



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, regardless 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 divided 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:
 - *Mayo Clinic Proceedings* publication on "A Decade of Reversal: An Analysis of 146 Contradicted Medical Practices"
 - Johns Hopkins Medicine research report on imaging for severe dizziness in the ER
 - *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

Low Value Measure Rule	Total Low Value (Likely Low Value and Low Value Combined)										
	Total Services Measured	Percentage of all Services Measured	Total 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 per Service	% of Overall Low Value Spending	Quality Index	Low 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	2,083	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 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 unprovoked 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 use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).	819,281	13.80%	521,015	443,412	255,665	49.07%	\$171,285,626	\$366	22.93%	45.88%	54.12%
Don't order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated.	82	0.00%	82	81	81	98.78%	\$10,432	\$129	0.00%	1.22%	98.78%
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 urolithiasis, presenting with symptoms consistent with uncomplicated renal colic.	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 perform routine head CT scans for emergency room visits for severe dizziness.	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-IV 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 management for renal artery stenosis.	851	0.01%	762	845	756	89.21%	\$6,788,082	\$8,033	0.91%	0.71%	99.29%
Don't perform vertebroplasty for osteoporotic vertebral fractures.	1,410	0.02%	1,192	1,348	1,141	85.72%	\$14,588,790	\$10,823	1.95%	4.40%	95.60%
Don't prescribe antidepressants as monotherapy in patients with bipolar 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 surgery	1,571	0.03%	1,446	897	833	57.61%	\$479,354	\$534	0.06%	42.90%	57.10%
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	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 (ASA I 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.	41,726	0.70%	33,072	3,936	3,706	11.21%	\$18,675,719	\$4,745	2.50%	90.57%	9.43%
Don't perform PSA-based screening for prostate cancer in all men regardless of age.	281,677	4.75%	232,754	210,483	189,172	81.28%	\$20,929,512	\$99	2.80%	25.28%	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 fluctuate 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 volume 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 suppressed values, the entire row is removed.



2017 Central Region Low Value Services Report- Overall

Low Value Measure Rule	Total Low Value (Likely Low Value and Low Value Combined)										
	Total Services Measured	Percentage of all Services Measured	Total 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 per Service	% of Overall Low Value Spending	Quality Index	Low Value Index
Totals	1,046,177	100.00%	722,836	337,703	266,827	36.91%	\$131,921,196	\$391	100.00%	67.72%	32.28%
Common Treatments	62,599	5.98%	49,959	61,867	49,319	98.72%	\$1,273,726	\$21	0.97%	1.17%	98.83%
Don't order antibiotics for adenoviral conjunctivitis (pink eye).	60	0.01%	60	55	55	91.67%	\$740	\$13	0.00%	8.33%	91.67%
Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea.	38	0.00%	36	18	18	50.00%	\$473	\$26	0.00%	52.63%	47.37%
Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age.	5,729	0.55%	3,178	5,729	3,178	100.00%	\$62,201	\$11	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).	56,772	5.43%	46,685	56,065	46,068	98.68%	\$1,210,312	\$22	0.92%	1.25%	98.75%
Diagnostic Testing	172,511	16.49%	129,510	82,185	56,760	43.83%	\$45,463,198	\$553	34.46%	52.36%	47.64%
Don't do imaging for low back pain within the first six weeks, unless red flags are present.	8,978	0.86%	8,957	7,453	7,434	83.00%	\$1,828,347	\$245	1.39%	16.99%	83.01%
Don't do imaging for uncomplicated headache.	5,117	0.49%	4,867	2,007	1,921	39.47%	\$2,881,831	\$1,436	2.18%	60.78%	39.22%
Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.	567	0.05%	562	415	411	73.13%	\$637,949	\$1,537	0.48%	26.81%	73.19%
Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.	368	0.04%	357	170	167	46.78%	\$1,103,391	\$6,491	0.84%	53.80%	46.20%
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.	-	-	-	-	-	-	-	-	-	-	-
Don't perform electroencephalography (EEG) for headaches.	607	0.06%	593	350	344	58.01%	\$533,540	\$1,524	0.40%	42.34%	57.66%
Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.	886	0.08%	866	314	307	35.45%	\$554,364	\$1,765	0.42%	64.56%	35.44%
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.	20,542	1.96%	19,686	2,485	2,432	12.35%	\$1,676,028	\$674	1.27%	87.90%	12.10%
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.	2,341	0.22%	2,266	1,504	1,455	64.21%	\$405,705	\$270	0.31%	35.75%	64.25%
Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2-24 months.	13	0.00%	13	0	0	0.00%	\$0	-	0.00%	100.00%	0.00%
Don't routinely do diagnostic testing in patients with chronic urticaria.	83	0.01%	83	72	72	86.75%	\$91,164	\$1,266	0.07%	13.25%	86.75%
Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.	2,355	0.23%	2,308	1,402	1,383	59.92%	\$5,260,301	\$3,752	3.99%	40.47%	59.53%
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.	124,456	11.90%	82,991	61,385	36,375	43.83%	\$22,211,446	\$362	16.84%	50.68%	49.32%
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.	1,339	0.13%	1,292	1,173	1,131	87.54%	\$1,792,212	\$1,528	1.36%	12.40%	87.60%
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 urolithiasis, presenting with symptoms consistent with uncomplicated renal colic.	387	0.04%	347	233	202	58.21%	\$403,827	\$1,733	0.31%	39.79%	60.21%
Don't perform routine head CT scans for emergency room visits for severe dizziness.	4,461	0.43%	4,311	3,211	3,115	72.26%	\$6,082,348	\$1,894	4.61%	28.02%	71.98%
Disease Approach	18,721	1.79%	15,128	10,915	9,144	60.44%	\$16,982,894	\$1,556	12.87%	41.70%	58.30%
Don't place peripherally inserted central catheters (PICC) in stage III-V CKD patients without consulting nephrology.	693	0.07%	648	562	526	81.17%	\$10,949,790	\$19,484	8.30%	18.90%	81.10%
Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis.	60	0.01%	60	19	19	31.67%	\$77,655	\$4,087	0.06%	68.33%	31.67%
Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.	3,000	0.29%	2,559	0	0	0.00%	\$0	-	0.00%	100.00%	0.00%
Don't perform an arthroscopic knee surgery for knee osteoarthritis.	89	0.01%	89	87	87	97.75%	\$227,309	\$2,613	0.17%	2.25%	97.75%
Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain.	802	0.08%	783	603	590	75.35%	\$1,729,614	\$2,868	1.31%	24.81%	75.19%
Don't perform revascularization without prior medical management for renal artery stenosis.	72	0.01%	61	72	61	100.00%	\$917,568	\$12,744	0.70%	0.00%	100.00%
Don't perform vertebroplasty for osteoporotic vertebral fractures.	241	0.02%	217	228	205	94.47%	\$2,702,453	\$11,853	2.05%	5.39%	94.61%
Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder.	2,410	0.23%	1,419	351	269	18.96%	\$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 diabetes.	11,354	1.09%	9,292	8,993	7,387	79.50%	\$358,916	\$40	0.27%	20.79%	79.21%
Preoperative evaluation	168,713	16.13%	101,332	75,781	52,057	51.37%	\$43,492,756	\$574	32.97%	55.08%	44.92%
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 surgery	242	0.02%	227	113	107	47.14%	\$48,466	\$429	0.04%	53.31%	46.69%
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	90,702	8.67%	60,647	71,635	48,297	79.64%	\$42,000,039	\$586	31.84%	21.02%	78.98%
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	77,769	7.43%	40,458	4,033	3,653	9.03%	\$1,444,250	\$358	1.09%	94.81%	5.19%
Routine FU/Monitoring	-	-	-	-	-	-	-	-	-	-	-
Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.	-	-	-	-	-	-	-	-	-	-	-
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 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%
Don't perform population based screening for 25-OH-Vitamin D deficiency	72,457	6.93%	60,235	14,369	13,800	22.91%	\$2,667,194	\$186	2.02%	80.17%	19.83%
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.	3,242	0.31%	3,140	544	533	16.97%	\$83,850	\$154	0.06%	83.22%	16.78%
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	55,887	5.34%	54,480	20,688	20,396	37.44%	\$1,963,222	\$95	1.49%	62.98%	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%
Don't perform PSA-based screening for prostate cancer in all men regardless of age.	59,947	5.73%	48,592	42,500	37,849	77.89%	\$4,637,007	\$109	3.51%	29.10%	70.90%

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 fluctuate 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 suppressed values, the entire row is removed.



2017 Eastern Region Low Value Services Report- Overall

Low Value Measure Rule	Total Low Value (Likely Low Value and Low Value Combined)										
	Total Services Measured	Percentage of all Services Measured	Total 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 per Service	% of Overall Low Value Spending	Quality Index	Low 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 oral 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 otitis externa)	46,490	3.21%	39,917	45,859	39,364	98.61%	\$889,410	\$19	0.52%	1.36%	98.64%
Diagnostic Testing	339,240	23.39%	230,802	192,172	114,245	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	6,351	74.78%	\$1,850,234	\$290	1.09%	25.16%	74.84%
Don't do imaging for uncomplicated headache.	5,219	0.36%	4,966	1,663	1,613	32.48%	\$2,099,147	\$1,262	1.24%	68.14%	31.86%
Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.	713	0.05%	705	489	483	68.51%	\$841,546	\$1,721	0.50%	31.42%	68.58%
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%	49.21%
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.	711	0.05%	689	415	401	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	1,527	71.89%	\$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%
Don't routinely do diagnostic testing in patients with chronic urticaria.	62	0.00%	61	44	44	72.13%	\$13,131	\$298	0.01%	29.03%	70.97%
Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.	2,325	0.16%	2,268	1,479	1,443	63.62%	\$4,202,414	\$2,841	2.48%	36.39%	63.61%
Don'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 histories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic.	450	0.03%	394	323	273	69.29%	\$564,174	\$1,747	0.33%	28.22%	71.78%
Don't perform routine head CT scans for emergency room visits for severe dizziness.	8,056	0.56%	7,746	5,404	5,202	67.16%	\$6,262,778	\$1,159	3.69%	32.92%	67.08%
Disease Approach	21,194	1.46%	16,316	11,173	9,303	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	911	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	32	28.57%	\$102,939	\$3,217	0.06%	71.68%	28.32%
Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.	.	.	.	.	.	.	.	.	.	.	.
Don't perform an arthroscopic knee surgery for knee osteoarthritis.	83	0.01%	82	82	81	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	493	73.04%	\$1,417,452	\$2,841	0.83%	27.05%	72.95%
Don't perform revascularization without prior medical management for renal artery stenosis.	535	0.04%	471	530	466	98.94%	\$3,210,155	\$6,057	1.89%	0.93%	99.07%
Don't perform vertebroplasty for osteoporotic vertebral fractures.	305	0.02%	273	288	258	94.51%	\$3,175,383	\$11,026	1.87%	5.57%	94.43%
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, including diabetes.	10,364	0.71%	8,442	8,156	6,633	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%
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 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 expected to be minimal	184,368	12.71%	117,823	150,179	94,585	80.28%	\$41,736,336	\$278	24.59%	18.54%	81.46%
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	145,935	10.06%	76,933	6,621	5,989	7.78%	\$1,303,086	\$197	0.77%	95.46%	4.54%
Routine FU/Monitoring	42	0.00%	41	40	39	95.12%	\$20,004	\$500	0.01%	4.76%	95.24%
Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.	42	0.00%	41	40	39	95.12%	\$20,004	\$500	0.01%	4.76%	95.24%
Screening Tests	707,309	48.77%	494,151	107,103	100,173	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	17,503	16,444	7.26%	\$7,812,662	\$444	4.60%	95.44%	4.56%
Don'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%	11.11%
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.	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 and are not otherwise at high risk for cervical cancer	56,666	3.91%	54,760	21,807	21,371	39.03%	\$1,993,714	\$91	1.17%	61.52%	38.48%
Don't order unnecessary screening for colorectal cancer in adults older than age 50 years.	24,477	1.69%	23,581	6,898	6,458	27.39%	\$2,187,025	\$317	1.29%	71.82%	28.18%
Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.	12,668	0.87%	9,905	1,375	1,260	12.72%	\$5,784,588	\$4,207	3.41%	89.15%	10.85%
Don't perform PSA-based screening for prostate cancer in all men regardless of age.	56,257	3.88%	46,247	40,283	36,388	78.68%	\$3,872,372	\$96	2.28%	28.39%	71.61%

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 fluctuate 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 suppressed values, the entire row is removed.



2017 Southwest Region Low Value Services Report- Overall

Low Value Measure Rule	Total Low Value (Likely Low Value and Low Value Combined)										
	Total Services Measured	Percentage of all Services Measured	Total 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 per Service	% of Overall Low Value Spending	Quality Index	Low Value Index
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%
Don't order antibiotics for adenoviral conjunctivitis (pink eye).	84	0.01%	84	75	75	89.29%	\$1,011	\$13	0.00%	10.71%	89.29%
Don'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	58,632	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%	74.52%
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%	35.48%
Don'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%	72.64%
Don'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%	40.35%
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	0.38%	34.43%	65.57%
Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2-24 months	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	61.68%	\$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.	137,590	12.21%	90,431	76,435	45,187	49.97%	\$43,662,755	\$571	26.08%	44.57%	55.43%
Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).	16	0.00%	16	16	16	100.00%	\$1,727	\$108	0.00%	0.00%	100.00%
Don'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	1,220	87.39%	\$1,985,953	\$1,582	1.19%	12.54%	87.46%
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.	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	2,790	70.19%	\$5,017,541	\$1,745	3.00%	29.81%	70.19%
Disease Approach	28,333	2.51%	20,041	16,502	12,200	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	612	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	26	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 gestational age.	2,706	0.24%	2,180	0	0	0.00%	\$0	-	0.00%	100.00%	0.00%
Don't perform an arthroscopic knee surgery for knee osteoarthritis.	57	0.01%	57	56	56	98.25%	\$225,380	\$4,025	0.13%	1.75%	98.25%
Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain.	1,320	0.12%	1,285	1,078	1,048	81.56%	\$3,528,662	\$3,273	2.11%	18.33%	81.67%
Don't perform revascularization without prior medical management for renal artery stenosis.	50	0.00%	50	50	50	100.00%	\$670,274	\$13,405	0.40%	0.00%	100.00%
Don't perform vertebroplasty for osteoporotic vertebral fractures.	264	0.02%	231	255	224	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, including diabetes.	17,219	1.52%	12,153	13,280	9,423	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 surgery	192	0.02%	181	99	92	50.83%	\$106,153	\$1,072	0.06%	48.44%	51.56%
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%
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	87,366	7.74%	44,885	4,068	3,672	8.18%	\$1,934,059	\$475	1.16%	95.34%	4.66%
Routine FU/Monitoring	-	-	-	-	-	-	-	-	-	-	-
Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.	-	-	-	-	-	-	-	-	-	-	-
Screening Tests	642,001	56.85%	419,263	88,748	82,585	19.70%	\$21,187,095	\$239	12.65%	86.18%	13.82%
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	15,141	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	11,894	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 with no risk factors.	2,547	0.23%	2,425	313	307	12.66%	\$51,294	\$164	0.03%	87.71%	12.29%
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	40,723	3.61%	39,719	14,967	14,772	37.19%	\$1,696,510	\$113	1.01%	63.25%	36.75%
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%
Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.	8,160	0.72%	6,479	618	587	9.06%	\$2,782,306	\$4,502	1.66%	92.43%	7.57%
Don't perform PSA-based screening for prostate cancer in all men regardless of age.	48,325	4.28%	40,669	37,024	33,621	82.67%	\$3,732,272	\$101	2.23%	23.39%	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 fluctuate 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 suppressed values, the entire row is removed.



2017 Northwestern Region Low Value Services Report- Overall

Low Value Measure Rule	Total Low Value (Likely Low Value and Low Value Combined)										
	Total Services Measured	Percentage of all Services Measured	Total 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 per Service	% of Overall Low Value Spending	Quality Index	Low Value Index
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%
Don't order antibiotics for adenoviral conjunctivitis (pink eye).	82	0.01%	82	74	74	90.24%	\$670	\$9	0.00%	9.76%	90.24%
Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea.	51	0.01%	48	18	16	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	5.72%	42,399	50,476	41,678	98.30%	\$1,060,566	\$21	0.75%	1.64%	98.36%
Diagnostic Testing	154,000	17.16%	109,779	78,269	51,485	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	0.72%	6,452	4,780	4,769	73.92%	\$1,325,024	\$277	0.94%	26.05%	73.95%
Don't do imaging for uncomplicated headache.	4,535	0.51%	4,266	1,641	1,551	36.36%	\$2,474,263	\$1,508	1.75%	63.81%	36.19%
Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.	540	0.06%	530	388	381	71.89%	\$745,180	\$1,921	0.53%	28.15%	71.85%
Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.	471	0.05%	451	204	201	44.57%	\$1,410,188	\$6,913	1.00%	56.69%	43.31%
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.	-	-	-	-	-	-	-	-	-	-	-
Don't perform electroencephalography (EEG) for headaches.	535	0.06%	522	281	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	0.12%	994	423	397	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 (IgG) 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	86	0.01%	86	66	66	76.74%	\$56,231	\$852	0.04%	23.26%	76.74%
Don't routinely do diagnostic testing in patients with chronic urticaria.	1,803	0.20%	1,780	1,099	1,088	61.12%	\$3,943,851	\$3,589	2.79%	39.05%	60.95%
Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.	113,098	12.60%	70,235	61,020	34,855	49.34%	\$32,994,422	\$541	23.36%	46.05%	53.95%
Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).	11	0.00%	11	11	11	100.00%	\$767	\$70	0.00%	0.00%	100.00%
Don'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 histories of kidney stones, or ureterolithiasis, presenting with symptoms consistent with uncomplicated renal colic.	528	0.06%	453	342	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	0.39%	3,360	2,290	2,221	66.10%	\$4,764,939	\$2,081	3.37%	33.97%	66.03%
Disease Approach	13,621	1.52%	10,831	6,661	5,746	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	0.07%	575	483	445	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	0	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	659	70.94%	\$2,446,479	\$3,614	1.73%	29.11%	70.89%
Don't perform revascularization without prior medical management 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 vertebroplasty for osteoporotic vertebral fractures.	304	0.03%	255	294	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	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	0.66%	4,994	4,681	3,983	79.76%	\$240,099	\$51	0.17%	20.46%	79.54%
Preoperative evaluation	144,452	16.10%	88,126	71,283	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 surgery	254	0.03%	230	153	140	60.87%	\$88,568	\$579	0.06%	39.76%	60.24%
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	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	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	59.10%	362,904	92,055	85,713	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	20,547	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 with no risk factors.	2,711	0.30%	2,653	550	535	20.17%	\$94,065	\$171	0.07%	79.71%	20.29%
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	40,867	4.55%	39,456	13,560	13,241	33.56%	\$1,441,871	\$106	1.02%	66.82%	33.18%
Don't order unnecessary screening for colorectal cancer in adults older than age 50 years.	15,867	1.77%	15,353	4,312	4,062	26.46%	\$1,813,641	\$428	1.28%	72.82%	27.18%
Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.	6,614	0.74%	5,246	625	592	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	5.15%	37,591	33,798	30,141	80.18%	\$3,699,197	\$109	2.62%	26.90%	73.10%

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 fluctuate 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 suppressed values, the entire row is removed.



2017 Northern Region Low Value Services Report- Overall

Low Value Measure Rule	Total Low Value (Likely Low Value and Low Value Combined)											
	Total Services Measured	Percentage of all Services Measured	Total 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 per Service	% of Overall Low Value Spending	Quality Index	Low 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	69,058	98.35%	\$1,601,664	\$20	1.17%	1.64%	98.36%	
Diagnostic Testing	232,076	16.42%	168,937	103,114	74,647	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	6,870	72.32%	\$1,878,449	\$273	1.37%	27.68%	72.32%	
Don't do imaging for uncomplicated headache.	7,849	0.56%	7,404	3,340	3,169	42.80%	\$2,919,638	\$874	2.14%	57.45%	42.55%	
Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.	668	0.05%	654	505	494	75.54%	\$742,201	\$1,470	0.54%	24.40%	75.60%	
Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.	510	0.04%	490	256	253	51.63%	\$1,037,015	\$4,051	0.78%	49.80%	50.20%	
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.	1,289	0.09%	1,231	469	447	36.31%	\$764,431	\$1,630	0.56%	63.62%	36.38%	
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.	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	163	0.01%	163	124	124	76.07%	\$50,586	\$408	0.04%	23.93%	76.07%	
Don't routinely do diagnostic testing in patients with chronic urticaria.	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	48,348	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	42	97.67%	\$4,961	\$118	0.00%	97.67%	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	86.38%	\$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	266	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	3,069	60.99%	\$6,225,087	\$1,967	4.55%	39.26%	60.74%	
Disease Approach	20,568	1.46%	17,404	10,547	9,190	52.80%	\$15,991,997	\$1,516	11.70%	48.72%	51.28%	
Don't place peripherally inserted central catheters (PICC) in stage III-V CKD patients without consulting nephrology.	691	0.05%	635	532	484	76.22%	\$9,510,217	\$17,876	6.96%	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	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	0.00%	\$0	\$0	0.00%	100.00%	0.00%	
Don't perform an arthroscopic knee surgery for knee osteoarthritis.	87	0.01%	87	85	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	470	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	0.01%	109	118	109	100.00%	\$1,094,989	\$9,280	0.80%	0.00%	100.00%	
Don't perform vertebroplasty for osteoporotic vertebral fractures.	296	0.02%	216	283	208	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	241	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 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%	
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	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 and are not otherwise at high risk for cervical cancer	100,197	7.09%	98,452	32,497	32,135	32.64%	\$2,669,082	\$82	1.95%	67.57%	32.43%	
Don't order unnecessary screening for colorectal cancer in adults older than age 50 years.	38,378	2.72%	37,210	11,280	10,628	28.56%	\$1,936,929	\$172	1.42%	70.61%	29.39%	
Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.	6,093	0.43%	4,969	562	537	10.81%	\$3,431,823	\$6,106	2.51%	90.78%	9.22%	
Don't perform PSA-based screening for prostate cancer in all men regardless of age.	70,911	5.02%	59,655	56,878	51,173	85.78%	\$4,988,663	\$88	3.65%	19.79%	80.21%	

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 fluctuate 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 suppressed values, the entire row is removed.

Low Value Measure	Source	Source URL
Don't perform PSA-based screening for prostate cancer in all men regardless of age.	USPSTF	http://www.uspreventiveservicestaskforce.org/prostatecancerscreening/prostatefinals.htm
Don't order unnecessary screening for colorectal cancer in adults older than age 50 years.	USPSTF	http://www.uspreventiveservicestaskforce.org/uspstf/uscsclo.htm
Don't do imaging for low back pain within the first six weeks, unless red flags are present.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-academy-of-family-physicians/
Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with osteoporosis.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-academy-of-family-physicians/
Don't do imaging for uncomplicated headaches.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-college-of-radiology/
Don't obtain brain imaging studies (CT or MRI) in the evaluation of simple syncope and a normal neurological examination.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2012/12/5things_12_factsheet_Amer_College_Phys.pdf
Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E (IgE) testing.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-academy-of-allergy-asthma-immunology/
Don't routinely do diagnostic testing in patients with chronic urticaria.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2012/12/5things_12_factsheet_AAAA11.pdf
Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-academy-of-family-physicians/
Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDs) in individuals with hypertension or heart failure or CKD of all causes, in the absence of a clear indication.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-society-of-nephrology/
Don't perform electroencephalography (EEG) for headaches.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/02/AAO-5things-List_Web.pdf
Don't perform imaging of the carotid arteries for simple syncope without other neurologic symptoms.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/04/AAO-5things-List_Web.pdf
Don't order antibiotics for adenoviral conjunctivitis (pink eye).	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/02/AAO-5things-List_Web.pdf
Don't order computed tomography (CT) scan of the head/brain for sudden hearing loss.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/02/AAO-HNSF-5things-List_Web.pdf
Don't routinely obtain radiographic imaging for patients who meet diagnostic criteria for uncomplicated acute rhinosinusitis.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/02/AAO-HNSF-5things-List_Web.pdf
Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts).	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/02/SCCT-5things-List_Web.pdf
Don't perform routine head CT scans for emergency room visits for severe dizziness.	MISC Research	http://healthcareinnovationhq.com/tour#view/emergency-department-default/article/Hopkins-Report-Says-ED-CT-Scans-Overused-For-Dizziness?utm_source=twitter&utm_medium=social
Don't schedule elective, non-medically indicated inductions of labor or Cesarean deliveries before 39 weeks, 0 days gestational age.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-college-of-obstetricians-and-gynecologists/
Don't prescribe oral antibiotics for uncomplicated acute tympanostomy tube otorrhea.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/02/AAO-HNSF-5things-List_Web.pdf
Don't prescribe or recommend cough and cold medicines for respiratory illnesses in children under four years of age.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/02/AAO-5things-List_Web.pdf
Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/02/ACR-rheumatology-5things-List_Web.pdf
Don't perform population based screening for 25-OH-Vitamin D deficiency.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/02/ASCP-5things-List_Web.pdf
Don't perform an arthroscopic knee surgery for knee osteoarthritis.	MISC Research	http://www.fiercehealthcare.com/story/146-existing-medical-interventions-dont-work/2013-07-24?utm_medium=email&utm_source=internal
Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder.	MISC Research	http://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2013.13020185
Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery – specifically, chest X-ray, ECG, and pulmonary function tests.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-society-of-anesthesiologists/
Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography – TTE/TEE) or cardiac stress testing in the absence of a clear indication.	Choosing Wisely	http://www.choosingwisely.org/wp-content/uploads/2013/04/AAO-5things-List_Web.pdf
Don't perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile man.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-society-for-reproductive-medicine/
Don't perform a postcoital test (PCT) for the evaluation of infertility.	Choosing Wisely	http://www.choosingwisely.org/doctor-patient-lists/american-society-for-reproductive-medicine/
Don't order CT scans of the abdomen and pelvis in young otherwise healthy emergency department patients (age <50) with known history of abdominal and pelvic pain.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-college-of-abdomen-and-pelvis-for-ed-patients-under-50/
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.	MISC Research	http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0051890/
Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers present.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-society-nuclear-cardiology-stress-cardiac-imaging-coronary-angiography-without-cardiac-symptoms/
Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-academy-ophthalmology-routine-imaging-for-patients-without-symptoms-or-signs-of-eye-disease/
Don't perform Computed tomography (CT) scans in the routine evaluation of abdominal pain.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-academy-pediatrics-ct-scans-to-evaluate-abdominal-pain/
Don't perform revascularization without prior medical management for renal artery stenosis.	MISC Research	http://www.nejm.org/doi/full/10.1056/NEJMoa093368#article
Don't perform vertebroplasty for osteoporotic vertebral fractures.	MISC Research	http://www.cochrane.org/CD002944/PVD_balloon-angioplasty-versus-medical-therapy-for-pain
Don't place peripherally inserted central catheters (PICC) in stage III-V CKD patients without consulting nephrology.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-society-nephrology-peripherally-inserted-central-catheters-in-stage-iii-iv-ckd-patients%20/
Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2–24 months.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-academy-family-physicians-voiding-cystourethrogram-urinary-tract-infections-in-infants/
Don't recommend more than a single fraction of palliative radiation for an uncomplicated painful bone metastasis.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-academy-hospice-palliative-care-single-fraction-palliative-radiation-for-bone-metastasis/
Don't order computed tomography (CT) head imaging in children 1 month to 17 years of age unless indicated.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-association-neurological-surgeons-routine-ct-scans-for-mild-head-injury-in-children/
Don't perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-college-cardiology-stress-cardiac-testing-or-advanced-non-invasive-imaging-in-routine-evaluations/
Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening.	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-college-obstetricians-gynecologists-annual-cervical-cytology-in-women-30-to-65/
Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness or acute otitis media).	Choosing Wisely	http://www.choosingwisely.org/clinician-lists/american-academy-pediatrics-antibiotics-for-children-with-viral-respiratory-illness/