Peer Comparison Report Practice Recommendations

This document explains the program measures and gives you practice recommendations to consider for improvement. If you have questions, email us at **physician_engagement@uhc.com**.

Utilization Measures (Specialists Only)

Measure	Description	Practice Recommendations
Emergency Department (ED) Utilization	Sum of specialty-specific ED visits for your attributed patients relative to your attributed patient count.	Consider increasing or modifying hours of availability for your practice and offering additional scheduling options. Provide guidance to patients on use of alternate places of service, such as urgent care centers, where appropriate. Evaluate patient care opportunities and consider improving patient education and case management of chronic conditions.
Inpatient Admission Utilization	Sum of specialty-specific inpatient admissions to acute care hospitals for treatment categorized as medical, surgical or intensive care (ICU), for your attributed patients relative to your attributed patient count.	Focus on coordinated, collaborative care and increase use of standardized care approaches to reduce care variation. When appropriate, encourage home-based disease management programs and outpatient care instead of hospital care.
Average Length of Stay	Sum of days associated with inpatient admissions relative to the sum of inpatient admissions.	Focus on coordinated, collaborative care and increase use of standardized care approaches to reduce care variation. When appropriate, encourage home-based disease management programs and outpatient care instead of hospital care.
Level 4 & 5 E&M Visit Rate	Evaluation and Management (E&M) office visits billed as either level 4 or level 5 (99204, 99205, 99214, 99215) relative to the total of E&M office visits (CPT® 99201-99205; 99211-99215) for your patients.	Help ensure appropriate coding guidelines are followed and be cautious when relying solely on electronic health records (EHR) to determine coding.
Level 4 & 5 E&M Consultation Rate	Evaluation and Management (E&M) office consultations billed as either level 4 or level 5 (99244, 99245 relative to the total of E&M consultation visits (CPT 99241-99245) for your patients.	Help ensure appropriate coding guidelines are followed and be cautious when relying solely on EHR to determine coding.

Modifier Utilization Rate	Sum of claims submitted with the modifiers 25 and/or 59 relative to the sum of all claims for your attributed patients.	Modifier 25 indicates that a significant and separately identifiable E&M service was provided on the same day as a minor surgical procedure. Physicians often mistakenly believe that assessing the condition and deciding to perform a minor procedure qualifies as a separate E&M service if occurring on the same day. Consider whether the E&M service is above and beyond evaluating the site and deciding to perform the service. Modifier 59 identifies procedures and services, other than E&M services, that typically are not reported together, but are appropriate under the circumstances. Documentation must support the need for a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual.
Procedure Modifier Utilization Rate	Sum of claims with the modifiers 24, 50, 51, 58 and/or 76 relative to the sum of all claims for your attributed patients.	Modifier 24 indicates that an unrelated E&M service was provided by the same physician during a postoperative period. Modifier 50 is used to report bilateral procedures performed during the same operative session by the same physician in either separate operative areas (such as hands, feet, legs, arms or ears), or one operative area (such as nose, eyes or breasts). Modifier 51 is used to indicate multiple procedures (other than E&M) were performed at the same session by the same provider. Modifier 58 is defined by CPT as “staged or related procedure or service by the same physician during the post-operative period.” Modifier 76 is used to indicate that a procedure or service was repeated in a separate session on the same day by the same physician. Evaluate coding practices to ensure they align with Centers for Medicare & Medicaid Services (CMS) guidelines. Documentation should include the key components of services that are clearly separate from the service provided for the post-operative follow-up.
Specialty-Specific Diagnostic Utilization	Sum of specialty-specific diagnostic procedures relative to your attributed patient count.	Follow clinical appropriateness guidelines for diagnostic testing use to reduce unnecessary procedures and cost to patients.

Procedural Measures (Specialists Only)

Measure	Description	Practice Recommendations
Prescribing Rate of Opioids for an Extended Duration	Sum of patients with opioid prescription claims of at least a 135-day supply relative to the sum of members with two or more opioid prescription claims of at least a 15-day supply for a six-month period.	Reference the CDC guidelines for prescribing opioids. Improving the way opioids are prescribed through clinical practice guidelines can help your patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse or overdose from these drugs. The CDC recommends frequent evaluation of the benefits and harms of continued therapy. There is very little research on the long-term benefits of opioids for treating non-cancer chronic pain. However, there's growing evidence of harms associated with such use.
Prescribing Rate of High-Dose Opioids	Sum of patients with opioid prescription claims with a total daily cumulative dose greater than 120 morphine milligram equivalent (MME) relative to the sum of members with two or more opioid prescription claims for a six-month period.	Reference the CDC guidelines for prescribing opioids. The CDC recommends clinicians use caution when prescribing opioids at any dose. You should avoid increasing dosage above 90 MME due to increased risk for motor vehicle injury, overdose and death. Additionally, you may refer the patient to our substance use treatment helpline at 855-780-5955, which is a confidential service provided at no cost to UnitedHealthcare members. Specialized licensed clinicians provide treatment advocate services 24 hours a day, seven days a week. These treatment advocates help guide patients through treatment options and next steps.
Prescribing Rate of Opioids in Combination With Benzodiazepines	Sum of patients with both opioid and benzodiazepine prescription claims with 30 or more days overlap for a three-month period relative to the sum of members with two or more opioid prescription claims for a three-month period.	Reference CDC guidelines and U.S. Food and Drug Administration (FDA) on prescribing opioids, which are commonly prescribed for pain, and benzodiazepines, which are common prescribed for anxiety. The FDA has issued a boxed warning – the FDA's strongest warning – about risks associated with taking these medications at the same time. Adverse outcomes may include respiratory depression, extreme sleepiness, coma and death. The CDC recommends avoiding prescribing these medications together.