| **Measure** | **Procedure Code (CPT) I**  **Diagnosis Code (ICD-10) I Description** | **Age** | **Incentive** |
| --- | --- | --- | --- |
| **Asthma** | 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 | **$50**  One per quality measure period. |
| **Immunizations** (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 2nd birthday | **$20** |
| IPV | |  |  |  | | --- | --- | --- | | 90698 | 90713 | 90723 | | (Up to 3 in a series) | | | | On or before 2nd birthday | **$20** |
| MMR | |  |  | | --- | --- | | 90707 | 90710 | | (1 in a series) | | | On or before 2nd birthday | **$20** |
| HiB | |  |  | | --- | --- | | 90647 | 90648 | | 90698 | 90721 | 90748 | | (Up to 3 in a series) | | | | On or before 2nd birthday | **$20** |
| Hepatitis B | |  |  |  |  | | --- | --- | --- | --- | | 90723 | 90740 | 90744 | 90747 | | 90748 |  |  | | (Up to 3 in a series) | | | | On or before 2nd birthday | **$20** |
| VZV | |  |  | | --- | --- | | 90710 | 90716 | | (1 in a series) | | | On or before 2nd birthday | **$20** |
| Pneumococcal conjugate | |  | | --- | | 90670 | | (Up to 4 in a series) | | | On or before 2nd birthday | **$20** |
| Combo 3 Completion | |  |  |  |  | | --- | --- | --- | --- | | 4 DTaP | 3 IPV | 1 MMR | 3 HIB | | 3 HepB | 1 VZV | and Pneumococcal conjugate | | | On or before 2nd birthday | **$100**  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 2nd birthday | **$100**  for complete series |
| **Lead Screening** | |  | | --- | | 83655 | | Before 2nd birthday | **$50**  One per quality measure period. |
| **Well Child Care** | | | |
| Early Childhood 1-5 visits | |  | | --- | | 99381-99382 | | 99391-99392 | | 0-15 Months | **$25** per service;  one per quality measurement period |
| Early Childhood 6 or more visits | |  | | --- | | 99381-99382 | | 99391-99392 | | 0-15 Months | **$100** per completion of 6 visits; one per quality measurement period |
| Childhood | |  | | --- | | 99382-99385 | | 99392-99395 | | 3-6 Years | **$25** per service;  one per quality measurement period |
| Adolescent | |  | | --- | | 99384-99385 | | 99394-99395 | | 12-21 Years | **$25** per service;  one per quality measurement period |
| **Breast Cancer Screening** | |  |  |  |  | | --- | --- | --- | --- | | 77065-77067 | G0202 | G0204 | G0206 | |  | | | | | 50-74 Years | **$50** one per quality measurement period |
| **Measure** | **Procedure Code (CPT) I**  **Diagnosis Code (ICD-10) I Description** | **Age** | **Incentive** |
| **Cervical Cancer Screening** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 88141-88143 | 88147 | 88148 | |  | |  | | 88164-88167 | 88174-88175 | | G0101 | | Q0091 | | |  | | | | | | | | 21-64 Years | **$30** one per quality measurement period |
| **Chlamydia Screening** | |  |  |  |  | | --- | --- | --- | --- | | 87110 | 87270 | 87320 | 87490 | | 87491 | 87492 | 87810 | | 16-24 Years | **$40** one per quality measurement period |
| **Prenatal Care** | Multiple qualifying CPT codes as defined by HEDIS specifications for the applicable Quality Measurement Period | Any | **$50** |
| **Postnatal Care** | Multiple qualifying CPT codes as defined by HEDIS specifications for the applicable Quality Measurement Period | Any | **$50** |
| **Diabetic Measures:**  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 | | | All Incentives: One per quality measurement year |
| Diabetic Eye Exam (by an eye care professional) | |  |  | | --- | --- | | 92002-92004 | HCPCS S0620-S0621 | | 18-75 Years | **$25** |
| HbA1c Testing | |  |  | | --- | --- | | 83036 | 83037 | | 18-75 Years | **$25** |
| Nephropathy | |  |  |  |  | | --- | --- | --- | --- | | 82042 | 82043 | 82044 | 84156 | | 18-75 Years | **$25** |
| Completion of all Diabetic Screenings Above  (Eye Exam, HbAIc & Nephropathy) | | 18-75 Years | **$100** |
| Developmental Screening | 96110 96111 |  | **$10** |
| Tobacco Cessation Counseling | 99406 99407 |  | **$5** |

* *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 MDCH Practitioner database: OPPS codes may not be listed.*