



Premium Specialty: Neurology

Credentialed Specialties include: Neurology; Neurology and Psychiatry; Neromuscular Disease

Use this document with the UnitedHealth Premium® Program Methodology document at [UnitedHealthPremium.UHC.com](https://UnitedHealthPremium.UHC.com). Please review all of the methodology documents to understand the entire Premium methodology.

We evaluate quality using national standardized measures. The following chart lists the measures we use to evaluate physicians in the family medicine Premium specialty by condition or procedure. These measures apply to our UnitedHealthcare commercial, UnitedHealthcare Medicare Advantage and UnitedHealthcare Community Plan patient populations, unless otherwise noted.

Please view the [Quality Evaluation Example](#) and [Attribution Methods](#) documents to learn more.

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Back Pain	Patient(s) with uncomplicated low back pain that did not have imaging studies	Patient with uncomplicated low back pain did not have imaging studies	Acute Condition Care	Rendering	Contact National Committee for Quality Assurance
	Patient with a lumbar spine MRI and low back pain diagnosis had antecedent conservative therapy	Patient with a lumbar spine MRI and low back pain diagnosis had antecedent conservative therapy	Diagnostic Care	Ordering	Contact National Committee for Quality Assurance
Cardiac imaging for Preoperative Risk Assessment for Non-Cardiac; Low-Risk Surgery	Patients of low-risk who did not receive cardiac imaging 30 days prior to a non-cardiac, low-risk surgery	Patient of low-risk did not have cardiac imaging 30 days prior to a non-cardiac, low-risk surgery	Diagnostic Care	Ordering	Contact National Quality Forum or Centers for Medicare & Medicaid Services
Carotid Imaging for Syncope	Patient(s) with syncope that had a carotid imaging test.	Patient with syncope did not have a carotid imaging test	Diagnostic Care	Ordering	<a href="#">Synopsis</a>
Cerebral Vascular Accident & Transient Cerebral Ischemia (Stroke)	Patient(s) compliant with prescribed clopidogrel (minimum compliance 80%)	Patient was 80% or more compliant with prescribed clopidogrel medication	Chronic Disease Care	Patient	<a href="#">Synopsis</a>

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Cerebral Vascular Accident & Transient Cerebral Ischemia (Stroke) (continued)	Patient(s) with a recent acute cerebral ischemic event that had a carotid Doppler or head/neck angiography test in last 12 reported months	Patient with an acute cerebral ischemic event had a carotid Doppler or head/neck angiography test	Chronic Disease Care	Patient	<a href="#">Synopsis</a>
Concurrent Use of Opioids and Benzodiazepines	Patient(s) who did not have concurrent use of prescription opioids and benzodiazepines	Patient did not have prescription opioid and benzodiazepine medications concurrently dispensed	Patient Safety Care	Prescribing	Contact National Quality Forum or Pharmacy Quality Alliance
Epilepsy	Patient(s) compliant with prescribed carbamazepine or derivatives (minimum compliance 80%).	Patient was 80% or more compliant with prescribed carbamazepine or derivatives medication	Chronic Disease Care	Patient	<a href="#">Synopsis</a>
	Patient(s) compliant with prescribed lamotrigine (minimum compliance 80%).	Patient was 80% or more compliant with prescribed lamotrigine medication	Chronic Disease Care	Patient	<a href="#">Synopsis</a>
	Patient(s) compliant with prescribed levetiracetam (minimum compliance 80%).	Patient was 80% or more compliant with prescribed levetiracetam medication	Chronic Disease Care	Patient	<a href="#">Synopsis</a>
Head Imaging for Syncope	Patient(s) with syncope that had a head imaging test	Patient with syncope did not have a head imaging test	Diagnostic Care	Ordering	<a href="#">Synopsis</a>
Head Imaging for Uncomplicated Headache	Patient(s) with a headache that had a head imaging test	Patient with a headache did not have a head imaging test	Diagnostic Care	Ordering	<a href="#">Synopsis</a>
Medication Safety Monitoring	Elderly patient(s) with dementia who did not take an antiemetic; antipsychotic; benzodiazepine; tricyclic antidepressant; H2 receptor antagonist; nonbenzodiazepine hypnotic or anticholinergic agent after the earliest record of dementia	Patient with dementia did not have an antipsychotic, benzodiazepine, tricyclic antidepressant, H2 receptor antagonist, nonbenzodiazepine hypnotic or anticholinergic agent dispensed after the earliest record of dementia	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance
	Elderly patients who had an accidental fall or hip fracture who did not take an anticonvulsant; nonbenzodiazepine hypnotic; SSRI; antiemetic; antipsychotic; benzodiazepine; or tricyclic antidepressant after the incident	Patient with an accidental fall or hip fracture did not have an anticonvulsant, nonbenzodiazepine hypnotic, SSRI, antipsychotic, benzodiazepine, or tricyclic antidepressant medication dispensed after the incident	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Medication Safety Monitoring (continued)	Elderly patients with chronic kidney disease who did not take a Cox-2 selective or nonaspirin nonsteroidal anti-inflammatory drug (NSAID) after the earliest record of chronic kidney disease	Patient with chronic kidney disease did not have a Cox-2 selective or nonaspirin nonsteroidal anti-inflammatory drug (NSAID) dispensed after the earliest record of chronic kidney disease	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Patient had two or more antipsychotic medications and had metabolic monitoring	Patient with two or more antipsychotic medications had metabolic monitoring	Chronic Disease Care	Patient	Contact National Quality Forum or National Committee for Quality Assurance
Migraine Headache	Patient(s) compliant with prescribed antiepileptics for migraine prophylaxis (minimum compliance 80%)	Patient was 80% or more compliant with prescribed antiepileptic medication for migraine prophylaxis	Chronic Disease Care	Patient	<a href="#">Synopsis</a>
	Patient(s) compliant with prescribed beta-blocker-containing medication (minimum compliance 80%)	Patient was 80% or more compliant with prescribed beta-blocker-containing medication	Chronic Disease Care	Patient	<a href="#">Synopsis</a>
Monitoring of Persistent Medications	Patient(s) taking lithium that had a lithium level in last 6 reported months	Patient taking lithium had a lithium level test	Chronic Disease Care	Patient	<a href="#">Synopsis</a>
Multiple Sclerosis	Patient(s) taking interferon that had a complete blood count in last 12 reported months	Patient taking interferon had a complete blood count test	Chronic Disease Care	Patient	<a href="#">Synopsis</a>
	Patient(s) taking interferon that had serum alanine aminotransferase (ALT) or aspartate aminotransferase (AST) test in last 12 reported months	Patient taking interferon had a serum ALT or AST test	Chronic Disease Care	Patient	<a href="#">Synopsis</a>
Simultaneous Use of Brain Computed Tomography and Sinus Computed Tomography	Patient(s) had a brain CT test performed that had a sinus CT on the same day at the same facility. (Medicare only)	Patient had a brain CT test performed did not have a sinus CT on the same day at the same facility	Diagnostic Care	Ordering	Contact Centers for Medicare & Medicaid Services

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Use of High-Risk Medications in the Elderly	Patient(s) 66 years of age and older who did not receive two or more of the same high-risk medication in the last 12 reported months	Patient did not have two or more of the same high-risk medications dispensed	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance
	Patients 66 years of age and older who did not receive one or more high-risk medications in the elderly in the last 12 reported months	Patient did not have a high-risk medication dispensed	Patient Safety Care	Patient or Prescribing	Contact National Quality Forum or National Committee for Quality Assurance
Use of Opioid Medications	Patient(s) 18 years and older who did not have an average morphine equivalent dose (med) > 120 mg/day during the treatment period	Patient did not have an average morphine equivalent dose greater than 120 mg/day	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient did not have opioid medications from four or more different prescribers dispensed	Patient did not have opioid medications from four or more different prescribers dispensed	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 18 - 64 years who were opioid-naive and were prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation.	Patient(s) age 18 - 64 years who were opioid-naive and were prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation.	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older who were opioid-naive and were prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation.	Patient(s) age 65 years and older who were opioid-naive and were prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation.	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 18 - 64 years who were opioid-naive and were prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation.	Patient(s) age 18 - 64 years who were opioid-naive and were prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation.	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older who were opioid-naive and were prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation.	Patient(s) age 65 years and older who were opioid-naive and were prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation.	Patient Safety Care	Prescribing	Contact National Committee for Quality Assurance

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