \$0 | - | | | | |
| Dart Lough or magning least for grainers with most symptome or again of significant eye disease. Dart out or compared producing scoring for plantists with most compared grainers with most planting grainers with | Don't routinely do diagnostic testing in patients with chronic urticaria. | | | | | | | | | | | | |
| Dent used commany settery classics swith srown commany settery detailed swith shown commany settery detailed setters and bypass grittles 1.287 1.738 1.731 1.731 1.731 1.731 1.732 1 | | | | | | | | \$5,260,301 | | | | | |
| Doct order computed tomography (CT) head imaging in children 1 forth in 17 years of age unless indicated. 1,39 0,19 1,29 1,17 1,13 2,5 1,5 | | 124,456 | 11.90% | 82,991 | 61,385 | 36,375 | 43.83% | \$22,211,446 | \$362 | 16.84% | 50.68% | 49.32% | |
| Dort opt-CT / Canns of the abdorine and polive in young otherwise healthy emergency object with uncomplicated political political instances of kinds young or the emergency young with uncomplicated political political instances of kinds young or the political political instances of kinds young or the political political political instances of kinds young or the political p | | | * | | | | | * | | | | | |
| histories of kidney stones, or untersolithisasis, presenting with symptoms consistent with uncomplicated renal colic. 387 Out 9 431 387 Out 9 431 387 Out 9 461 | | 1,339 | 0.13% | 1,292 | 1,173 | 1,131 | 87.54% | \$1,792,212 | \$1,528 | 1.36% | 12.40% | 87.60% | |
| Dark perform crueine head of Scares for emergency room visits for severe disciness 18,721 1,79% 15,128 10,915 9,144 0,44% 156,9284 13,656 12,87% 41,70% 83,00% 10,0 | | 007 | 0.040/ | 0.47 | 000 | 200 | 50.040/ | 0400 007 | 04.700 | 0.040/ | 00.700/ | 00.040/ | |
| Deales Approach 18,721 1.79% 15,128 10,915 1,144 10,915 1,144 10,915 1,144 10,947 1,146 1,14 | | | | | | | | | | | | | |
| Dort 1 place peripherally inserted central carbeters (PICC) in stage III-V CKD patients without consulting rephrotogy. 693 0.07% 648 562 526 81.17% \$10.946/700 \$19.484 8.30% 18.90% 81.167% 27.655 27.656 | | | | | | | | | | | | | |
| Dort Section Dort Section | | | | | | | | | | | | | |
| Dort 1 special per lectifue, non-medically indicated inductions of labor or Cessarean deliveries before 39 weeks, 0 days gestational age. 300 | | | | | | | | | | | | | |
| Dort perform an arthroscopic knee surgery for knee osteoarthritis. | | | | | | | | | Ψ+,007 | | | | |
| Dort perform Computed fromography (CT) scars in the routine evaluation of abdominal pain. 20 | | | | | | | | | \$2,613 | | | | |
| Don't perform revascualization without prior medical management for renal active senosis. 22 | | | | | | | | | | | | | |
| 241 0.02% 247 228 205 34.47% 32.076.453 31.853 2.05% 5.39% 94.61% 2.070 2.07 | | | | | | | | | | | | | |
| Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder. 2,410 0.23% 1,419 351 269 18.99% \$19.589 \$56 0.01% 85.44% 14.56% | | | | | | | | | | | | | |
| Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, including diabets. 1,354 1,09% 3,29% 16,13% 16,13% 101,332 75,781 5,2057 51,37% 33,89,16 34,942,766 32,07% 32,07% 35,08% 34,92,766 34,92,766 34,92,767,767 32,97% 34,942,766 34,92,766 34,92,766 34,92,767,767 34,92,766 34,92,766 34,92,767,767 34,92,766 | | | | | | | | | | | | | |
| Including diabetes. 11.354 1.09% 9.292 8.993 7.387 79.50% \$358,916 \$40 0.27% 27.99% 79.21% Prepoperative evaluation Prepoperative evaluation Prepoperative evaluation Don't Obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk one-cardiac stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal Pop. 70.70 7.43% 60.647 71.635 48.297 79.64% \$42.000,039 \$586 31.84% 21.02% 78.99% Pon't Obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal Pop. 70.70 7.43% 40.458 40.33 3.653 9.03% \$1.444.250 \$358 1.09% 94.81% 51.99% Pon't Deficit FUMonitoring | | , . | | , - | | | | , | • | | | | |
| Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography — TTE/TEE) or cardiac stress testing in asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac superposition of the patients with some cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac superposition of the patients with some cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac superposition of the patients with nown cardiac disease (e.g., CAD, valvular disease) undergoing low-risk surgery—specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are specifically complete blood count, basic or comprehensive in subject without symptoms and specifically complete specifically complete blood count, basic or comprehensive studies in patients without symptoms as specifically complete blood count, basic or comprehensive studies without symptoms and sease (ASA I or II) undergoing low of fluid shifts) is/are specifically complete blood count, basic or comprehensive studies in patients without symptoms as specifically complete blood count, basic or comprehensive studies in patients without dark surgery specifically complete blood count, basic | | 11,354 | 1.09% | 9,292 | 8,993 | 7,387 | 79.50% | \$358,916 | \$40 | 0.27% | 20.79% | 79.21% | |
| asymptomatic stable patients with known cardiac diseases (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac surgery surgery | Preoperative evaluation | 168,713 | 16.13% | 101,332 | 75,781 | 52,057 | 51.37% | \$43,492,756 | \$574 | 32.97% | 55.08% | 44.92% | |
| Surgery 24 0.02% 227 113 107 47.14% \$48.466 \$429 0.04% \$53.31% 46.69% | Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in | | | | | | | | | | | | |
| Don't Dotain baseline laboratory studies in patients without significant systemic disease (ASAI or II) undergoing low-risk surgery specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal patients without significant systemic disease (ASAI or II) undergoing low-risk surgery problem blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal patients without significant systemic disease (ASAI or II) undergoing low-risk surgery problem blood in EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASAI or II) undergoing low-risk surgery problem blood in EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASAI or II) undergoing low-risk surgery problem blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal problem blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal problem blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal problem blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss of comprehensive studies when blood loss of comprehensive studies when blood loss of the problem blood count, basic or comprehensive studies when blood count, basic or comprehensive at high risk for cervical cancer screening for screen | | | | | | | .= | | | | | | |
| Specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are pepted to be minimal expected to be minimal between the problem in the problem | | 242 | 0.02% | 227 | 113 | 107 | 47.14% | \$48,466 | \$429 | 0.04% | 53.31% | 46.69% | |
| expected to be minimal 90,702 8.67% 60,647 71,635 48,297 79.64% \$42,000,099 \$586 31.84% 21.02% 78.98% Port Oablan ERIOR, chest x rays or Pulmonary function test in patients without significant systemic disease (ASA I or III) undergoing low-risk surgery 77,769 7.43% 40,458 40,33 3.653 9.03% \$1,444.250 \$358 1.09% 94.81% 51.9% \$1.00% 94.81 | | | | | | | | | | | | | |
| Don't Datain EKIG. chest X rays or Pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-fisk surgery. 77,769 7,43% 40,458 40,45 | | 90 702 | 8 67% | 60 647 | 71 635 | 48 297 | 79 64% | \$42,000,039 | \$586 | 31 84% | 21.02% | 78 98% | |
| risk surgery 77,769 7.43% 40.458 4.033 3.653 9.03% \$1.444.250 \$358 1.09% 94.81% 5.19% Routine FUMonitoring | | | 0.0170 | 00,011 | 7 1,000 | 10,201 | 10.0170 | Ψ12,000,000 | φοσο | 01.0170 | 21.0270 | 10.0070 | |
| Dort perform MRI of the peripheral joints to routinely monitor inflammatory arthritis. Screening Tests Screening Tests 623,630 59.61% 426,905 426,906 426,905 426,905 426,905 426,905 426,905 426,905 426,906 426,905 426,905 426,905 426,905 426,905 426,906 426,905 426,906 426,905 426,906 426,905 426,906 426,905 426,906 426,905 426,906 426,905 426,906 | | 77,769 | 7.43% | 40,458 | 4,033 | 3,653 | 9.03% | \$1,444,250 | \$358 | 1.09% | 94.81% | 5.19% | |
| Screening Fiests 623,630 59.61% 426,905 106,952 99,545 23.2% \$24,707,828 \$231 18.73% 82.85% 17.15% Don't order annual electrocardiograms (EKGs) or any other cardiac screening for post-order annual electrocardiograms (EKGs) or any other cardiac screening for 25-OH-Vitamin D deficiency 72,457 6.93% 60,235 14,389 13,00 22.91% \$2,667,194 \$196 2.02% 80.73% 19.83% Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 43,422 0.31% 3,140 544 553 16.97% 83.850 \$154 0.06% 83.22% 16.78% Don't urder unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer screening for osteoparphy in palletts without cardiac symptoms unless high-risk markers present. 8,191 0.76% 6,473 756 730 11.89% \$3,761,348 \$2,957 2.25% 9.75% 9.23% | Routine FU/Monitoring | | * | | | | * | * | | * | * | | |
| Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms. 401,203 38.35% 232,133 22,670 21,110 9.09% \$9,505,992 \$419 7.21% 94.35% 5.65% 5.65% 5.07% 19.83% 19.83% 19.83% 19.83% 19.83% 10.99% 10 | Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis. | | | | | | | * | | | | | |
| Don't perform population based screening for 25-OH-Vitamin ID deficiency 72,457 6,93% 6,93% 6,935 14,369 13,800 22,91% \$2,667,194 \$186 2.02% 80,17% 19,83% Don't used qual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors. 3,242 0,31% 3,140 544 533 16,97% 838,850 8154 0,06% 83,22% 16,78% Don't perform population based screening for osteoporosis in women younger than 65 or men younger than 65 or me | Screening Tests | 623,630 | 59.61% | 426,905 | 106,952 | 99,545 | 23.32% | \$24,707,828 | \$231 | 18.73% | 82.85% | 17.15% | |
| Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoprorosis in women younger than 65 or men youn | | | | | | | | | | | | | |
| with nor isk factors. | | 72,457 | 6.93% | 60,235 | 14,369 | 13,800 | 22.91% | \$2,667,194 | \$186 | 2.02% | 80.17% | 19.83% | |
| Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer or to there wise at high risk for cervical cancer in adults older than age 50 years. 55,887 53,4% 54,480 20,688 20,996 37,44% \$1,963,222 \$95 1.49% 62,98% 37,02% 76,10% 23,90% Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present. 8,191 0.78% 6,473 756 730 11,28% \$3,761,343 \$4,975 2.85% 90,77% 9,23% | | | | | | | | | | | | | |
| and are not otherwise at high risk for cervical cancer 55,887 5.34% 54,480 20,688 20,396 37,44% \$1,963,222 \$95 1.49% 62,989 37,02% Don't order unnecessary screening for colorectal cancer in adults older than age 50 years. 22,703 2.17% 21,852 5,425 5,127 23,46% \$2,089,220 \$385 1.58% 76.10% 23,90% Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present. 8,191 0.78% 6,473 756 730 11,28% \$3,761,343 \$4,975 2,85% 90.77% 9.23% | | 3,242 | 0.31% | 3,140 | 544 | 533 | 16.97% | \$83,850 | \$154 | 0.06% | 83.22% | 16.78% | |
| Don't order unnecessary screening for colorectal cancer in adults older than age 50 years. 22,703 2.17% 21,852 5,425 5,127 23.46% \$2,089,220 \$385 1.58% 76.10% 23.90% 20.0 | | EE 007 | E 040/ | E4 400 | 20.000 | 20.200 | 27 440/ | 64 062 000 | 205 | 1.400/ | 62.000/ | 27.000/ | |
| Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present. 8,191 0.78% 6,473 756 730 11.28% \$3,761,343 \$4,975 2.85% 90.77% 9.23% | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| טוורן 25.10% לאנו 25.10% בארכו ביינים בארכו מו איינים בארכו ביינים בארכו ביינים בארכו וווא ווויווי וופעומיים בארכו ביינים בארכו ביינים בארכו וווא מיניים בארכו ביינים בארכו | | | | | | | | | | | | | |
| | Don't perform to Ar-based surveiling for prostate caricer in air men regardless or age. | 55,947 | 0.13% | 40,092 | 4 ∠,500 | 31,049 | 11.09% | 94,031,007 | φ109 | 3.51% | 25.10/0 | 10.50% | |

Report based on APCD claims data for Commercial, Medicaid FFS, Medicaid Managed Care, Medicare FFS and Medicare Advantage coverage. Claims coverage for Commercial and Medicare Advantage may fluxuate and is anticipated to be roughly 40-50% for 2017.

*Indicates observed values less than 11. Suppressed values are still reflected in total and index calculations.

All reports utilize a standardized proxy reimbursement amount and are based on Virginia APCD claims volumes as of 12/31/18.

Services defined as low value or necessary are subject to the completeness of diagnosis and procedure fields submitted within the claims data was analyzed.

Total Low Value services reported include a combination of services categorized as low value and likely low value. When there is only one row with supressed values, the entire row is removed.



2017 Eastern Region Low Value Services Report- Overall

| | | | | | ie and Low Value C | | | | | | |
|---|----------------------------|-------------------------------------|-----------------------------------|-----------------------------|--|---|-------------------------------------|----------------------------------|------------------------------------|-----------------------|------------------|
| Low Value Measure Rule | Total Services Measured | Percentage of all Services Measured | otal Individuals with any Service | Total Low Value Services | Total Individuals with a Low Value Service | % of Individuals with a Low Value Service | Total Cost of Low Value Services | Average Proxy Cost 9 per Service | % of Overall Low Value Spending | Quality Index Lo | w Value Index |
| Totals | 1,450,204 | 100.00% | 979,484 | 518,607 | 367,044 | 37.47% | \$169,759,747 | \$327 | 100.00% | 64.24% | 35.76% |
| Common Treatments | 51,795 | 3.57% | 43,114 | 51,132 | 42,531 | 98.65% | \$950,913 | \$19 | 0.56% | 1.28% | 98.72% |
| Don't order antibiotics for adenoviral conjunctivitis (pink eye). | 57 | 0.00% | 57 | 46 | 46 | 80.70% | \$803 | \$17 | 0.00% | 19.30% | 80.70% |
| Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea. | 31 | 0.00% | 29 | 10 | 10 | 34.48% | \$339 | \$34 | 0.00% | 67.74% | 32.26% |
| Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age. | 5,217 | 0.36% | 3,111 | 5,217 | 3,111 | 100.00% | \$60,361 | \$12 | 0.04% | 0.00% | 100.00% |
| Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otiti: | 3 | | | | | | | | | | |
| externa) | 46,490 | 3.21% | 39,917 | 45,859 | | 98.61% | \$889,410 | \$19 | 0.52% | 1.36% | 98.64% |
| Diagnostic Testing | 339,240 | 23.39% | 230,802 | 192,172 | | 49.50% | \$73,564,377 | \$383 | 43.33% | 43.35% | 56.65% |
| Don't do imaging for low back pain within the first six weeks, unless red flags are present. | 8,518 | 0.59% | 8,493 | 6,375 | | 74.78% | \$1,850,234 | \$290 | 1.09% | 25.16% | 74.849 |
| Don't do imaging for uncomplicated headache. | 5,219 | 0.36% | 4,966 | 1,663 | | 32.48% | \$2,099,147 | \$1,262 | 1.24% | 68.14% | 31.869 |
| Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination. | 713 | | 705 | 489 | | 68.51% | \$841,546 | \$1,721 | 0.50% | 31.42% | 68.589 |
| Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss. | 636 | 0.04% | 612 | 313 | 308 | 50.33% | \$1,744,148 | \$5,572 | 1.03% | 50.79% | 49.219 |
| Don't perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile | • | | | | | | | | | | |
| couple. | | • | | | | | • | • | | • | |
| Oon't perform electroencephalography (EEG) for headaches. | 711 | 0.05% | 689 | 415 | | 58.20% | \$785,165 | \$1,892 | 0.46% | 41.63% | 58.37% |
| Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms. | 1,374 | 0.09% | 1,335 | 515 | 497 | 37.23% | \$964,785 | \$1,873 | 0.57% | 62.52% | 37.48% |
| Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms | | | | | | | | | | | |
| unless high-risk markers are present. | 31,754 | 2.19% | 30,267 | 4,102 | 3,973 | 13.13% | \$3,391,577 | \$827 | 2.00% | 87.08% | 12.92% |
| Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E | | | | | | | | | | | |
| IgE) tests, in the evaluation of allergy. | 2,205 | 0.15% | 2,130 | 1,589 | | 71.69% | \$278,635 | \$175 | 0.16% | 27.94% | 72.06% |
| Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months | | | | | 0 | 0.00% | \$0 | | 0.00% | 100.00% | 0.00% |
| On't routinely do diagnostic testing in patients with chronic urticaria. | 62 | 0.00% | 61 | 44 | | 72.13% | \$13,131 | \$298 | 0.01% | 29.03% | 70.97% |
| Oon't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis. | 2,325 | 0.16% | 2,268 | 1,479 | | 63.62% | \$4,202,414 | \$2,841 | 2.48% | 36.39% | 63.619 |
| On't routinely order imaging tests for patients without symptoms or signs of significant eye disease. | 275,976 | 19.03% | 169,918 | 168,410 | 91,100 | 53.61% | \$49,021,031 | \$291 | 28.88% | 38.98% | 61.02% |
| Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts). | | • | | | | • | • | • | | • | |
| Don't order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated. | 1,226 | 0.08% | 1,203 | 1,043 | 1,022 | 84.95% | \$1,542,847 | \$1,479 | 0.91% | 14.93% | 85.07% |
| Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known | | | | | | | | | | | |
| nistories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic. | 450 | 0.03% | 394 | 323 | | 69.29% | \$564,174 | \$1,747 | 0.33% | 28.22% | 71.789 |
| Don't perform routine head CT scans for emergency room visits for severe dizziness. | 8,056 | 0.56% | 7,746 | 5,404 | | 67.16% | \$6,262,778 | \$1,159 | 3.69% | 32.92% | 67.08% |
| Disease Approach | 21,194 | 1.46% | 16,316 | 11,173 | | 57.02% | \$27,034,865 | \$2,420 | 15.93% | 47.28% | 52.72% |
| Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology. | 1,292 | 0.09% | 1,228 | 958 | | 74.19% | \$18,523,057 | \$19,335 | 10.91% | 25.85% | 74.15% |
| Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis. | 113 | 0.01% | 112 | 32 | | 28.57% | \$102,939 | \$3,217 | 0.06% | 71.68% | 28.329 |
| Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age. | | • | | | | | • | • | | | |
| Oon't perform an arthroscopic knee surgery for knee osteoarthritis. | 83 | | 82 | 82 | | 98.78% | \$190,892 | \$2,328 | 0.11% | 1.20% | 98.80% |
| Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain. | 684 | 0.05% | 675 | 499 | | 73.04% | \$1,417,452 | \$2,841 | 0.83% | 27.05% | 72.95% |
| Oon't perform revascularization without prior medical mangement for renal artery stenosis. | 535 | | 471 | 530 | | 98.94% | \$3,210,155 | \$6,057 | 1.89% | 0.93% | 99.07% |
| Don't perform vertebrolplasty for osteoporotic vertebral fractures. | 305 | 0.02% | 273 | 288 | | 94.51% | \$3,175,383 | \$11,026 | 1.87% | 5.57% | 94.439 |
| Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder. | 4,023 | 0.28% | 2,223 | 627 | 428 | 19.25% | \$27,229 | \$43 | 0.02% | 84.41% | 15.59% |
| Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, | | | | | | | | | | | |
| ncluding diabetes. | 10,364 | 0.71% | 8,442 | 8,156 | | 78.57% | \$387,754 | \$48 | 0.23% | 21.30% | 78.70% |
| Preoperative evaluation | 330,624 | 22.80% | 195,060 | 156,987 | 100,753 | 51.65% | \$43,139,198 | \$275 | 25.41% | 52.52% | 47.48% |
| Oon't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in | | | | | | | | | | | |
| asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac | | | | | | | | | | | |
| surgery | 321 | 0.02% | 304 | 187 | 179 | 58.88% | \$99,776 | \$534 | 0.06% | 41.74% | 58.26% |
| Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – | | | | | | | | | | | |
| specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are | 184.368 | 12.71% | 447.000 | 450 470 | 94.585 | 00.000/ | 044 700 000 | \$278 | 24.59% | 18.54% | 81.46% |
| expected to be minimal | | 12.71% | 117,823 | 150,179 | 94,585 | 80.28% | \$41,736,336 | \$2/8 | 24.59% | 18.54% | 81.469 |
| Don't obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASA1 or II) undergoing lo | v- 145.935 | 10.06% | 76.933 | 6.621 | 5,989 | 7.78% | \$1,303,086 | \$197 | 0.77% | 95.46% | 4.54% |
| isk surgery | | | | | | | | | | | 95.24% |
| Routine FU/Monitoring | 42 42 | 0.00% | 41 41 | 40 40 | | 95.12% 95.12% | \$20,004 \$20,004 | \$500 \$500 | 0.01% 0.01% | 4.76% 4.76% | 95.24% 95.24% |
| Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis. | | | | | | | | | | | |
| Screening Tests | 707,309 | 48.77% | 494,151 | 107,103 | | 20.27% | \$25,050,391 | \$234 | 14.76% | 84.86% | 15.14% |
| Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms. | 386,365 | 26.64% | 225,816 | 17,603 | | 7.28% | \$7,812,662 | \$444 | 4.60% | 95.44% | 4.56% |
| Onn't perform population based screening for 25-OH-Vitamin D deficiency | 167,464 | 11.55% | 130,542 | 18,603 | 17,729 | 13.58% | \$3,322,935 | \$179 | 1.96% | 88.89% | 11.119 |
| Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 | , | | | | | | | | | | |
| | | 0.040/ | 2 222 | | 500 | 45.050/ | 677.005 | 6444 | 0.05% | 04.250/ | 45.050 |
| with no risk factors. | 3,412 | 0.24% | 3,300 | 534 | 523 | 15.85% | \$77,095 | \$144 | 0.05% | 84.35% | 15.65% |
| Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening | 3,412 | | | | | | . , | | | | |
| Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer | 3,412 56,666 | 3.91% | 54,760 | 21,807 | 21,371 | 39.03% | \$1,993,714 | \$91 | 1.17% | 61.52% | 38.489 |
| Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer Don't order unnecessary screening for colorectal cancer in adults older than age 50 years. | 3,412 56,666 24,477 | 3.91% 1.69% | 54,760 23,581 | 21,807 6,898 | 21,371 6,458 | 39.03% 27.39% | \$1,993,714 \$2,187,025 | \$91 \$317 | 1.17% 1.29% | 61.52% 71.82% | 38.489 28.189 |
| Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer | 3,412 56,666 | 3.91% 1.69% | 54,760 | 21,807 | 21,371 6,458 1,260 | 39.03% | \$1,993,714 | \$91 | 1.17% | 61.52% | 38.489 |

Report based on APCD claims data for Commercial, Medicaid FFS, Medicaid Managed Care, Medicare FFS and Medicare Advantage coverage. Claims coverage for Commercial and Medicare Advantage may fluxuate and is anticipated to be roughly 40-50% for 2017. repur ususeu on AP-LD claims data for Commercial, medicaid PFS, Medicaid Managed Care, Medicare FFS and Medicare Advantage coverage. Claims covera 1 Indicates observed values less than 11. Suppressed values are still reflected in total and index calculations. All reports utilize a standardized proxy reimbursement amount and are based on Virginia APCD claims volumes as of 12/31/18. Services defined as low value or necessary are subject to the completeness of diagnosis and procedure fields submitted within the claims data was analyzed. Total Low Value services reported include a combination of services categorized as low value and likely low value. When there is only one row with supressed values, the entire row is removed.



2017 Southwest Region Low Value Services Report-Overall

| Low Value Measure Rule | Total Services Measured | Percentage of all To Services Measured with | tal Individuals 1 th any Service | Fotal Low Value Services | Total Individuals with a Low Value Service | % of Individuals with a Low Value Service | Total Cost of Low Value Services | Average Proxy Cost % per Service | % of Overall Low Value Spending | Quality Index Lov | w Value Inde |
|---|----------------------------|--|-------------------------------------|-----------------------------|--|---|----------------------------------|----------------------------------|------------------------------------|-------------------|------------------------|
| Totals Totals | 1,129,321 | 100.00% | 749,997 | 373,232 | 279,318 | 37.24% | \$167,423,709 | \$449 | 100.00% | 66.95% | 33.05 |
| Common Treatments | 90,604 | 8.02% | 66,045 | 89,613 | 65,234 | 98.77% | \$1,939,769 | \$22 | 1.16% | 1.09% | 98.91 |
| on't order antibiotics for adenoviral conjunctivitis (pink eye). | 84 | 0.01% | 84 | 75 | | 89.29% | \$1,011 | \$13 | 0.00% | 10.71% | 89.29 |
| on't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea. | 86 | 0.01% | 78 | 35 | 31 | 39.74% | \$12,562 | \$359 | 0.01% | 59.30% | 40.70 |
| Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age. | 13,734 | 1.22% | 6,496 | 13,734 | 6,496 | 100.00% | \$141,680 | \$10 | 0.08% | 0.00% | 100.00 |
| Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis | | | | | | | | | | | |
| externa) | 76,700 | 6.79% | 59,387 | 75,769 | | 98.73% | \$1,784,517 | \$24 | 1.07% | 1.21% | 98.79 |
| Diagnostic Testing | 184,804 | 16.36% | 135,637 | 95,138 | 63,356 | 46.71% | \$66,506,748 | \$699 | 39.72% | 48.52% | 51.48 |
| Don't do imaging for low back pain within the first six weeks, unless red flags are present. | 7,118 | 0.63% | 7,113 | 5,304 | 5,299 | 74.50% | \$1,572,672 | \$297 | 0.94% | 25.48% | 74.5 |
| Don't do imaging for uncomplicated headache. | 4,904 | 0.43% | 4,648 | 1,740 | 1,663 | 35.78% | \$2,312,149 | \$1,329 | 1.38% | 64.52% | 35.4 |
| On't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination. | 647 | 0.06% | 640 | 470 | 464 | 72.50% | \$717,752 | \$1,527 | 0.43% | 27.36% | 72.6 |
| On't order computed tomography (CT) scan of the head/brain for sudden hearing loss. | 798 | 0.07% | 740 | 322 | 312 | 42.16% | \$1,771,095 | \$5,500 | 1.06% | 59.65% | 40.3 |
| Don't perform a postcoital test (PCT) for the evaluation of infertility. | | * | * | * | * | * | * | * | * | * | |
| Don't perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile | | | | | | | | | | | |
| couple. | * | * | | * | 0 | 0.00% | \$0 | - | 0.00% | - | |
| Don't perform electroencephalography (EEG) for headaches. | 646 | 0.06% | 633 | 368 | 360 | 56.87% | \$803,097 | \$2,182 | 0.48% | 43.03% | 56.97 |
| Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms. | 1,184 | 0.10% | 1,159 | 453 | 445 | 38.40% | \$754,560 | \$1,666 | 0.45% | 61.74% | 38.26 |
| Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms | | | | | | | | | | | |
| unless high-risk markers are present. | 19,496 | 1.73% | 18,672 | 1,638 | 1,605 | 8.60% | \$1,432,232 | \$874 | 0.86% | 91.60% | 8.40 |
| Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E | | | | | | | | | | | |
| (IgE) tests, in the evaluation of allergy. | 2,939 | 0.26% | 2,829 | 1,927 | 1,848 | 65.32% | \$600,722 | \$312 | 0.36% | 34.43% | 65.57 |
| Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months | * | * | * | * | * | * | * | * | * | * | |
| Don't routinely do diagnostic testing in patients with chronic urticaria. | 79 | 0.01% | 79 | 60 | 60 | 75.95% | \$30,975 | \$516 | 0.02% | 24.05% | 75.95 |
| Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis. | 2,682 | 0.24% | 2,619 | 1,637 | 1,615 | 61.66% | \$4,775,387 | \$2,917 | 2.85% | 38.96% | 61.04 |
| Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease. | 137.890 | 12.21% | 90.431 | 76,435 | | 49.97% | \$43,662,755 | \$571 | 26.08% | 44.57% | 55.43 |
| Oon't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts). | 16 | 0.00% | 16 | 16 | | 100.00% | \$1,727 | \$108 | 0.00% | 0.00% | 100.00 |
| 2001't order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated. | 1.435 | 0.13% | 1.396 | 1.255 | | 87.39% | \$1,985,953 | \$1.582 | 1.19% | 12.54% | 87.46 |
| Son't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known | 1,400 | 0.1070 | 1,000 | 1,200 | 1,220 | 07.0070 | ψ1,300,300 | 91,302 | 1.1370 | 12.5470 | 07.40 |
| histories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic. | 858 | 0.08% | 672 | 633 | 468 | 69.64% | \$1.067.633 | \$1,687 | 0.64% | 26.22% | 73.78 |
| Don't perform routine head CT scans for emergency room visits for severe dizziness. | 4.096 | 0.36% | 3,975 | 2,875 | | 70.19% | \$5.017.541 | \$1,745 | 3.00% | 29.81% | 70.19 |
| Disease Approach | 28.333 | 2.51% | 20.041 | 16,502 | | 60.88% | \$18,729,274 | \$1,135 | 11.19% | 41.76% | 58.24 |
| Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology. | 827 | 0.07% | 781 | 647 | | 78.36% | \$10,536,555 | \$16.285 | 6.29% | 21.77% | 78.23 |
| Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis. | 66 | 0.01% | 63 | 27 | | 41.27% | \$113,796 | \$4,215 | 0.07% | 59.09% | 40.91 |
| Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks. 0 days destational age. | 2.706 | 0.24% | 2.180 | 0 | | 0.00% | \$113,790 | 94,210 | 0.00% | 100.00% | 0.00 |
| Don't scredule elective, indirection inductions of nabor of cesarean deriveres before 39 weeks, or days gestational age. Don't perform an arithroscopic knee surgery for knee osteoarthritis. | 57 | 0.01% | 57 | 56 | | 98.25% | \$225,380 | \$4,025 | 0.13% | 1.75% | 98.25 |
| | 1,320 | 0.12% | 1,285 | 1,078 | | 81.56% | \$3,528,662 | \$3,273 | 2.11% | 18.33% | 81.67 |
| Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain. | | 0.12% | | | | | | | 0.40% | | |
| Don't perform revascularization without prior medical mangement for renal artery stenosis. | 50 | | 50 | 50 | | 100.00% | \$670,274 | \$13,405 | | 0.00% | 100.00 |
| Don't perform vertebrolplasty for osteoporotic vertebral fractures. | 264 | 0.02% | 231 | 255 | | 96.97% | \$2,857,258 | \$11,205 | 1.71% | 3.41% | 96.59 |
| Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder. | 5,824 | 0.52% | 3,241 | 1,109 | 761 | 23.48% | \$81,792 | \$74 | 0.05% | 80.96% | 19.04 |
| Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, | | 4 500/ | 40.450 | | | | | | | 00.000/ | |
| including diabetes. | 17,219 | 1.52% | 12,153 | 13,280 | | 77.54% | \$715,559 | \$54 | 0.43% | 22.88% | 77.12 |
| Preoperative evaluation | 183,573 | 16.26% | 109,005 | 83,225 | 55,937 | 51.32% | \$59,056,988 | \$710 | 35.27% | 54.66% | 45.34 |
| Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in | | | | | | | | | | | |
| asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac | 192 | 0.02% | 181 | 99 | 92 | 50.83% | \$106,153 | \$1,072 | 0.06% | 48.44% | 51.56 |
| surgery | 192 | 0.0276 | 101 | 99 | 92 | 30.03% | \$100,100 | \$1,072 | 0.00% | 40.4476 | 51.50 |
| Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – | | | | | | | | | | | |
| specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal | 96,015 | 8.50% | 63,939 | 79,058 | 52,173 | 81.60% | \$57,016,776 | \$721 | 34.06% | 17.66% | 82.34 |
| | 90,015 | 0.30% | 63,939 | 79,000 | 52,173 | 01.00% | \$57,010,776 | \$121 | 34.00% | 17.00% | 02.34 |
| Don't obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASAI or II) undergoing low- | 87,366 | 7.74% | 44.885 | 4.068 | 3,672 | 8.18% | \$1,934,059 | \$475 | 1.16% | 95.34% | 4.66 |
| risk surgery Routine FU/Monitoring | 07,300 | 7.7470 | 44,000 | 4,000 | 3,072 | 0.10/0 | \$1,554,055 * | 9413 | 1.10/6 | 33.34 /6 | 4.00 |
| Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis. | | | | | * | | | | * | * | |
| | 642,001 | 56.85% | 419,263 | 88.748 | 82.585 | 19.70% | \$21,187,095 | \$239 | 12.65% | 86.18% | 13.82 |
| Screening Tests | | | | | | | | | | | |
| Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms. | 434,118 | 38.44% | 240,612 | 16,705 | | 6.29% | \$8,094,001 | \$485 | 4.83% | 96.15% | 3.85 |
| Don't perform population based screening for 25-OH-Vitamin D deficiency | 86,944 | 7.70% | 69,055 | 12,403 | 11,884 | 17.21% | \$2,325,468 | \$187 | 1.39% | 85.73% | 14.27 |
| Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 | 0.5:- | 0.0001 | 0.40= | | | 40.000 | 054.001 | 0.101 | 0.0007 | 07.740/ | 40.00 |
| vith no risk factors. | 2,547 | 0.23% | 2,425 | 313 | 307 | 12.66% | \$51,294 | \$164 | 0.03% | 87.71% | 12.29 |
| On't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening | | | | | | | | | | 63.25% | 36.75 |
| | 40 700 | 0.0444 | | | | | | | | | |
| and are not otherwise at high risk for cervical cancer | 40,723 | 3.61% | 39,719 | 14,967 | | 37.19% | \$1,696,510 | \$113 | 1.01% | | |
| and are not otherwise at high risk for cervical cancer Don't order unnecessary screening for colorectal cancer in adults older than age 50 years. | 21,184 | 1.88% | 20,304 | 6,718 | 6,273 | 30.90% | \$2,505,244 | \$373 | 1.50% | 68.29% | 31.71 |
| and are not otherwise at high risk for cervical cancer | | | | | 6,273 587 | | | | | | 31.71 7.57 76.61 |

Report based on APCD claims data for Commercial, Medicaid FFS, Medicaid Managed Care, Medicare FFS and Medicare Advantage coverage. Claims coverage for Commercial and Medicare Advantage may fluxuate and is anticipated to be roughly 40-50% for 2017.

All reports utilize a standardized proxy reimbursement amount and are based on Virginia APCD claims volumes as of 12/31/18.

Services defined as low value or necessary are subject to the completeness of diagnosis and procedure fields submitted within the claims data was analyzed.

Total Low Value services reported include a combination of services categorized as low value and likely low value.

When there is only one row with supressed values, the entire row is removed.

^{*} Indicates observed values less than 11. Suppressed values are still reflected in total and index calculations.



2017 Northwestern Region Low Value Services Report- Overall

| | | | | | Total Low | Total Low Value (Likely Low Value and Low Value Combined) | | | | | |
|---|----------------------------|--|-----------------------------------|-----------------------------|--|---|-------------------------------------|----------------------|------------------------------------|-------------------|----------------|
| Low Value Measure Rule | Total Services Measured | Percentage of all To Services Measured with | tal Individuals th any Service | Fotal Low Value Services | Total Individuals with a Low Value Service | % of Individuals with a Low Value Service | Total Cost of Low Value Services | Average Proxy Cost 9 | % of Overall Low Value Spending | Quality Index Lov | v Value Inde |
| Totals | 897,299 | 100.00% | 615,927 | 302,301 | 234,994 | 38.15% | \$141,247,100 | \$467 | 100.00% | 66.31% | 33.69 |
| Common Treatments | 54,910 | 6.12% | 44,282 | 54,027 | 43,521 | 98.28% | \$1,098,573 | \$20 | 0.78% | 1.61% | 98.39 |
| on't order antibiotics for adenoviral conjunctivitis (pink eye). | 82 | | 82 | 74 | | 90.24% | \$670 | \$9 | 0.00% | 9.76% | 90.24 |
| On't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea. | 51 | | 48 | 18 | | 33.33% | \$691 | \$38 | 0.00% | 64.71% | 35.29 |
| Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age. | 3,459 | 0.39% | 1,753 | 3,459 | 1,753 | 100.00% | \$36,645 | \$11 | 0.03% | 0.00% | 100.00 |
| Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis | | | | | | | | | | | |
| externa) | 51,318 | | 42,399 | 50,476 | | 98.30% | \$1,060,566 | \$21 | 0.75% | 1.64% | 98.36 |
| Diagnostic Testing | 154,000 | | 109,779 | 78,269 | | 46.90% | \$54,721,714 | \$699 | 38.74% | 49.18% | 50.82 |
| Don't do imaging for low back pain within the first six weeks, unless red flags are present. | 6,464 4,535 | | 6,452 4,266 | 4,780 | | 73.92% 36.36% | \$1,325,024 | \$277 \$1.508 | 0.94% 1.75% | 26.05% 63.81% | 73.95 36.19 |
| Don't do imaging for uncomplicated headache. Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination. | 4,535 540 | | 4,266 530 | 1,641 388 | | 71.89% | \$2,474,263 \$745.180 | \$1,508 \$1,921 | 0.53% | 28.15% | 71.8 |
| Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss. | 471 | | 451 | 204 | | 44.57% | \$1,410,188 | \$6,913 | 1.00% | 56.69% | 43.3 |
| Don't perform a postcoital test (PCT) for the evaluation of infertility. | *** | 0.0376 | *** | 204 | * 201 | ******** | \$1,410,100 * | φυ,σ13 * | 1.00 /6 | 30.0576 | 43.3 |
| Don't perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile | | | | | | | | | | | |
| souple. | | | * | | * | * | * | * | * | * | |
| Don't perform electroencephalography (EEG) for headaches. | 535 | 0.06% | 522 | 281 | 1 277 | 53.07% | \$579,249 | \$2,061 | 0.41% | 47.48% | 52.52 |
| Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms. | 1,045 | | 994 | 423 | | 39.94% | \$866,811 | \$2,049 | 0.61% | 59.52% | 40.48 |
| Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms | | | | | | | | | | | |
| unless high-risk markers are present. | 17,634 | 1.97% | 16,982 | 2,929 | 2,888 | 17.01% | \$2,231,314 | \$762 | 1.58% | 83.39% | 16.61 |
| Don't perform unproven diagnostic tests, such as immunoglobulin G (lgG) testing or an indiscriminate battery of immunoglobulin E | | | | | | | | | | | |
| IgE) tests, in the evaluation of allergy. | 2,348 | 0.26% | 2,255 | 1,529 | 1,460 | 64.75% | \$555,776 | \$363 | 0.39% | 34.88% | 65.12 |
| Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months | | * | | , | * * | * | * | * | * | * | |
| On't routinely do diagnostic testing in patients with chronic urticaria. | 86 | | 86 | 66 | | 76.74% | \$56,231 | \$852 | 0.04% | 23.26% | 76.74 |
| Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis. | 1,803 | | 1,780 | 1,099 | | 61.12% | \$3,943,851 | \$3,589 | 2.79% | 39.05% | 60.95 |
| On't routinely order imaging tests for patients without symptoms or signs of significant eye disease. | 113,098 | | 70,235 | 61,020 | | 49.34% | \$32,994,422 \$767 | \$541 | 23.36% | 46.05% 0.00% | 53.95 |
| On't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts). | 11 | | 11 | 11 | | 100.00% | | \$70 | 0.00% | | 100.00 |
| On't order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated. | 1,413 | 0.16% | 1,382 | 1,258 | 1,229 | 88.93% | \$2,072,848 | \$1,648 | 1.47% | 10.97% | 89.03 |
| Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known nistories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic. | 528 | 0.06% | 453 | 342 | 2 284 | 62.69% | \$700,273 | \$2.048 | 0.50% | 35.23% | 64.77 |
| Don't perform routine head CT scans for emergency room visits for severe dizziness. | 3.468 | | 3,360 | 2,290 | | 66.10% | \$4,764,939 | \$2,040 | 3.37% | 33.97% | 66.03 |
| Disease Approach | 13,621 | | 10.831 | 6.661 | | 53.05% | \$15,060,310 | \$2,261 | 10.66% | 51.10% | 48.90 |
| Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology. | 618 | | 575 | 483 | | 77.39% | \$8,246,010 | \$17.072 | 5.84% | 21.84% | 78.16 |
| Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis. | 52 | 0.01% | 51 | 14 | 14 | 27.45% | \$88,822 | \$6,344 | 0.06% | 73.08% | 26.92 |
| Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age. | 2,935 | 0.33% | 2,360 | C | 0 | 0.00% | \$0 | - | 0.00% | 100.00% | 0.00 |
| Don't perform an arthroscopic knee surgery for knee osteoarthritis. | 44 | 0.00% | 44 | 44 | 44 | 100.00% | \$144,435 | \$3,283 | 0.10% | 0.00% | 100.00 |
| Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain. | 955 | 0.11% | 929 | 677 | 7 659 | 70.94% | \$2,446,479 | \$3,614 | 1.73% | 29.11% | 70.89 |
| Don't perform revascularization without prior medical mangement for renal artery stenosis. | 76 | 0.01% | 71 | 75 | 70 | 98.59% | \$895,096 | \$11,935 | 0.63% | 1.32% | 98.68 |
| Don't perform vertebrolplasty for osteoporotic vertebral fractures. | 304 | 0.03% | 255 | 294 | 1 246 | 96.47% | \$2,974,265 | \$10,117 | 2.11% | 3.29% | 96.71 |
| Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder. | 2,752 | 0.31% | 1,552 | 393 | 3 285 | 18.36% | \$25,104 | \$64 | 0.02% | 85.72% | 14.28 |
| Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, | | | | | | | | | | | |
| including diabetes. | 5,885 | | 4,994 | 4,681 | | 79.76% | \$240,099 | \$51 | 0.17% | 20.46% | 79.54 |
| Preoperative evaluation | 144,452 | 16.10% | 88,126 | 71,283 | 3 48,524 | 55.06% | \$47,702,373 | \$669 | 33.77% | 50.65% | 49.35 |
| Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in | | | | | | | | | | | |
| asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac | 254 | 0.03% | 230 | 153 | 3 140 | 60.87% | \$88,568 | \$579 | 0.06% | 39.76% | 60.24 |
| surgery Don't obtain baseline laboratory studies in patients without significant systemic disease (ASAI or II) undergoing low-risk surgery – | 204 | 0.0070 | 200 | 100 | , 140 | 00.07 /0 | ψ00,500 | 9513 | 0.0070 | 33.1070 | 00.24 |
| specifically complete blood count, basic or comprehensive metabolic panel, coaqulation studies when blood loss (or fluid shifts) is/are | | | | | | | | | | | |
| expected to be minimal | 80,189 | 8.94% | 53,839 | 66,754 | 44,361 | 82.40% | \$46,159,712 | \$691 | 32.68% | 16.75% | 83.25 |
| Don't obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low | - | | | | | | | | | | |
| risk surgery | 64,009 | 7.13% | 34,057 | 4,376 | 3 4,023 | 11.81% | \$1,454,092 | \$332 | 1.03% | 93.16% | 6.84 |
| Routine FU/Monitoring | • | • | • | | • • | • | • | * | • | * | |
| Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis. | * | * | * | | ** | * | * | * | * | * | |
| Screening Tests | 530,310 | | 362,904 | 92,055 | | 23.62% | \$22,661,696 | \$246 | 16.04% | 82.64% | 17.36 |
| Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms. | 342,297 | 38.15% | 201,113 | 21,976 | | 10.22% | \$9,411,830 | \$428 | 6.66% | 93.58% | 6.42 |
| Don't perform population based screening for 25-OH-Vitamin D deficiency | 75,717 | 8.44% | 61,492 | 17,234 | 16,595 | 26.99% | \$3,285,433 | \$191 | 2.33% | 77.24% | 22.76 |
| Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 | 2.711 | 0.30% | 2.653 | 550 | 535 | 20.17% | \$94.065 | \$171 | 0.07% | 79.71% | 20.29 |
| with no risk factors. Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening | 2,/11 | 0.30% | 2,053 | 550 | 535 | 20.17% | φ 94 ,065 | \$1/T | 0.07% | 19.1170 | 20.29 |
| John torder unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer | 40.867 | 4.55% | 39 456 | 13.560 | 13.241 | 33.56% | \$1,441,871 | \$106 | 1.02% | 66.82% | 33.18 |
| on't order unnecessary screening for colorectal cancer in adults older than age 50 years. | 15.867 | | 15.353 | 4.312 | | 26.46% | \$1,813.641 | \$421 | 1.28% | 72.82% | 27.18 |
| Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present. | 6.614 | | 5.246 | 625 | | 11.28% | \$2,915,659 | \$4,665 | 2.06% | 90.55% | 9.45 |
| Don't perform PSA-based screening for prostate cancer in all men regardless of age. | 46.237 | | 37.591 | 33.798 | | 80.18% | \$3,699,197 | \$109 | 2.62% | 26.90% | 73.10 |
| arrapertorial constants for present cancer in an men regardless or age. | 40,237 | 3.1376 | 57,551 | 55,750 | . 50,141 | 00.1076 | ψο,033,137 | \$109 | 2.02/0 | 20.00 /0 | 7 3.1 |

Report based on APCD claims data for Commercial, Medicaid FFS, Medicaid Managed Care, Medicare FFS and Medicare Advantage coverage. Claims coverage for Commercial and Medicare Advantage may fluxuate and is anticipated to be roughly 40-50% for 2017.

All reports utilize a standardized proxy reimbursement amount and are based on Virginia APCD claims volumes as of 12/31/18.

Services defined as low value or necessary are subject to the completeness of diagnosis and procedure fields submitted within the claims data was analyzed.

Total Low Value services reported include a combination of services categorized as low value and likely low value.

When there is only one row with supressed values, the entire row is removed.

^{*} Indicates observed values less than 11. Suppressed values are still reflected in total and index calculations.



2017 Northern Region Low Value Services Report- Overall

| | | | mbined) | | | | | | | | |
|--|----------------------------|---|-----------------------------------|----------------------------|--|----------------------------------|----------------------------------|------------------------------------|---------------------------------|-------------------|-------------------------|
| Low Value Measure Rule | Total Services Measured | Percentage of all To Services Measured w | otal Individuals Tith any Service | otal Low Value Services | Total Individuals with % of Ir a Low Value Service a Low | ndividuals with Value Service | Total Cost of Low Value Services | Average Proxy Cost % per Service V | of Overall Low alue Spending | Quality Index Lov | v Value Index |
| Totals | 1,413,139 | 100.00% | 1,048,335 | 540,927 | 451,736 | 43.09% | \$136,709,140 | \$253 | 100.00% | 61.72% | 38.28% |
| Common Treatments | 88,194 | 6.24% | 73,580 | 86,792 | 72,382 | 98.37% | \$1,653,388 | \$19 | 1.21% | 1.59% | 98.41% |
| Don't order antibiotics for adenoviral conjunctivitis (pink eye). | 127 | 0.01% | 126 | 113 | 112 | 88.89% | \$1,229 | \$11 | 0.00% | 11.02% | 88.98% |
| Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea. | 47 | 0.00% | 47 | 19 | 19 | 40.43% | \$399 | \$21 | 0.00% | 59.57% | 40.43% |
| Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age. | 5,311 | 0.38% | 3,193 | 5,311 | 3,193 | 100.00% | \$50,096 | \$9 | 0.04% | 0.00% | 100.00% |
| Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis | | | | | | | | | | | |
| externa) | 82,709 | 5.85% | 70,214 | 81,349 | | 98.35% | \$1,601,664 | \$20 | 1.17% | 1.64% | 98.36% |
| Diagnostic Testing | 232,076 | 16.42% | 168,937 | 103,114 | | 44.19% | \$47,595,061 | \$462 | 34.81% | 55.57% | 44.43% |
| Don't do imaging for low back pain within the first six weeks, unless red flags are present. | 9,508 | 0.67% | 9,500 | 6,876 | | 72.32% | \$1,878,449 | \$273 | 1.37% | 27.68% | 72.329 |
| Don't do imaging for uncomplicated headache. | 7,849 668 | 0.56% 0.05% | 7,404 654 | 3,340 505 | | 42.80% 75.54% | \$2,919,638 | \$874 \$1.470 | 2.14% 0.54% | 57.45% 24.40% | 42.55% 75.60% |
| Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination. | | 0.05% | 490 | 256 | | 75.54% 51.63% | \$742,201 | \$1,470 \$4,051 | 0.54% | 49.80% | 50.20% |
| Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss. | 510 | 0.04% | 490 | 200 | 253 | 31.03% | \$1,037,015 | \$4,051 | 0.76% | 49.00% | 50.207 |
| Don't perform a postcoital test (PCT) for the evaluation of infertility. Don't perform electroencephalography (EEG) for headaches. | 1,081 | 0.08% | 1,035 | 681 | 647 | 62.51% | \$546,957 | \$803 | 0.40% | 37.00% | 63.00% |
| Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms. | 1,061 | 0.08% | 1,035 | 469 | | 36.31% | \$764,431 | \$1,630 | 0.40% | 63.62% | 36.38% |
| bon't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms | 1,209 | 0.0376 | 1,231 | 403 | 447 | 30.3176 | φ104,431 | 91,000 | 0.5076 | 03.02 /6 | 30.36 / |
| unless high-risk markers are present. | 26,890 | 1.90% | 25,280 | 4,669 | 4,577 | 18.11% | \$2,773,314 | \$594 | 2.03% | 82.64% | 17.36% |
| Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E | , | | , | ., | ,,= | | *=,, | **** | | | |
| (IgE) tests, in the evaluation of allergy. | 6,271 | 0.44% | 6,066 | 3,703 | 3,582 | 59.05% | \$502,926 | \$136 | 0.37% | 40.95% | 59.05% |
| Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2-24 months | * | * | | * | * | * | * | * | * | * | , |
| Don't routinely do diagnostic testing in patients with chronic urticaria. | 163 | 0.01% | 163 | 124 | 124 | 76.07% | \$50,586 | \$408 | 0.04% | 23.93% | 76.07% |
| Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis. | 2,545 | 0.18% | 2,501 | 1,377 | 1,357 | 54.26% | \$4,045,806 | \$2,938 | 2.96% | 45.89% | 54.11% |
| Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease. | 167,861 | 11.88% | 107,440 | 76,162 | | 45.00% | \$23,396,172 | \$307 | 17.11% | 54.63% | 45.37% |
| Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts). | 43 | 0.00% | 43 | 42 | | 97.67% | \$4,961 | \$118 | 0.00% | 2.33% | 97.67% |
| Don't order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated. | 1,644 | 0.12% | 1,620 | 1,421 | 1,399 | 86.36% | \$2,060,863 | \$1,450 | 1.51% | 13.56% | 86.44% |
| Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known | | | | | | | | | | | |
| histories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic. | 520 | 0.04% | 453 | 322 | | 58.72% | \$646,462 | \$2,008 | 0.47% | 38.08% | 61.92% |
| Don't perform routine head CT scans for emergency room visits for severe dizziness. | 5,209 | 0.37% | 5,032 | 3,164 | | 60.99% 52.80% | \$6,225,087 | \$1,967 | 4.55% 11.70% | 39.26% | 60.74% 51.28% |
| Disease Approach Don't place peripherally inserted central catheters (PICC) in stage III–V CKD patients without consulting nephrology. | 20,568 691 | 1.46% 0.05% | 17,404 635 | 10,547 532 | | 76.22% | \$15,991,997 \$9.510.217 | \$1,516 \$17.876 | 6.96% | 48.72% 23.01% | 76.99% |
| Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis. | 72 | 0.01% | 72 | 36 | | 50.00% | \$130,675 | \$3,630 | 0.10% | 50.00% | 50.00% |
| Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age. | 5,148 | 0.36% | 4,537 | 0 | | 0.00% | \$130,073 | 93,030 | 0.00% | 100.00% | 0.00% |
| Don't perform an arthroscopic knee surgery for knee osteoarthritis. | 3,148 | 0.01% | 4,557 | 85 | | 97.70% | \$184.946 | \$2,176 | 0.14% | 2.30% | 97.70% |
| Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain. | 798 | 0.06% | 776 | 489 | | 60.57% | \$1,778,369 | \$3,637 | 1.30% | 38.72% | 61.28% |
| Don't perform revascularization without prior medical management for renal artery stenosis. | 118 | 0.00% | 109 | 118 | | 100.00% | \$1,094,989 | \$9,280 | 0.80% | 0.00% | 100.00% |
| Don't perform vertebroliplasty for osteoporotic vertebral fractures. | 296 | 0.02% | 216 | 283 | | 96.30% | \$2.879.431 | \$10.175 | 2.11% | 4.39% | 95.61% |
| Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder. | 2,396 | 0.17% | 1,411 | 334 | | 17.08% | \$32,826 | \$98 | 0.02% | 86.06% | 13.94% |
| Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, | _, | ****** | ., | | = | | **-, | *** | **** | | |
| including diabetes. | 10,962 | 0.78% | 9,561 | 8,670 | 7,557 | 79.04% | \$380,545 | \$44 | 0.28% | 20.91% | 79.09% |
| Preoperative evaluation | 189,742 | 13.43% | 119,719 | 100,285 | 69,427 | 57.99% | \$34,013,715 | \$339 | 24.88% | 47.15% | 52.85% |
| Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography - TTE/TEE) or cardiac stress testing in | | | | | | | | | | | |
| asymptomatic stable patients with known cardiac disease (e.g., CAD, valvular disease) undergoing low or moderate risk non-cardiac | | | =0.4 | | 0.45 | | | | | | |
| surgery | 562 | 0.04% | 504 | 345 | 315 | 62.50% | \$136,391 | \$395 | 0.10% | 38.61% | 61.39% |
| Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – | | | | | | | | | | | |
| specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal | 106.218 | 7.52% | 71.665 | 90.184 | 60.122 | 83.89% | \$31,999,562 | \$355 | 23.41% | 15.10% | 84.90% |
| Expected to be infilling. Don't obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low | | 1.52/6 | 71,005 | 50,104 | 00,122 | 03.0576 | φ31,333,302 | \$333 | 23.4176 | 13.10 /6 | 04.50 / |
| Tisk surgery | 82,962 | 5.87% | 47,550 | 9,756 | 8,990 | 18.91% | \$1,877,762 | \$192 | 1.37% | 88.24% | 11.76% |
| Routine FU/Monitoring | | | | | * | | | | | * | |
| Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis. | * | * | * | * | * | * | * | * | * | * | |
| Screening Tests | 882,551 | 62.45% | 668,687 | 240,181 | 226,082 | 33.81% | \$37,451,485 | \$156 | 27.40% | 72.79% | 27.21% |
| Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms. | 509,929 | 36.08% | 332,022 | 81,807 | 76,823 | 23.14% | \$18,137,568 | \$222 | 13.27% | 83.96% | 16.04% |
| Don't perform population based screening for 25-OH-Vitamin D deficiency | 149,852 | 10.60% | 129,453 | 55,194 | 52,893 | 40.86% | \$6,079,005 | \$110 | 4.45% | 63.17% | 36.83% |
| Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 | _ | | | | | | | | | | |
| with no risk factors. | 7,191 | 0.51% | 6,926 | 1,963 | 1,893 | 27.33% | \$208,415 | \$106 | 0.15% | 72.70% | 27.30% |
| Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening | 100 107 | 7.09% | 00.450 | 20 407 | 22.125 | 32.64% | 60 660 000 | \$82 | 1.05% | 67.57% | 32.43% |
| and are not otherwise at high risk for cervical cancer | 100,197 38.378 | 7.09% 2.72% | 98,452 37,210 | 32,497 11,280 | | 32.64% 28.56% | \$2,669,082 \$1,936,929 | \$82 \$172 | 1.95% 1.42% | 67.57% 70.61% | 32.43% 29.39% |
| Don't order unnecessary screening for colorectal cancer in adults older than age 50 years. | 6,093 | 0.43% | 4,969 | 11,280 | | 10.81% | \$1,936,929 | \$6,106 | 2.51% | 90.78% | 9.22% |
| Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present. Don't perform PSA-based screening for prostate cancer in all men regardless of age. | 70.911 | 5.02% | 59.655 | 56,878 | | 85.78% | \$4,988,663 | \$6,100 | 3.65% | 19.79% | 80.21% |
| contribution in oversease selecting for prostate cancer in an inert regardless or age. | 10,911 | 0.02% | 55,055 | 50,070 | 31,173 | 00.1076 | 94,500,003 | 900 | 3.03% | 13.1370 | 00.2176 |
| | | | | | | | | | | | |

Report based on APCD claims data for Commercial, Medicaid FFS, Medicaid Managed Care, Medicare FFS and Medicare Advantage coverage. Claims coverage for Commercial and Medicare Advantage may fluxuate and is anticipated to be roughly 40-50% for 2017.

* Indicates observed values less than 11. Suppressed values are still reflected in total and index calculations.

Inducates uses revealed assument in adaptives of values are size in increased in Journal and mode. Activations, and APCD claims volumes as of 12/31/18. All reports utilize a standardized proxy reimbursement amount and are based on Virginia APCD claims volumes as of 12/31/18. Services defined as low value or necessary are subject to the completeness of diagnosis and procedure fields submitted within the claims data was analyzed. Total Low Value services reported include a combination of services categorized as low value and likely low value. When there is only one row with supressed values, the entire row is removed.

| to dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 wll Choose imaging for uncomplicated headache. Choose in brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination. Choose form unproven diagnostic testis, out has immunoplobulin 6 (IgG) testing or an indiscriminate battery of immunoglobulin E (IgG Choose form unproven diagnostic testis, out has immunoglobulin 6 (IgG) testing or an indiscriminate battery of immunoglobulin E (IgG Choose form unproven diagnostic testis, out has immunoglobulin 6 (IgG) testing or an indiscriminate battery of immunoglobulin E (IgG Choose scribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, in Choose form electroencephalography (EEG) for headaches. Choose form electroencephalography (EEG) for headaches error entire testing of the carotid arteries for simple syncope without other neurologic symptoms. Choose er computed immography (CT) scan of the headforain for sudden hearing loss. Choose er computed immography (CT) scan of the headforain for sudden hearing loss. Choose inclinely obtain radiographic imaging for patients with known coronary artery diseases (including stents and bypass grafts). Choose coronary artery calcium scoring for patients with known coronary artery diseases (including stents and bypass grafts). Choose scribe oral antibiotics for uncomplicated acute tryinoactory illnesses in children under four years of age. Choose scribe oral antibiotics for uncomplicated acute tryinoactory illnesses in children under four years of age. Choose scribe oral antibiotics for uncomplicated acute tryinoactory illnesses in children under four years of age. Choose form population based screening for 25-OH-Vitamin D deficiency from population based screening for 25-OH-Vitamin D deficiency from an arthroscopic knew surgery for knew estecardaritiis. MISC I | TF H | Source UR. Ittp://www.uspreventiveservicestaskforce.org/prostatecancerscreening/prostatefinalrs.htm ttp://www.uspreventiveservicestaskforce.org/uspstff/uspscolo.htm |
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