



Task Force on Low-Value Care

Specifications for Claims-Based Analyses Specific to the “Top Five” Low-Value Services

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Recommended specifications are derived from previously published resources, as cited. Please share suggestions for improvement by e-mailing budros@vbidhealth.com.

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Vitamin D Screening Tests

Universe of Likely Wasteful

- Receipt of Vitamin D testing service
 - CPT (82306, 82652)

Exclusions (Should Not Be Categorized as Likely Wasteful)

- CPT 82306 AND any of following:
 - Members who had 25-OH-Vitamin D screening and diagnosis of chronic conditions within **1 year on or prior** to the testing:
 - ICD-10 diagnosis codes for chronic conditions (E55.0, E55.9, E64.3, M83, N18, K72.00, E84.11, E84.19, E84.8, E84.9, K50, K51, K52.0, Z98.84, K70.30, K74.0, K74.60, K74.69, K74.3, K74.4, K74.5, E83.51, E83.52, E67.3, E67.8, Q78.0, Q78.2, M32.10, M33.90, M88.9, Z79.891, Z79.899, G73.7, L40.0 -L40.4, L40.50 - L40.59, L40.8, L40.9, E21.0 - E21.5, Z79.51, Z79.52, K90.0 - K90.4, K90.89, K90.9, K72.01, K76.2, K70.31, K70.2, K74.1, K74.2, K76.89, K76.0, K75.81, K72.91, K72.11, K70.41, K71.11, K72.90, K91.2, N25.1, E20.9, E20.0, E20.8, E89.2, M83.3, E84.0, E66.2, E67.2, E68, L41.9, L41.0, L41.1, L41.8, L41.3-L41.5, L94.5, M89.9, M94.9, M85.9, M32, M33, M36.0, M88, M81, M80)
 - Members who had 25-OH-vitamin D screening and diagnosis of risk factors within **90 days on or prior** to the testing
 - ICD-10 diagnosis codes for risk factors (D86, A15, A17, A18, A19, B39, B38, J63, C81, C82, C83, E44.0, E83, G40, C84, C85, C86, C96, C88, C91)
 - Members who had 25-OH-vitamin D screening and NDC codes for high risk medications within **90 days on or prior** to the testing
 - GPI for high risk medications (72600030, 22100045, 72600040, 22100030, 22109903, 72550060, 72600057, 72500030, 11000030, 72600043, 72500010, 72600046, 22100040, 22100015, 22100020, 12109902, 72200030, 12104530, 12104580, 12108070, 39100010, 72200013, 12103060, 12109020, 12109050, 11000010, 72500020, 12108570, 11407035, 72600065, 22100025, 12109035, 72170070, 12109903, 22109902, 39100016, 12104585, 12104545, 12108085, 72100010, 72600020, 11000060, 72600075, 72600060, 22100010, 11407015, 12104520, 11404040, 72200010, 72100007, 11000080, 72600090, 12105015, 22100050, 72996002, 12109030, 11407080, 12106060, 39100020, 12104560, 72120020, 11404050, 72100030, 12106085, 72600024, 12102530, 72400020, 12104515, 12104525, 12105005, 11000020, 22100012, 11407060, 12102060, 72600036, 12104510, 12109904, 72400010, 12106030, 72170085, 11407030, 11500010, 12103015, 11500025, 12109530, 72600026, 11500050, 12109080, 12103020, 72600015, 22109904)

- Members who had 25-OH-vitamin D screening and diagnosis of pregnancy and obesity on the **day of** the testing
 - ICD-10 diagnosis codes for pregnancy and obesity (O02, O03, O69, O04, O07, Z33, O08, A34, O20, O44, O45, O46, O67, O10, O11, O13, O16, O14, O15, O21, O60, O47, O48, O12, O26, O90, O23, O99, O29, O98, O24, O33, O9A, O25, O34, O75, O80, O30, O31, O32, O64, O66, O65, O36, O35, O40, O41, O42, O61, O09, O76, O62, O63, O43, O70, O71, O72, O73, O74, O82, Z34, Z32, Z36, E66, Z68, O01, P50, O68, O77, O00)
- Members who had 25-OH-vitamin D screening and diagnosis of falls and non - traumatic fracture **within 1 year on or prior** to the testing;
 - ICD-10 diagnosis codes for falls and non-traumatic fracture (Z9181, Z87311, Z87310)
- CPT 82652 AND any of the following:
 - Members who had 1, 25-(OH)2-vitamin D screening and diagnosis of inherited or acquired disorders of vitamin D and phosphate metabolism **within 90 days on or prior** to the testing
 - ICD-10 diagnosis codes for inherited or acquired disorders of vitamin D and phosphate metabolism (D86, A15, A17, A18, A19, B39, B38, J63, C81, C82, C83, E44, E83, C84, C85, C86, C96, C88, C91, M83, N18)

Source

Mafi J, Russell K, Bortz B, Hazel W, Dachary M, Fendrick AM. Low-Cost, High-Volume Health Services Contribute the Most to Unnecessary Health Spending. *Health Aff (Millwood)*. 2017;36(10):1701-1704.

PSA Testing in Men 75+

Universe of Likely Wasteful

All of following apply:

- Receipt of PSA Testing
 - HCPCS (G0103, 84152, 84153, 84154)
- Age greater than or equal to 75

Exclusions

Any of the following:

- Prostate cancer, carcinoma in situ of prostate, or neoplasm of uncertain behavior of prostate
 - ICD-10 diagnosis codes (C61, D07.5, D40.0)
- Elevated PSA
 - ICD-10 diagnosis code (R97.2)
- Family history of prostate cancer
 - ICD-10 diagnosis code (Z80.42)

Comment

- Information on the related HEDIS measure is available from [NCQA](#)
- Carter et al. (2017) provided ICD-9 codes, which were mapped to ICD-10 using the AHRQ Map It Tool

Source

Carter EA, Morin PE, Lind KD. Costs and Trends in Utilization of Low-value Services Among Older Adults with Commercial Insurance or Medicare Advantage: Medical Care. 2017;55(11):931-939.

Unneeded Testing and Laboratory Work Prior to Low-Risk Surgery

PRE-OPERATIVE CHEST X-RAYS, ECHOCARDIOGRAMS, AND STRESS TESTS

Universe of Likely Wasteful

All of the following apply:

- Surgery associated with any of the following BETOS categories for low or intermediate risk non-cardiothoracic surgery (see comment) or other selected surgeries:
 - BETOS (P1x, P3D, P4A, P4B, P4C, P5C, P5D, P8A, P8G)
 - CPT (19120, 19125, 47562, 47563, 49560, 58558)
- Receipt of any of the following services in the **30 days prior** to surgery:
 - Chest x-ray (71010, 71015, 71020, 71021, 71022, 71023, 71030, 71034, 71035)
 - Echocardiogram (93303, 93304, 93306, 93307, 93308, 93312, 93315, 93318)
 - Stress test (75552-75564, 75574, 78451-78454, 78460, 78461, 78464, 78465, 78472, 78473, 78481, 78483, 78491, 78492, 93015-93018, 93350, 93351, 0146T, 0147T, 0148T, 0149T)

Exclusions (Should Not Be Categorized as Likely Wasteful)

Any of the following apply:

- Place of service for surgery is:
 - Inpatient
 - Emergency department
- Place of service for test is:
 - Inpatient
 - Emergency department
- Patient not enrolled in coverage in month prior to visit

PRE-OPERATIVE PULMONARY FUNCTION TESTING

Universe of Likely Wasteful

All of the following apply:

- Surgery associated with any of the following BETOS categories for low or intermediate risk non-cardiothoracic surgery (see comment):
 - BETOS (P1x, P2x, P3D, P4A, P4B, P4C, P5C, P5D, P8A, P8G)
- Receipt of spirometry:
 - 94010

Exclusions (Should Not Be Categorized as Likely Wasteful)

Same as above

PRE-OPERATIVE BASELINE LABORATORY TESTING

Universe of Likely Wasteful

Both of the following apply:

- Surgery associated with any of the following BETOS categories for low or intermediate risk non-cardiothoracic surgery (see comment):
 - BETOS (P1x, P2x, P3D, P4A, P4B, P4C, P5C, P5D, P8A, P8G)
- Receipt of any of the following laboratory services within **30 days** of the surgery:
 - CPT (80047, 80048, 80050, 80051, 80053, 81000-81003, 81005, 81007, 81020, 81050, 81099, 82040, 82247, 82310, 82330, 82374, 82435, 82565, 82947, 82948, 82950, 82953, 84075, 84132, 84155, 84295, 84450, 84460, 85002, 85014, 85018, 85025, 85027, 85032, 85049, 85055, 85610, 85611, 85730, 85732, 95250, 95251, G0306, G0307)

Exclusions (Should Not Be Categorized as Likely Wasteful)

- All services where the low-risk surgery falls **on or 1 day** after the E&M visit for emergency care, observation or urgent care visit.
 - E&M visit codes (99217, 99218, 99219, 99220, 99224, 99225, 99226, 99281, 99282, 99283, 99284, 99285)
 - Revenue codes (0516, 0762, 0450, 0452, 0459, 0981)
- All electrolyte testing laboratory related services and prescription of medications such as digoxin, diuretics and angiotensin converting enzyme inhibitors or angiotensin receptor blockers.
 - Electrolyte testing codes (82374, 82435, 84132, 84295, 82435, 80047, 80048, 80050, 80051, 80053)
 - GPI codes for medications (37990002, 37600060, 37992008, 36994002, 37200020, 36993002, 37992005, 37500010, 36150080, 36150010, 36150020, 96485821, 37600020, 36150024, 37500020, 36150070, 37100010, 37900030, 37400010, 37600050, 31200010, 37600040, 37500030, 37600025, 37200080, 37600055, 36150040, 37600010, 36994503, 37100030, 36996502, 36150030, 37400030, 37992004, 37200030, 37200010, 36150055)
- All services with a diagnosis of endocrine, liver or renal disorders.
 - ICD-10 diagnosis for endocrine, liver or renal disorders (E08- E11, E13, E16, E20- E32, E34, E35, E89, K70-K77, K80-K83, K87, K91, M32.14, M32.15, M35.04, N00- N08, N11, N14- N19, N25- N27)
 - CBC testing codes (85014, 85018, 85025, 85027, 85032, G0306, G0307)
 - ICD-10 diagnosis of anemia or history suggestive of recent blood loss (C96.6, D50.0- D76.3, I85.01, I88.0- I88.9, K27.0, K27.2, K92.0, K92.1, K92.2, R58, Z83.2)

- CBC testing related services and a diagnosis of anemia or history suggestive of recent blood loss in the **last 6 months prior** to the CBC testing.
 - Coagulation testing codes (85002, 85049, 85055, 85610, 85611, 85730, 85732)
- Coagulation testing related services in those with a diagnosis of coagulation disorders **up to 2 years prior** to the coagulation testing event or on anticoagulant medications **3 months prior** to the coagulation testing.
 - ICD-10 diagnosis codes for coagulation disorders (D65- D69.9)
 - GPI codes for anticoagulant medications (83337030, 83337015, 83101010, 83400030, 83100020, 83370060, 83370030, 83200030, 83400032, 83101080, 83103030, 83334050, 83334020, 83400080, 83400020, 83334030, 83370010, 83101020)
- Urinalysis and a urologic procedure **within 30 days** after the baseline laboratory testing
 - Urinalysis codes (81000-81015)
 - Urologic procedure codes (50951-50955, 50970-50980, 51715, 51727-51729, 52000- 52204, 52282, 52327, 52330, 52351-52355, 52402, 53855)
- Members who had a urinalysis and a diagnosis of urinary symptoms or disorders within **30 days prior** to or on the day of the baseline laboratory testing.
 - ICD-10 diagnosis codes for urinary symptoms (A02.25, A06.81, A18.14, A56.01, N10- N13.9, N15.1, N15.9, N16, N20.0-N21.9, N22, N23, N28.0, N28.1, N28.81- N28.9, N29, N30.00-N30.91, N31.0-N37, N39.0-N42.9, N51, N99.110-N99.518, O86.20- O86.29, R30.0-R39.9, R80.2)

Comment

A complete crosswalk of procedural codes to BETOS categories is no longer available from CMS, but a historical version is hosted [here](#).

An alternative strategy – as used by Carter et al. (2017) – relies on receipt of select anesthesia services (00100-02101), along with exclusion criteria, to identify unneeded pre-operative chest x-rays. The appendix with specifications is [online here](#).

Sources

Approach for identification of chest x-rays, echocardiograms, stress tests, and pulmonary function testing from:

Schwartz AL, Chernew ME, Landon BE, McWilliams JM. Changes in Low-Value Services in Year 1 of the Medicare Pioneer Accountable Care Organization Program. *JAMA Intern Med*. 2015;175(11):1815-1825.

The Schwartz et al. approach was also used for identification of low-risk surgeries prior to receipt of laboratory testing. Other specifications for the identification of laboratory tests from:

Mafi J, Russell K, Bortz B, Hazel W, Dachary M, Fendrick AM. Low-Cost, High-Volume Health Services Contribute the Most to Unnecessary Health Spending. *Health Aff (Millwood)*. 2017;36(10):1701-1704.

Imaging for Uncomplicated Low-Back Pain within First Six Weeks

Please see the relevant HEDIS measure, [NQF number 0052](#). Some specifications are available for download at the [eCQI Resource Center](#) (the age range may be broadened).

Use of More Expensive Branded Medications when Generics with Identical Active Ingredients are Available

Specifications are not provided for this measure given the many potential approaches to calculating generic efficiency.