

# 2016 Quality Incentives



Measure	Procedure Code (CPT)   Diagnosis Code (ICD-10)   Description	Age	Incentive
<b>Asthma</b>	Member that remained on an asthma control medication for at least 75% of their treatment period during the measurement year (must be from the UHC formulary)	5-64 years	<b>\$50</b> One per quality measure period.
<b>Immunizations</b> (Administration fee is paid in addition to incentive on FFS basis via claim payment.)			1 per Quality Measurement Period Per Program Customer
DTaP	90698 90700 90723 (Up to 4 in a series)	On or before 2 <sup>nd</sup> birthday	<b>\$20</b>
IPV	90698 90713 90723 (Up to 3 in a series)	On or before 2 <sup>nd</sup> birthday	<b>\$20</b>
MMR	90707 90710 (1 in a series)	On or before 2 <sup>nd</sup> birthday	<b>\$20</b>
HiB	90647 90648 90698 90721 90748 (Up to 3 in a series)	On or before 2 <sup>nd</sup> birthday	<b>\$20</b>
Hepatitis B	90723 90740 90744 90747 90748 (Up to 3 in a series)	On or before 2 <sup>nd</sup> birthday	<b>\$20</b>
VZV	90710 90716 (1 in a series)	On or before 2 <sup>nd</sup> birthday	<b>\$20</b>
Pneumococcal conjugate	90670 (Up to 4 in a series)	On or before 2 <sup>nd</sup> birthday	<b>\$20</b>
Combo 3 Completion	4 DTaP 3 IPV 1 MMR 3 HiB 3 HepB 1 VZV and Pneumococcal conjugate	On or before 2 <sup>nd</sup> birthday	<b>\$100</b> for complete series
Combo 10 Completion	4 DTaP, 3 IPV, 1 MMR, 3 HiB, 3 Hepatitis B, 1 VZV, 4 PCV, 1 Hepatitis A, 2 or 3 RV (2 or 3 dose schedule), Influenza	On or before 2 <sup>nd</sup> birthday	<b>\$100</b> for complete series
<b>Lead Screening</b>	83655	Before 2 <sup>nd</sup> birthday	<b>\$50</b> One per quality measure period.
<b>Well Child Care</b>			
Early Childhood 1-5 visits	99381-99382 99391-99392	0-15 Months	<b>\$25</b> per service; one per quality measurement period
Early Childhood 6 or more visits	99381-99382 99391-99392	0-15 Months	<b>\$100</b> per completion of 6 visits; one per quality measurement period
Childhood	99382-99385 99392-99395	3-6 Years	<b>\$25</b> per service; one per quality measurement period
Adolescent	99384-99385 99394-99395	12-21 Years	<b>\$25</b> per service; one per quality measurement period
<b>Breast Cancer Screening</b>	77055-77057 G0202 G0204 G0206	52-74 Years	<b>\$50</b> one per quality measurement period

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<b>Cervical Cancer Screening</b>	88141-88143    88147    88148 88164-88167    88174-88175    G0101    Q0091	24-64 Years	<b>\$30</b> one per quality measurement period
<b>Chlamydia Screening</b>	87110    87270    87320    87490 87491    87492    87810	16-24 Years	<b>\$40</b> one per quality measurement period
<b>Prenatal Care</b>	Multiple qualifying CPT codes as defined by HEDIS specifications for the applicable Quality Measurement Period	Any	<b>\$100</b>
<b>Post Natal Care</b>	Multiple qualifying CPT codes as defined by HEDIS specifications for the applicable Quality Measurement Period	Any	<b>\$100</b>
<b>Diabetic Measures:</b> Diabetic members must have at least 2 face-to-face (i.e. E&M) claims in a 2 year period with a diagnosis of 250-250.93* = E10.10-E13.9 357.2* = E10.40-E10.42, E11.40-E11.42, E13.40-E13.42 362.01-362.02* = E10.311, E10.319, E13.311, E13.319 648.00-648.04* = O24.019, O24.119, O24.319, O24.819, O24.011-O24.013, O24.02, O24.111-O24.113, O24.12, O24.311-O24.313, O24.32, O24.811-O24.813, O24.82, O24.911-O24.913, O24.92-O24.93, O24.03, O24.13, O24.33, O24.83 <i>*ICD-9 codes only applicable for dates of service prior to 10/1/2015</i>			All Incentives: One per quality measurement year
Diabetic Eye Exam (by an eye care professional)	92002-92004    HCPCS S0620-S0621	18-75 Years	<b>\$25</b>
HbA1c Testing	83036    83037	18-75 Years	<b>\$25</b>
Nephropathy	82042    82043    82044    84156	18-75 Years	<b>\$25</b>
Completion of all Diabetic Screenings Above (Eye Exam, HbA1c & Nephropathy)		18-75 Years	<b>\$100</b>
<b>Developmental Screening</b>	96110    96111	0-3 Years	<b>\$10</b>
<b>Tobacco Cessation Counseling</b>	99406    99407		<b>\$5</b>

- Only covered services as defined by this Agreement are eligible for reimbursement, regardless of coding submitted at 100% of Prevailing Michigan Medicaid Rates.
- UnitedHealthcare Community Plan will pay for a well visit in conjunction with a sick visit one time per year for members over 2 years old when billed on the same claim. UnitedHealthcare Community Plan will pay up to **nine** sick and well visits for children until age 24 months when billed on the same claim.
- To qualify for a Quality Incentive Fee payment, the service must be delivered in strict accordance to HEDIS® guidelines. Timeframes and enrollment criteria for each measure must be met.
- Immunization(s) should be administered based on CDC guidelines.
- Procedure codes are derived from MDHHS Practitioner database: OPPS codes may not be listed.
- UnitedHealthcare Community Plan may modify or discontinue the incentive program at any time. UnitedHealthcare will notify providers of any Quality Incentive program changes.