Choosing Wisely®

An initiative of the ABIM Foundation

WASHINGTON HEALTH ALLIANCE

Washington State Hospital Association

Washington State Medical Association | WSMA

Physician Driven Patient Focused

Choosing Wisely Claims-Based Technical Specifications

Washington State Choosing Wisely Task Force

Choosing Wisely Claims-Based Technical Specifications

Updated May 12, 2014

SUPPORTING DOCUMENT (AVAILABLE UPON REQUEST)

SINUSITIS Numerator: Antibiotic NDC Table (1,415 codes)

Special thanks to Premera Blue Cross and Group Health Cooperative for their strong support of the Choosing Wisely initiative and sustained engagement to support the program's success. Both organizations provided initial code sets for this project, allowing the Task Force to focus more efficiently on measure refinement and significantly reducing the project timeframe.

OVERVIEW

Choosing Wisely® is a national program sponsored by the ABIM Foundation to promote important conversations about appropriate care choices. More treatment does not always mean better treatment. Evidence shows that some tests and procedures are given to patients unnecessarily, which can increase costs and risks without adding significant value.

The Washington Health Alliance (Alliance), Washington State Medical Association (WSMA), and Washington State Hospital Association (WSHA) are committed to ensuring safe, quality health care for patients in Washington State –that includes reducing health care overuse and waste. To this end, the Alliance, WSMA, and WSHA are jointly sponsoring the Washington State Choosing Wisely Task Force to address these important issues collaboratively.

The Washington State Choosing Wisely Task Force is comprised of the following members:

- Inna Andrews, MD, Multicare
- Robert Benedetti, MD, Rockwood Clinic
- Rick Clarfeld, MD, Overlake Medical Clinics
- Ted Conklin, MD, Premera Blue Cross
- Milton Curtis, MD, EvergreenHealth
- Christopher Dale, MD, Swedish Medical Center
- Connie Davis, MD, Skagit Regional Health
- DC Dugdale, MD, UW Medicine
- Matt Handley, MD, Group Health
- Dale Hoekema, MD, Kadlec Health System
- Norris Kamo, MD, Virginia Mason
- Scott Kronlund, MD, Northwest Physicians Network
- Pat Kulpa, MD, Regence Blue Shield
- Francis Mercado, MD, Franciscan Health System
- John Robinson, MD, First Choice Health
- Karen Sharpe, MD, PeaceHealth
- Richard Spiegel, MD, Signal Health
- Thomas Varghese, MD, UW Medicine
- Terri Wolber, ARNP, Pacific Medical Centers

Task Force Project Leads:

- Teresa Litton, Washington Health Alliance, TLitton@wahealthalliance.org
- Jessica Martinson, Washington State Medical Association, jessica@wsma.org
- Tanya Carroccio, Washington State Hospital Association, tanyac@wsha.org

Background and Limitations

Since there are no existing national measures to leverage for the Choosing Wisely recommendations, the Choosing Wisely Task Force collaborated to develop the measures included in this document. The Choosing Wisely recommendations were selected from initial code sets generously provided by Premera Blue Cross (10 recommendations) and Group Health (1 recommendation) and then refined through the efforts of the Choosing Wisely Task Force. Furthermore, after detailed discussions, the Choosing Wisely Task Force decided to measure the "Low Back Pain" recommendation using the nationally vetted HEDIS specification that measures 4 weeks instead of 6 weeks, as Choosing Wisely recommends.

The measure logic included in this document has not been vetted by certified measurement organizations (other than Low Back Pain); in its current state, it is intended for the sole purpose of community discussion and measure refinement. The Choosing Wisely Task Force cannot provide any guarantee or warrantee of results from use of the measure logic in this document. Due to the clinical data requirements of the Choosing Wisely recommendations, the claims-based measure logic provided in this document should not be used to produce any results at a lower level of detail than of a regional level. Producing data supplier or medical group specific results from these measures is expressly prohibited.

There is additional work not represented in this document for NSAIDS and DEXA related Choosing Wisely recommendations. The measures were not included due to a concern that claims data may not accurately capture the clinical recommendation. Additional time is needed to further research potential specifications. If you would like to see these two measure specifications for your own learning process, please contact Teresa Litton at tlitton@wahealthalliance.org.

General Notes about Choosing Wisely Measures in Washington State

The initial code sets for the Choosing Wisely measures included in this report were provided by Premera Blue Cross and Group Health Cooperative. The Washington Health Alliance further refined the measure definitions to align with the standard specifications it uses for its performance measurement activities. These refinements were reviewed and approved by the Choosing Wisely Task Force. The Washington Health Alliance then used the specifications to run county-level results for Washington State. Those findings are expected to be released early summer 2014.

- Reported measures include all Medicaid and Commercial data suppliers included in the Washington Health Alliance Community Checkup, with the exception of Community Health Plan of Washington.
- Product Type (Medicaid/Commercial) is based upon the member's last enrollment segment during measurement year
- Member's age is based upon the member's last enrollment segment during measurement year. Improved logic would be member's age as of 6/30 of the measurement year, but the Alliance only has patient age in the enrollment data that it is able to access. As such, the current logic for capturing patient age is the maximum age of the patient during the measurement period.
- Zip/County assignment is based upon the last update of the member's residence

Common Understanding of Concepts Used in this Document

- **Anchor Date**: This serves as a place holder in case enrollment as of a certain date would be important. Currently, no anchor dates are applied to any measures; a minimum criterion is that members have enrollment during the measurement year unless otherwise noted.
- **Benefit:** This serves as a place holder in case it is determined that the member must have certain benefits (e.g. medical, pharmacy) in order to be included in the measure. Current measure logic for all measures is that the member just needed a complete month of enrollment during the measurement year.
- **Denominator**: Logic used to capture the denominator population for the measure.
- **Denominator Event**: Specified if there is a need to capture the specific claim/service event that qualifies the member for the denominator.
- **Enrollment:** Any enrollment criteria
- **Exclusion:** Any criteria that would eliminate a patient from being included in the measure results.
- **Index Case:** Base event from which potential numerator events are compared
- **Measurement year:** Time frame within which all dates of service and/or enrollment periods must occur unless otherwise specified. The measurement year for the initial run of results is: 7/1/2011–6/30/2012.
- **Numerator:** Logic used to capture the numerator population for the measure.
- **Numerator Event**: Specified if there is a need to capture the specific claim/service event that qualifies the member for the numerator.

CHOOSING WISELY CLAIMS-BASED TECHNICAL SPECIFICATIONS

Choosing Wisely Description

Don't order sinus computed tomography (CT) or indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis. *(NOTE: recommendation is split into two measures= Sinusitis, CT & Sinusitis, Antibiotics)*

American Academy of Allery, Asthma & Immunology (#2)

Viral infections cause the majority of acute rhinosinusitis and only 0.5 percent to 2 percent progress to bacterial infections. Most acute rhinosinusitis resolves without treatment in two weeks. Uncomplicated acute rhinosinusitis is generally diagnosed clinically and does not require a sinus CT scan or other imaging. Antibiotics are not recommended for patients with uncomplicated acute rhinosinusitis who have mild illness and assurance of follow-up. If a decision is made to treat, amoxicillin should be first-line antibiotic treatment for most acute rhinosinsutis.

Sinusitis, CT

Members who had a primary diagnosis for sinusitis who had CT performed within 30 days of the diagnosis

Eligible Population

- **Product Lines:** Commercial and Medicaid (Report each product line separately)
- **Ages:** None specified
- **Enrollment:** Current assumption: at least one month during measurement year
- **Anchor Date:** Current assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** Unique members with primary diagnosis codes related to acute sinusitis or viral URI (see Sinusitis & Viral URI Diagnosis Codes Table below) during measurement year
- **Index Case:** First qualifying diagnosis within measurement year

Administrative Specification

Denominator

- Eligible Population (above)

Numerator

- Distinct members from denominator who had a CT procedure code (70486 CT, MAXILLOFAC.AREA; W/O CNTRST MAT'L) within 30 days of index case

Exclusions

- None

Sinusitis and Viral URI Diagnosis Codes (denominator)

ICD9	DESCRIPTION
4610	ACUTE MAXILLARY SINUSITIS
4611	ACUTE FRONTAL SINUSITIS
4612	ACUTE ETHMOIDAL SINUSITIS
4613	ACUTE SPHENOIDAL SINUSITIS
4618	OTHER ACUTE SINUSITIS
4619	ACUTE SINUSITIS, UNSPECIFIED
4659	ACUTE URI NOS

Choosing Wisely Description

Don't order sinus computed tomography (CT) or indiscriminately prescribe antibiotics for uncomplicated acute rhinosinusitis. *(NOTE: recommendation is split into two measures= Sinusitis, CT & Sinusitis, Antibiotics)*

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Sinusitis, Antibiotics

Members with a primary diagnosis for sinusitis that were prescribed antibiotics within 21 days

Eligible Population

- **Product Lines:** Commercial and Medicaid (Report each product line separately)
- **Ages:** None specified
- **Enrollment:** Current assumption: at least one month during measurement year
- **Anchor Date:** Current assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** Unique members with primary diagnosis codes related to acute sinusitis or viral URI (see Sinusitis Diagnosis Codes Table below) during measurement year
- **Index Case:** First qualifying diagnosis within measurement year

Administrative Specification

Denominator

- Eligible Population (above)

Numerator

- Unique members with primary diagnosis codes related to sinusitis that have antibiotics NDC codes (see Antibiotic NDC Table – separate document) within 0-21 days of denominator

Exclusions

- None

Sinusitis Diagnosis Codes (denominator)

ICD9	DESCRIPTION
4610	ACUTE MAXILLARY SINUSITIS
4611	ACUTE FRONTAL SINUSITIS
4612	ACUTE ETHMOIDAL SINUSITIS
4613	ACUTE SPHENOIDAL SINUSITIS
4618	OTHER ACUTE SINUSITIS
4619	ACUTE SINUSITIS, UNSPECIFIED
4659	ACUTE URI NOS

ANTIBIOTIC NDC TABLE (NUMERATOR) – SEE SEPARATE DOCUMENT (1,415 codes)

Choosing Wisely Description

Don't diagnose or manage asthma without spirometry.

American Academy of Allergy, Asthma & Immunology (#5)
Clinicians often rely solely upon symptoms when diagnosing and managing asthma, but these symptoms may be misleading and be from alternate causes. Therefore spirometry is essential to confirm the diagnosis in those patients who can perform this procedure. Recent guidelines highlight spirometry's value in stratifying disease severity and monitoring control. History and physical exam alone may over- or under-estimate asthma control. Beyond the increased costs of care, repercussions of misdiagnosing asthma include delaying a correct diagnosis and treatment.

Spirometry

Members 11 years and older with a diagnosis of asthma who did not have spirometry performed within 3 years of the asthma diagnosis

Eligible Population

- **Product Lines:** Commercial and Medicaid (Report each product line separately)
- **Ages:** 11 years old and older
- **Enrollment:** Current assumption: at least one month during measurement year
- **Anchor Date:** Current assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** Unique members with primary or secondary diagnosis code related to asthma (see Asthma Diagnosis Codes Table below) during measurement year
- **Index Case:** First qualifying diagnosis within measurement year

Administrative Specification

Denominator

- Eligible Population

Numerator

- Distinct members from denominator who did NOT have a spirometry related procedure code (see Spirometry Procedure Codes Table below)within 3 years prior to index case.

Exclusions

- None

Asthma Diagnosis Codes (denominator)

Code	Description
4930	EXTRINSIC ASTHMA*
4931	INTRINSIC ASTHMA*
4938	OTHER SPECIFIED ASTHMA
4939	ASTHMA NOS*
49301	EXT ASTHMA W STATUS ASTH
49302	EXT ASTHMA W(ACUTE) EXAC
49310	INTRINSIC ASTHMA NOS
49311	INT ASTHMA W STATUS ASTH
49312	INT ASTHMA W (AC) EXAC

Code	Description
49320	CHRONIC OBST ASTHMA NOS
49321	CH OB ASTHMA W STAT ASTH
49322	CH OBST ASTH W (AC) EXAC
49381	EXERCSE IND BRONCHOSPASM
49382	COUGH VARIANT ASTHMA
49390	ASTHMA NOS
49391	ASTHMA W STATUS ASTHMAT
49392	ASTHMA NOS W (AC) EXAC

Spirometry Procedure Codes (numerator)

Code	Description
94010	SPIROMETRY
94014	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME
94015	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME RECORDING
94016	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME PHYSICIAN REVIEW AND INTERPRET ONLY
94060	BRONCHOSPASM EVAL:SPIROMETRY-BEFORE/AFTE
94375	RESPIRATORY FLOW VOLUME LOOP

Choosing Wisely Description

Don't perform PAP smears on women younger than 21 or who had hysterectomy for non-cancer disease. *(NOTE: recommendation is split into two measures= PAP, <21 and PAP, Hysterectomy)*

American Academy of Family Physicians (#5)
Most observed abnormalities in adolescents regress spontaneously; therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.

PAP, <21

Female members aged 13-20 who received a PAP smear within the measurement year

Eligible Population

- **Product Lines:** Commercial and Medicaid (Report each product line separately)
- **Ages:** Females, ages 13 to 20; based upon last enrollment within measurement year.
- **Enrollment:** Current assumption: at least one month during measurement year
- **Anchor Date:** Current assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** None
- **Index Case:** N/A

Administrative Specification

Denominator

- Eligible Population

Numerator

- Unique female members who are ages 13-20 with PAP test related procedure codes (see PAP Test Procedure Codes Table below) within measurement year

Exclusions

- Members with cancerous diagnosis codes—primary or secondary—(see Cancer Related Diagnosis Codes Table below) any time throughout claim history.

Pap Test Procedure Codes (numerator)

Procedure Code	Description
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL; REQUIRING PHYSICIAN INTERPRETATION
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL, SCREENING BY CYTOTECHNOLOGIST
88143	CYTOPATHOLOGY CERV/VAG COLLECTED IN FLUID AUTO THIN LAYER PREP W/MANUAL SCREEN AND RESCREEN UNDER MD SUPERVISION
88147	CYTOPATHOLOGY SMEARS CERV/VAG SCREENING BY AUTOMATED SYSTEM UNDER MD SUPERVISION
88148	CYTOPATHOLOGY SMEARS CERV/VAG SCREENING BY AUTOMATED SYSTEM W/MANUAL RESCREENING
88150	CYTOPATH,CERV/VAG-PAP SMEAR-TO 3 SMEARS;
88152	CYTOPATH, 1-3 CERV/VAG SMEARS; TECHNOLOGIST SCREENING & AUTO RESCREEN
88153	CYTOPATHOLOGY SLIDES CERV/VAG W/MANUAL SCREENING & RESCREENING UNDER MD SUPERVISION

88154	CYTOPATHOLOGY SLIDES CERV/VAG W/MAN SCREEN & COMP-ASSIST RESCREEN CELL SELECT & REV UNDER MD SUPERVISION
88164	CYTOPATHOLOGY SLIDES CERV/VAG MANUAL SCREENING UNDER PHYSICIAN SUPERVISION
88165	CYTOPATHOLOGY SLIDES CERV/VAG W/MANUAL SCREENING & RESCREENING UNDER PHYSICIAN SUPERVISION
88166	CYTOPATHOLOGY SLIDES CERV/VAG W/MANUAL SCREENING & COMPUTER-ASSISTED RESCREENING UNDER MD SUPERVISION
88167	CYTOPATHOLOGY SLIDES CERV/VAG W/MANUAL SCREEN & COMP-ASSIST RESCREEN CELL SELECT & REVIEW UNDER MD SUPERVISION
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SCREENING UNDER PHYSICIAN SUP
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SCREENING, MANUAL RESCREENING, PHYS SUP
G0123	SCREENING CYTOPATHOLOGY CERV/VAG COLLECTED IN FLUID AUTO THIN LAYER PREP SCREEN BY CYOTECHNOLOGIST W/DR SUPER
G0124	SCREENING CYTOPATHOLOGY CERV/VAG COLLECTED IN FLUID AUTO THIN LAYER PREP REQUIRING INTERP BY DR
G0141	SCREENING CYTOPATHOLOGY SMEARS CERV/VAG PERF BY AUTO SYS WITH MAN RESCREEN REQUIRING INTERP BY DR
G0143	SCREEN CYTOPATHOLGY CERV/VAG COLLECT IN FLUID AUTO THIN LAYER PREP W/MAN SCREEN/RESCREEN BY CYTOTECHNOLOGIST W/DR SUPER
G0144	SCRN CYTOPATHOLGY CERV/VAG COLLECT IN FLUID AUTO THIN LAYER PREP W/MAN SCRN/COMP-ASST RESCREEN BY CYTOTECHNLGST W/DR SUP
G0145	SCREENING CYTOPATHOLOY CERV/VAG COLLECT IN FLUID AUTO THIN LAYER PREP W/MAN SCREEN/COMP-ASSIST
G0147	SCREENING CYTOPATHOLOGY SMEARS CERV/VAG PERF BY AUTO SYS W/DR SUPER
G0148	SCREENING CYTOPATHOLOGY SMEARS CERV/VAG PERF BY AUTO SYS W/MAN RESCREEN
P3000	SCREENING PAP SMEAR, CERVICAL OR VAGINAL, UP TO 3 SMEARS; BY TECHNICIAN UNDER PHYSICIAN SUPERVISION
Q0091	SCREENING PAP SMEAR: OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY.

Cancer Related Diagnosis Codes (exclusion)

ICD9_DIAG	ICD9_DIAG_DESC
179	MALIG NEOPL UTERUS NOS
180	MALIG NEOPL CERVIX UTERI
181	MALIGNANT NEOPL PLACENTA
182	MALIG NEOPL UTERUS BODY*
183	MAL NEO UTERINE ADNEXA*
1800	MALIG NEO ENDOCERVIX
1801	MALIG NEO EXOCERVIX
1808	MALIG NEO CERVIX NEC
1809	MAL NEO CERVIX UTERI NOS
1820	MALIG NEO CORPUS UTERI
1821	MAL NEO UTERINE ISTHMUS
1828	MAL NEO BODY UTERUS NEC
1830	MALIGN NEOPL OVARY

ICD9_DIAG	ICD9_DIAG_DESC
1832	MAL NEO FALLOPIAN TUBE
1833	MAL NEO BROAD LIGAMENT
1834	MALIG NEO PARAMETRIUM
1835	MAL NEO ROUND LIGAMENT
1838	MAL NEO ADNEXA NEC
1839	MAL NEO ADNEXA NOS
1848	MAL NEO FEMALE GENIT NEC
1986	SECOND MALIG NEO OVARY
2360	UNCERT BEHAV NEO UTERUS
2362	UNC BEHAV NEO OVARY
2363	UNC BEHAV NEO FEMALE NEC
19882	SECOND MALIG NEO GENITAL

Choosing Wisely Description

Don't perform PAP smears on women younger than 21 or who had hysterectomy for non-cancer disease. *(NOTE: recommendation is split into two measures= PAP, <21 and PAP, Hysterectomy)*

American Academy of Family Physicians (#5)
Most observed abnormalities in adolescents regress spontaneously; therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.

PAP, Hysterectomy

Female members who have had a hysterectomy for a non-cancer related disease
who had a PAP smear performed within the measurement year

Eligible Population

- **Product Lines:** Commercial and Medicaid (Report each product line separately)
- **Ages:** all ages
- **Enrollment:** Current assumption: at least one month during measurement year
- **Anchor Date:** Current assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** unique female members who have any hysterectomy-related procedures codes (see Hysterectomy Related Procedure Codes Table below) throughout their entire claim history, excluding cancerous diagnosis codes
- **Index Case:** N/A

Administrative Specification

Denominator

- Eligible Population

Numerator

- Unique female members with any history of hysterectomy-related procedures who had PAP smear related procedure codes (see PAP Test Procedure Codes Table below) within measurement year.

Exclusions

- Members with cancerous diagnosis codes—primary or secondary—(see Cancerous Diagnosis Codes Table below) any time throughout claim history.

Hysterectomy Procedure Codes (denominator)

Procedure Code	Description
58150	HYSTERECTOMY TOTAL
58152	HYSTERECTOMY TOT W URETHROCYSTOPEXY
58200	HYSTERECTOMY TOT W LIMITED NODE BX
58210	HYSTERECTOMY RAD W PELVIC LYMPHADEN

58240	PELVIC EXENTERATION W ABD HYST/CERVICECT
58260	HYSTERECTOMY VAGINAL
58262	VAG HYST W/REMOV TUBE/OVARY
58263	VAG HYST W/REMOV TUBE/OVA W/REPAIR
58267	HYSTERECTOMY VAG W URETHROCYSTOPEXY
58270	VAG HYST W/REPAIR ENTEROCELE
58275	HYSTERECTOMY VAG W COLPECTOMY
58280	VAG.HYST,COLPECTOMY;REPR ENTEROCELE
58285	HYSTERECTOMY VAGINAL RADICAL
58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS
58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; W REMOVAL OF TUBE(S) AND/OR OVARY(S), W REPAIR OF ENTEROCELE
58293	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH COLPO-URETHROCYSTOPEXY WITH OR WITHOUT ENDOSCOPIC CONTROL
58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REPAIR OF ENTEROCELE
58548	LAPAROSCOPY SURGICAL WITH RADICAL HYSTERECTOMY WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY
58550	LAPAROSCOPY; W VAGINAL HYSTER W/WO REMOVAL OF TUBE(S) AND/OR OVARY(S)

Pap Test Procedure Codes (numerator)

Procedure Code	Description
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL; REQUIRING PHYSICIAN INTERPRETATION
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL, SCREENING BY CYTOTECHNOLOGIST
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88147	CYTOPATHOLOGY SMEARS CERV/VAG SCREENING BY AUTOMATED SYSTEM UNDER MD SUPERVISION
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Cancer Related Diagnosis Codes (exclusion)

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2362	UNC BEHAV NEO OVARY
2363	UNC BEHAV NEO FEMALE NEC
19882	SECOND MALIG NEO GENITAL

Choosing Wisely Description

Don't perform routine annual cervical cytology screening (Pap tests) in women 30–65 years of age.

The American College of Obstetricians and Gynecologists (#3)
In average risk women, annual cervical cytology screening has been shown to offer no advantage over screening performed at 3-year intervals. However, a well-woman visit should occur annually for patients with their health care practitioner to discuss concerns and problems, and have appropriate screening with consideration of a pelvic examination.

Annual PAP

Female members who had a PAP test performed within the measurement year that was within 30 months from a prior PAP test

Eligible Population

- **Product Lines:** Commercial and Medicaid (Report each product line separately)
- **Ages:** Females, ages 30 to 65; based upon last enrollment within measurement year
- **Enrollment:** Current assumption: at least one month during measurement year
- **Anchor Date:** Current assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** Distinct members with PAP test within the measurement year (see PAP Test Procedure Codes Table below)
- **Index Case:** N/A

Administrative Specification

Denominator

- Eligible Population

Numerator

- Members in denominator with PAP procedure code (see PAP Test Procedure Codes Table below) that are fewer than 30 months from index case

Exclusions

- None – assume abnormal PAP tests are evenly distributed across population

Pap Test Procedure Codes (denominator and numerator)

Procedure Code	Description
88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL; REQUIRING PHYSICIAN INTERPRETATION
88142	CYTOPATHOLOGY, CERVICAL OR VAGINAL, SCREENING BY CYTOTECHNOLOGIST
88143	CYTOPATHOLOGY CERV/VAG COLLECTED IN FLUID AUTO THIN LAYER PREP W/MANUAL SCREEN AND RESCREEN UNDER MD SUPERVISION
88147	CYTOPATHOLOGY SMEARS CERV/VAG SCREENING BY AUTOMATED SYSTEM UNDER MD SUPERVISION
88148	CYTOPATHOLOGY SMEARS CERV/VAG SCREENING BY AUTOMATED SYSTEM W/MANUAL RESCREENING
88150	CYTOPATH,CERV/VAG-PAP SMEAR-TO 3 SMEARS;

88152	CYTOPATH, 1-3 CERV/VAG SMEARS; TECHNOLOGIST SCREENING & AUTO RESCREEN
88153	CYTOPATHOLOGY SLIDES CERV/VAG W/MANUAL SCREENING & RESCREENING UNDER MD SUPERVISION
88154	CYTOPATHOLOGY SLIDES CERV/VAG W/MAN SCREEN & COMP-ASSIST RESCREEN CELL SELECT & REV UNDER MD SUPERVISION
88164	CYTOPATHOLOGY SLIDES CERV/VAG MANUAL SCREENING UNDER PHYSICIAN SUPERVISION
88165	CYTOPATHOLOGY SLIDES CERV/VAG W/MANUAL SCREENING & RESCREENING UNDER PHYSICIAN SUPERVISION
88166	CYTOPATHOLOGY SLIDES CERV/VAG W/MANUAL SCREENING & COMPUTER-ASSISTED RESCREENING UNDER MD SUPERVISION
88167	CYTOPATHOLOGY SLIDES CERV/VAG W/MANUAL SCREEN & COMP-ASSIST RESCREEN CELL SELECT & REVIEW UNDER MD SUPERVISION
88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SCREENING UNDER PHYSICIAN SUP
88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL, AUTOMATED THIN LAYER PREPARATION; AUTOMATED SCREENING, MANUAL RESCREENING, PHYS SUP
G0123	SCREENING CYTOPATHOLOGY CERV/VAG COLLECTED IN FLUID AUTO THIN LAYER PREP SCREEN BY CYOTECHNOLOGIST W/DR SUPER
G0124	SCREENING CYTOPATHOLOGY CERV/VAG COLLECTED IN FLUID AUTO THIN LAYER PREP REQUIRING INTERP BY DR
G0141	SCREENING CYTOPATHOLOGY SMEARS CERV/VAG PERF BY AUTO SYS WITH MAN RESCREEN REQUIRING INTERP BY DR
G0143	SCREEN CYTOPATHOLGY CERV/VAG COLLECT IN FLUID AUTO THIN LAYER PREP W/MAN SCREEN/RESCREEN BY CYTOTECHNOLOGIST W/DR SUPER
G0144	SCRN CYTOPATHOLGY CERV/VAG COLLECT IN FLUID AUTO THIN LAYER PREP W/MAN SCRN/COMP-ASST RESCREEN BY CYTOTECHNLGST W/DR SUP
G0145	SCREENING CYTOPATHOLOY CERV/VAG COLLECT IN FLUID AUTO THIN LAYER PREP W/MAN SCREEN/COMP-ASSIST
G0147	SCREENING CYTOPATHOLOGY SMEARS CERV/VAG PERF BY AUTO SYS W/DR SUPER
G0148	SCREENING CYTOPATHOLOGY SMEARS CERV/VAG PERF BY AUTO SYS W/MAN RESCREEN
P3000	SCREENING PAP SMEAR, CERVICAL OR VAGINAL, UP TO 3 SMEARS; BY TECHNICIAN UNDER PHYSICIAN SUPERVISION
Q0091	SCREENING PAP SMEAR: OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY.

Choosing Wisely Description

In the evaluation of simple syncope and normal neurological examination, don't obtain brain imaging studies (CT or MRI)

American College of Physicians (Internal Medicine) (#3)
In patients with witnessed syncope but with no suggestion of seizure and no report of other neurologic symptoms or signs, the likelihood of a central nervous system (CNS) cause of the event is extremely low and patient outcomes are not improved with brain imaging studies.

Syncope

Members with a primary diagnosis of syncope who had a CT or MRI performed within 30 days of the initial diagnosis

Eligible Population

- **Product Lines:** Commercial and Medicaid (Report each product line separately)
- **Ages:** No restriction
- **Enrollment:** Current assumption: at least one month during measurement year
- **Anchor Date:** Current assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** Distinct members with primary diagnosis code related to syncope (7802 - SYNCOPE AND COLLAPSE) during measurement year
- **Index Case:** First qualifying diagnosis within measurement year

Administrative Specification

Denominator

- Eligible Population

Numerator

- Distinct members from denominator who had CT or MRI related procedure codes (See CT and MRI Procedure Codes Table below) within 30 days of index case

Exclusions

- None

CT and MRI Procedure Codes (denominator)

CPT	CPT Description
70450	CT,HEAD/BRAIN;W/O CONTRAST MATERIAL
70460	C A T HEADOR BRAIN; WITH CONTRAST MATER
70470	CT,HEAD/BRAIN;W/O,W CONTRST MATER'L
70496	CT ANGIOGRAPHY, HEAD, W/O CONTRAST THEN W CONTRAST & FURTHER SECTIONS
70551	MAGNETIC RESONANCE IMAG,BRAIN;W/O CONTRA
70552	MRI, BRAIN; W/CONTRAST MATERIAL(S)
70553	MRI BRAIN; W/O CONTRAST & W/CONTRAST & A

Choosing Wisely Description

Don't do imaging for uncomplicated headache

American College of Radiology (#1)
Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcome. Those patients with a significant likelihood of structural disease requiring immediate attention are detected by clinical screens that have been validated in many settings. Many studies and clinical practice guidelines concur. Also, incidental findings lead to additional medical procedures and expense that do not improve patient well-being.

Headache

Members with a primary diagnosis for a headache who had a CT or MRI procedure code within 30 days of index case

Eligible Population

- **Product Lines:** Commercial and Medicaid (report each product line separately)
- **Ages:** No restriction
- **Enrollment:** Current assumption: at least one month during measurement year
- **Anchor Date:** Current assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** Distinct members with primary diagnosis code related to headache (see Headache Diagnosis Codes Table below) during measurement year
- **Index Case:** First qualifying diagnosis within measurement year

Administrative Specification

Denominator

- Eligible Population

Numerator

- Distinct members from denominator who had CT or MRI related procedure codes (See CT & MRI Procedure Codes Table below) within 30 days of index case

Exclusions

- None

Headache Diagnosis Codes (denominator)

ICD9	DESCRIPTION
3460	CLASSICAL MIGRAINE
34600	CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE
34601	CLASSICAL MIGRAINE WITH INTRACTABLE MIGRAINE SO STATED
34602	WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34603	WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3461	MIGRAINE WITHOUT AURA
34610	COMMON MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE
34611	COMMON MIGRAINE WITH INTRACTABLE MIGRAINE SO STATED
34612	MIGRAINE WITHOUT AURA; WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOUS
34613	MIGRAINE WITHOUT AURA; WITH MENTION INTRACTABLE MIGRAINE, SO STATED WITH STATUS MIGRAINOUS

3462	VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED
34620	VARIENTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED; W/O MENTION OF INTRACTABLE MIGRAINE W/OUT MENTION OF STATUS
34621	VARIENTS OF MIGRAINE,NOT ELSEWHERE CLASSIFIED; WITH INTRACTABLE MIGRAINE SO STATED
34622	VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED; WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34623	VARIANTS OF MIGRAINE, NOT ELSEWHERE CLASSIFIED; WITH MENTION OF INTRACTABLE MIGRAINE, SO STATED WITH STATUS
3464	MENSTRUAL MIGRAINE
34640	MENSTRUAL MIGRAINE; WITHOUT MENTION OF INTRACTABLE MIGRAINE WITHOUT MENTION OF STATUS MIGRAINOSUS
34641	MENSTRUAL MIGRAINE; WITH INTRACTABLE MIGRAINE, SO STATED, WITHOUT MENTION OF STATUS MIGRAINOSUS
34642	MENSTRUAL MIGRAINE; WITHOUT MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34643	MENSTRUAL MIGRAINE; WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3465	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION
34650	PERSISTENT MIGRAINE AURA W/O CEREBRAL INFARCTION; W/O MENTION OF INTRACTABLE MIGRAINE W/O MENTION OF STATUS
34651	PERSISTENT MIGRAINE AURA W/O CEREBRAL INFARCTION; W/INTRACTABLE MIGRAINE, SO STATED, W/O MENTION OF STATUS
34652	PERSISTENT MIGRAINE AURA W/O CEREBRAL INFARCTION; W/O MENTION OF INTRACTABLE MIGRAINE WITH STATUS MIGRAINOSUS
34653	PERSISTENT MIGRAINE AURA W/O CEREBRAL INFARCTION; WITH INTRACTABLE MIGRAINE, SO STATED, WITH STATUS MIGRAINOSUS
3467	CHRONIC MIGRAINE WITHOUT AURA
34670	CHRONIC MIGRAINE WITHOUT AURA; W/O MENTION OF INTRACTABLE MIGRAINE W/O MENTION OF STATUS MIGRAINOSUS
34671	CHRONIC MIGRAINE WITHOUT AURA; W/INTRACTABLE MIGRAINE, SO STATED, W/O MENTION OF STATUS MIGRAINOSUS
34672	CHRONIC MIGRAINE WITHOUT AURA; W/O MENTION OF INTRACTABLE MIGRAINE W/STATUS MIGRAINOSUS
34673	CHRONIC MIGRAINE WITHOUT AURA; W/INTRACTABLE MIGRAINE, SO STATED, W/STATUS MIGRAINOSUS
3468	OTHER FORMS OF MIGRAINE
34680	OTHER FORMS OF MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE W/O MENTION OF STATUS MIGRAINOSUS
34681	OTHER FORMS OF MIGRAINE WITH INTRACTABLE MIGRAINE SO STATED, W/O MENTION OF STATUS MIGRAINOSUS
34682	OTHER FORMS OF MIGRAINE;W/O MENTION OF INTRACTABLE MIGRAINE W/STATUS MIGRAINOSUS
34683	OTHER FORMS OF MIGRAINE; W/INTRACTABLE MIGRAINE, SO STATED, W/STATUS MIGRAINOSUS
3469	MIGRAINE, UNSPECIFIED
34690	MIGRAINE UNSPECIFIED W/O MENTION OF INTRACTABLE MIGRAINE W/O MENTION OF STATUS MIGRAINOSUS
34691	MIGRAINE UNSPECIFIED W/INTRACTABLE MIGRAINE SO STATED, W/O MENTION OF STATUS MIGRAINOSUS
34692	MIGRAINE UNSPECIFIED; W/O MENTION OF INTRACTABLE MIGRAINE W/STATUS MIGRAINOSUS
34693	MIGRAINE UNSPECIFIED; W/INTRACTABLE MIGRAINE, SO STATED, W/STATUS MIGRAINOSUS
7840	HEADACHE
3390	CLUSTER HEADACHES AND OTHER TRIGEMINAL AUTONOMIC CEPHALGIAS TACS
33900	CLUSTER HEADACHE SYNDROME, UNSPECIFIED
33901	EPISODIC CLUSTER HEADACHE
33902	CHRONIC CLUSTER HEADACHE
3391	TENSION TYPE HEADACHE
33910	TENSION TYPE HEADACHE, UNSPECIFIED
33911	EPISODIC TENSION TYPE HEADACHE
33912	CHRONIC TENSION TYPE HEADACHE
3393	DRUG INDUCED HEADACHE, NOT ELSEWHERE CLASSIFIED MEDICATION OVERUSE HEADACHE REBOUND HEADACHE

CT and MRI Procedure Codes (numerator)

CPT	DESCRIPTION
70450	CT,HEAD/BRAIN;W/O CONTRAST MATERIAL
70460	C A T HEADOR BRAIN; WITH CONTRAST MATER
70470	CT,HEAD/BRAIN;W/O,W CONTRST MATER'L
70496	CT ANGIOGRAPHY, HEAD, W/O CONTRAST THEN W CONTRAST & FURTHER SECTIONS
70551	MAGNETIC RESONANCE IMAG,BRAIN;W/O CONTRA
70552	MRI, BRAIN; W/CONTRAST MATERIAL(S)
70553	MRI BRAIN; W/O CONTRAST & W/CONTRAST & A

Choosing Wisely Description

Don't do CT for evaluation of suspected appendicitis in children until after ultrasound has been considered

American College of Radiology (#4)
Although CT is accurate in the evaluation of suspected appendicitis in the pediatric population, ultrasound is nearly as good in experienced hands. Since ultrasound will reduce radiation exposure, ultrasound is the preferred initial consideration for imaging examination in children. If the results of the ultrasound exam are equivocal, it may be followed by CT. This approach is cost-effective, reduces potential radiation risks and has excellent accuracy, with reported sensitivity and specificity of 94 percent.

Appendicitis

Members under 18 with a primary or secondary diagnosis of appendicitis who had CT performed within 30 days prior to the diagnosis and did not have an ultrasound performed within 30 days prior to the diagnosis

Eligible Population

- **Product Lines:** Commercial and Medicaid (Report each product line separately)
- **Ages:** Under 18 years as of last enrollment during measurement year
- **Enrollment:** Current assumption: at least one month during measurement year
- **Anchor Date:** Current assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** Distinct members under 18 years with primary or secondary diagnosis code related to appendicitis (see Appendicitis Procedure Codes Table below) during measurement year
- **Index Case:** First qualifying diagnosis within measurement year

Administrative Specification

Denominator

- Eligible Population

Numerator

- Distinct members from denominator who had CT procedure code (see CT Scan Procedure Codes Table below) within 30 days prior to index case, but did NOT have an ultrasound procedure code (see Ultrasound Procedure Codes Table below) within 30 days prior to index case (note: numerator case could occur prior to measurement year).

Exclusions

- None

Appendicitis Diagnosis Codes (denominator)

ICD9	DESCRIPTION
5400	AC APPEND W PERITONITIS
5401	ABSCESS OF APPENDIX
5409	ACUTE APPENDICITIS NOS
541	APPENDICITIS, UNQUALIFIED
542	OTHER APPENDICITIS
5430	HYPERPLASIA OF APPENDIX
5439	DISEASES OF APPENDIX NEC

CT Scan Procedure Codes (numerator)

CPT	DESCRIPTION
72192	CT PELVIS; W/O CONTRAST MATERIAL
72193	C A T PELVIS; WITH CONTRAST MATERIAL(S)
72194	CT PELVIS;W/O,THEN W/CONTRAST MATER
74150	CT ABDOMEN; W/O CONTRAST MATERIAL
74160	C A T ABDOMEN; WITH CONTRAST MATERIAL(S)

CPT	DESCRIPTION
74170	CT ABDOMEN;W/O,THEN W/CONTRAST MAT
74176	CT ABD & PELVIS W/O CONTRAST
74177	CT ABD & PELVIS W/CONTRAST
74178	CT ABD & PELVIS W/O CONTRST 1+ BODY REGNS

Ultrasound Procedure Codes (numerator)

CPT	DESCRIPTION
76700	ULTRASOUND ABDOMINAL
76705	ECHOGR,ABD,B-SCAN/REAL TIME,DOC;LTD
76830	ECHOGRAPHY, TRANSVAGINAL
76856	ECHOGR,PELV,NOT OB,B-SCAN/R-T;CMPLT
76857	ECHOGRAPHY,PELVIC-NOT OB,B-SCAN; LIMIT/F

Choosing Wisely Description

Don't recommend follow-up imaging for clinically inconsequential adnexal cysts

American College of Radiology (#5)
Simple cysts and hemorrhagic cysts in women of reproductive age are almost always physiologic. Small simple cysts in postmenopausal women are common, and clinically inconsequential. Ovarian cancer, while typically cystic, does not arise from these benign-appearing cysts. After a good quality ultrasound in women of reproductive age, don't recommend follow-up for a classic corpus luteum or simple cyst <5 cm in greatest diameter. Use 1 cm as a threshold for simple cysts in postmenopausal women.

Adnexal Cysts

Members with a primary diagnosis for adnexal cysts who had 2 or more echography procedures within 60 days of the diagnosis

Eligible Population

- **Product Lines:** Commercial and Medicaid (Report each product line separately)
- **Ages:** No restriction
- **Enrollment:** Assumption: at least one month during measurement year
- **Anchor Date:** Assumption: any time during measurement year
- **Benefit:** Medical
- **Event/Diagnosis:** Distinct members with primary diagnosis code related to adnexal cysts (see Adnexal Cyst Diagnosis Codes Table below) during measurement year
- **Index Case:** First qualifying diagnosis within measurement year

Administrative Specification

Denominator

- Eligible Population

Numerator

- Distinct members from denominator who had two or more echography-related procedure codes (see Echography Related Procedure Codes Table below) within 60 days of index case

Exclusions

- None

Adnexal Cyst Diagnosis Codes (denominator)

ICD9	Description
6200	FOLLICULAR CYST OF OVARY
6201	CORPUS LUTEUM CYST OR HEMATOMA
6202	OTHER AND UNSPECIFIED OVARIAN CYST

Echography Procedure Codes (numerator)

ICD9	Description
76857	ECHOGRAPHY,PELVIC-NOT OB,B-SCAN; LIMIT/F
76830	ECHOGRAPHY, TRANSVAGINAL

Choosing Wisely Description

Don't do imaging for low back pain within 6 weeks of diagnosis unless red flags are present.

American Academy of Family Physicians (#1)
Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

NOTE: The Choosing Wisely Task Force decided to measure the Low Back Pain recommendation using the HEDIS specification that measures 4 weeks instead of the Choosing Wisely recommendation of 6 weeks. The Task Force's conclusion was that the HEDIS measure captures the essence of the Choosing Wisely recommendation while being able to utilize a nationally vetted measure.

Low Back Pain

HEDIS Measure (*inverse version used in the Alliance's Community Checkup*)

Members with a primary diagnosis of low back pain who had an imaging study (plain x-ray, MRI, CT scan) within 28 days (4 weeks) of diagnosis

Eligible Population

- **Product Lines:** Commercial, Medicaid (report each product line separately).
- **Ages:** 18 yrs as of the beginning of measurement year to 50 yrs as of the end of the measurement year. (Alliance measurement year is July-June, whereas HEDIS measurement year is December–January)
- **Enrollment:** 180 days (6 months) prior to the Index Date through 28 days after the Index Date.
- **Anchor Date:** Index Date
- **Benefit:** Medical
- **Event/Diagnosis:** Outpatient or ED visit with a primary diagnosis of low back pain (see HEDIS specifications for steps to identify eligible population and value sets).

Administrative Specification

Denominator

Eligible Population

Numerator

An imaging study (Imaging Study Value Set) with a diagnosis of low back pain (Low Back Pain Value Set) on the Index Date or in the 28 days following the IESD (see HEDIS specifications for value sets)

Exclusions (see HEDIS specifications for code sets)

- *Low back pain* diagnosis 0-180 days (6 months) prior to the Index Date
- *Cancer,* 28 days after the Index Date
- *Recent trauma,* 1 year prior to 28 days after Index Date
- *Intravenous drug abuse,* 1 year prior to 28 days after Index Date
- *Neurologic impairment,* 1 year prior to 28 days after Index Date

For additional information, please contact Teresa Litton, Project Manager,
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Choosing Wisely Claims-Based Technical Specifications