

Pay for Performance



Orthopedic 2008

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Eligibility Requirements

Quality measures

Practice group must have at least 15 patients in one or more quality measures to qualify.

Goal attainment rate for length of stay

Practice group must have at least 10 inpatient admissions that were discharged during the measurement period to qualify.

Percent generic

Practice group must have 50 months supply of prescriptions filled by eligible members.

Scoring weights

Quality measures: 50%* (Each measure counts as 10% of the total score)

Goal attainment rate: 25%*

Percent generic: 25%

*Patients meeting measure goal or target/patients eligible for the measure.

Glossary of Terms

Anchor Date – Determines eligibility in product (HMO/POS), and assignment of patient to physician for a specific time frame.

Event Time Period – Time frame in which an event can occur.

GAR – Goal attainment rate

ICU – Intensive care unit

LOS – Length of stay

Measurement Period – Time frame surrounding the event that is being measured.

Months Supply

- Claims with days supply at 33 or less = 1 month supply
- Claims with days supply > 33 and < 67 = 2 months supply
- Claims with days supply ≥ 67 = 3 months supply
- Soaps, shampoos, bars, creams and similar items = 1 month supply

Patient – Person rendered medical services; a Priority Health member.

Practice Group – A physician's primary practicing location as set-up by the Priority Health Credentialing Department.

SPFP – Specialist Pay for Performance

Measures

Measure overview

Percent Generic	The percentage of generic months supply filled and written by a participating physician
Goal Attainment Rate for Inpatient Care	Denominator: Inpatient admission for selected orthopedic procedures Numerator: Length of stay for billed procedure code less than or equal to that which is identified within this technical manual
Osteoporosis Screening or Treatment for Patients with Low Impact Fractures	Denominator: Patients with a fracture of the wrist, hip or spine Numerator: A) Had a DEXA scan or filled at least one prescription for the treatment of osteoporosis during the 90 days following treatment of qualifying fracture - OR - B) Had a diagnosis of osteoporosis or DEXA scan or filled at least one prescription for the treatment of osteoporosis during the 90 days prior to treatment of qualifying fracture
Conservative Treatment Prior to Carpal Tunnel Surgery	Denominator: Patients who had carpal tunnel surgery Numerator: Identify patients in the denominator who received a local corticosteroid injection, custom hand splint, or prefabricated cock-up wrist splint.
Use of Hyaluronic Acid or Steroid Injectable Prior to Total Knee Replacement Surgery	Denominator: Patients who had total knee replacement surgery Numerator: Identify all patients in the denominator who received a hyaluronic acid or steroid injection
Pre-operative Treatment Prior to Total Knee Replacement Surgery	Denominator: Patients who had total knee replacement surgery Numerator: Identify all patients in the denominator who did not have knee arthroscopy for debridement or related procedures
Pre-operative Treatment Prior to Shoulder Arthroscopy	Denominator: Patients with a specified shoulder arthroscopy procedure Numerator: Identify all patients in the denominator who filled at least one prescription for an NSAID or received a steroid injectable or had at least four physical therapy or manual (osteopathic) treatments on different dates of service

Percent Generic Prescribing

Identified Measure	The percentage of generic months supply filled in the measurement period and written by physicians in your practice group.
SPFP Category	Efficiency
Event Date	Date prescription was filled
Measurement Period	1/1/2008 to 12/31/2008
Age Criteria	None
Exclusionary Criteria	All months supply associated with the drug Lovenox is excluded from the measure.
Denominator	Total number of months supply filled in the measurement period and written by physicians in your practice group.
Numerator	Total number of generic months supply filled in the measurement period and written by physicians in your practice group.
Level of Measure	Practice group
Minimum Months Supply	50 months supply
Applicable Product Lines	Fully-Funded HMO and POS
Method of Measurement	Administrative data (claims) processed by Argus, Priority Health's pharmacy claims vendor, received every 10 days. Claims processed and paid by February 28, 2009.
Patient Eligibility	The patient must have pharmacy coverage in at least one of the applicable product lines on the fill date for the month's supply of the prescription to be included in the measure.
Provider Data Input	None
Scoring Threshold for Minimum Payment	Specialty 50th percentile for 2007 for all eligible orthopedic surgeons
Scoring Threshold for Maximum Payment	Specialty 90th percentile for 2007 for all eligible orthopedic surgeons

Goal Attainment Rate for Inpatient Care

Identified Measure	The percentage of all discharges during the measurement period with a length of stay at or below the target for selected orthopedic procedures.
SPFP Category	Efficiency
Event Date	Discharge date from hospital
Measurement Period	1/1/2008 to 12/31/2008
Age Criteria	18 to 75 years as of 12/31/2008
Exclusionary Criteria	We will exclude the entire admission if any days were spent in the ICU. We will also exclude the admission if the patient died while in the hospital.
Denominator	Any discharge from the hospital billed with a qualifying CPT code. Assistant surgery modifiers will be excluded, including 80, 81, 82 and AS. Secondary procedures with a modifier 50 or 51 are also excluded; if claim has multiple primary procedures, CPT with longest length of stay is used for measurement. Patients discharged to a skilled care facility are included in the measure; the day of transfer is considered the last day of the hospitalization for the purposes of this measure.
Numerator	Identify all discharges in the denominator at or below the target length of stay. The length of stay is determined by counting the day of admission through the last full day as an inpatient. The day of discharge is not counted.
Patient Eligibility	Patients must have medical coverage in at least one of the applicable product lines on the discharge date.
Provider Assignment	Primary orthopedic physician that billed for the primary qualifying service during the hospital admission.
Level of Measure	Practice group
Minimum Number of Admissions	10 admissions
Applicable Product Lines	Fully-Funded HMO and POS
Method of Measurement	Administrative data (claims and authorizations) processed and paid by February 28, 2009.
Provider Data Input	Correction of an inaccurate length of stay only. Requests for a correction must be made by January 31, 2009.
Scoring Threshold for Minimum Payment	Specialty 50th percentile for 2007 for all eligible orthopedic surgeons
Scoring Threshold for Maximum Payment	Specialty 90th percentile for 2007 for all eligible orthopedic surgeons

CPT Codes for Orthopedic Procedures

CPT Code	Description	Target LOS
22310	Treat Fx/Disloc-Vertebral Body	4
22554	Arthrodesis Ant Interbody-C2 Below	1
22558	Arthrod,Interbdy Tech; Lumbar,Allogf	4
22612	Arthrodesis,Posterior/Posterolateral Tec	3
22630	Arthrodesis Post Interbody-Lumbar	3
22802	Arthrod,Post,Spin.Deform,Gft;7+vert	5
23420	Rep Avulsion Shoulder Cuff Chronic	1
23470	Arthroplas,Prox.Humeral Implnt-Neer	2
23472	Arthroplasty W Total Shoulder	2
25575	Open Rad/Ulna Shaft Fix Rad & Ulna	1
27130	Replacement Hip Total Simple	3
27134	Revis.Tot.Hip Arthropl;both Compnts	3
27137	Revision Total Hip-Acetabular Only	3
27193	Clo Tx Pelvic Fx/Disloc W/o Manip	5
27235	Red Fx-Femoral Neck W in Situ Pin	3
27236	Open Tx Fem Fx Int Fix/Prosth Repla	5
27244	Open Tx Troch Fx W/Implant Cercla	5
27245	Open Tx Troch Fem Fx W/Implant	4
27446	Arthropls,Knee,Cond/Plat; Medor Lat	2
27447	Replacement Knee Total	3
27486	Revis.Totl Knee Arthroplas;1 Compon	2
27487	Revis.Totl Knee Arthroplas,W/Wo Allogft;	3
27506	Red Fx Open-Femur Shaft	3
27507	Open Tx Fem Fx W/Plate W/Wo Cerclg	3
27535	Open Tx Tib Fx Unicondy W/Wo Fix	2
27536	Open Tx Tib Fx Bicondy W/Wo Fix	4
27759	Open Tx Tib Fx W/Impla W/Wo Screws	2
27792	Red Fx Open-Lat Malleolus W Fixat	1
27814	Open Tx Cl/Open Bimalleolar Ankle Fx,W/W	2
27822	Op.Tx Trimal.Ankle Fx,W/Wo Fix,Med/Lat M	2

Goal Attainment Rate for Inpatient Care

27827	Open Tx Fx Dist Tib W Fix Tib Only	2
28415	Red Fx Open-Calcaneus	2
63030	Exc Iv Disc Lumbar Unilat	1
63042	Laminotomy W Dec Nrv Rts;Reex;lumb	1
63047	Laminectomy W Facetectomy-Lumbar	3
63056	Transped App/Decomp;Sgle;Lumb	1
63075	Diskectomy,Ante.W/Decomp Cord/Root;Cerv;	1

Osteoporosis Screening or Treatment for Patients with Low-Impact Fractures

Identified Measure	The percentage of patients who received osteoporosis screening OR treatment for a potential fragility fracture.
SPFP Category	Quality
Event Date	Date of treatment for qualifying fracture
Event Time Period	1/1/2007 to 9/30/2008
Measurement Period	90 days prior and 90 days following the event date
Anchor Date	Date of treatment for qualifying fracture
Age Criteria	Females age 45-65 or males age 50-65 at date of treatment for qualifying fracture
Exclusionary Criteria	None
Denominator	Any patient with a fracture of the wrist, hip or spine during the event time period. If a patient had more than one qualifying fracture in the event time period, only the first fracture is eligible for measurement.
Numerator	Identify all patients in the denominator who either: had a DEXA scan OR filled at least one prescription for the treatment of osteoporosis during the 90 days following treatment of qualifying fracture. -OR- had a diagnosis of osteoporosis OR DEXA scan OR filled at least one prescription for the treatment of osteoporosis during the 90 days prior to treatment of qualifying fracture.
Patient Eligibility	Patient must have medical coverage in any product line on the event date and during the measurement period. Patient must have medical coverage in at least one of the applicable product lines on the anchor date.
Provider Assignment	Provider(s) who billed for the treatment of a qualifying fracture during the measurement period.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-Funded HMO and POS
Method of Measurement	Administrative data (claims) processed and paid by 2/28/2009.

Provider Data Input	Patients who had high-impact or multiple traumas may be removed from the measure. Requests for this exclusion must be made in writing by 1/31/2008.
Scoring Threshold for Minimum Payment	Specialty average in 2006-2007 for all eligible orthopedic surgeons
Scoring Threshold for Maximum Payment	Specialty average in 2006-2007 for all eligible orthopedic surgeons
Note	If the patient does not have continuous drug coverage on the event date and during the measurement period, those members will be excluded from the measure only if they do not already meet the measure.

CPT Codes for DEXA Scan	
0028T	Dual energy x-ray absorptiometry (DEXA) body composition study, one or more sites
76070	Computed tomography, bone mineral density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)
76071	Computed tomography, bone mineral density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)
76075	Dual energy x-ray absorptiometry (DEXA), bone density study, one or more sites; axial skeleton (e.g., hips, pelvis, spine)
76077	Dual energy x-ray absorptiometry (DEXA), bone density study, one or more sites; vertebral fracture assessment

Procedure Codes for Bone Density Testing	
88.98	Bone mineral density studies; Dual photon absorptiometry; Quantitative computed tomography (CT) studies; Radiographic densitometry; Single photon absorptiometry

Procedure Codes for Pathologic/Spontaneous Fractures	
733.12	Pathologic Fracture, Distal Radius and Ulna
733.13	Pathologic Fracture, Vertebrae
733.14	Pathologic Fracture, Neck of Femur
733.15	Pathologic Fracture of Other specified part of femur
805.4	Fracture of vertebral column w/o mention of spinal cord injury Lumbar, Closed
806.4	Fracture of vertebral column w/spinal cord injury Lumbar, Closed
813.41	Colles' Fracture (high risk fracture for osteoporosis)

813.42	Other Fx of Distal End, Alone; Dupuytren's, Radius; Radius, Lower End
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Diagnosis Codes for Pathologic/Spontaneous Fractures	
03.53	Repair of vertebral fracture
78.13	Application of external fixator device-radius and ulna
78.19	Application of external fixator device, other - Pelvic bones, phalanges-foot, vertebra
78.43	Repair of malunion or nonunion fracture-radius and ulna
78.49	Repair of malunion or nonunion fracture, other - Pelvic bones, phalanges-foot, vertebra
78.53	Internal fixation of bone without fracture reduction-radius and ulna
78.59	Internal fixation of bone without fracture reduction, other -Pelvic bones, phalanges-foot, vertebra
79.02	Closed reduction of fracture without internal fixation-radius and ulna
79.12	Closed reduction of fracture with internal fixation-radius and ulna

Diagnosis Codes for Osteoporosis	
731.0	Osteitis deformans w/o mention of bone tumor
731.1	Osteitis deformans in diseases classified elsewhere
731.2	Hypertrophic pulmonary osteoarthropathy
731.8	Other bone involvement in diseases classified elsewhere
733.00	Osteoporosis, unspecified
733.01	Senile osteoporosis (postmenopausal)
733.02	Idiopathic osteoporosis
733.03	Disuse osteoporosis
733.09	Other (drug-induced)

CPT Codes for Vertebral Fractures	
22305	Closed treatment of vertebral process fracture(s)
22310	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction
22325	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; lumbar
22326	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; cervical
22327	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; thoracic

22328	Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, one fractured vertebrae or dislocated segment; each additional fractured vertebrae or dislocated segment (list separately in addition to code for primary procedure)
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CPT Codes for Wrist Fractures	
25500	Closed treatment of radial shaft fracture; without manipulation
25505	Closed treatment of radial shaft fracture; with manipulation
25515	Open treatment of radial shaft fracture, with or without internal or external fixation
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525	Open treatment of radial shaft fracture, with internal and/or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation
25526	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar joint (Galeazzi fracture/dislocation), includes repair of triangular fibrocartilage complex
25530	Closed treatment of ulnar shaft fracture; without manipulation
25535	Closed treatment of ulnar shaft fracture; with manipulation
25545	Open treatment of ulnar shaft fracture, with or without internal or external fixation
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna
25575	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna
25600	Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; without manipulation
25605	Closed treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation
25611	Percutaneous skeletal fixation of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation Percutaneous skeletal fixation of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation

25620	Open treatment of distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation
25820	Arthrodesis, wrist; limited, without bone graft (e.g., intercarpal or radiocarpal)
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)

CPT Codes for Hip Fractures	
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement
27238	Closed treatment of intertrochanteric, peritrochanteric or subtrochanteric femoral fracture; without manipulation
27240	Closed treatment of intertrochanteric, peritrochanteric or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction
27244	Treatment of intertrochanteric, peritrochanteric or subtrochanteric femoral fracture; with plate/screw-type implant, with or without cerclage
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage

Exclusions: Rev Codes for ICU	
200	Intensive Care
201	Intensive Care –Surgical
208	Intensive Care –Trauma

Conservative Treatment Prior to Carpal Tunnel Surgery

Identified Measure	The percentage of patients who received conservative treatment prior to carpal tunnel surgery.
SPFP Category	Quality
Event Date	Date of carpal tunnel surgery
Event Time Period	7/1/2007 to 12/31/2008
Measurement Period	180 days prior to event date
Anchor Date	Date of carpal tunnel surgery
Age Criteria	None
Exclusionary Criteria	None
Denominator	Any patient who had carpal tunnel surgery performed during the event time period. If a patient has more than one carpal tunnel surgery performed during the event time period, only the first surgery is eligible for measurement.
Numerator	Identify all patients in the denominator who received a local corticosteroid injection, custom hand splint, or prefabricated cock-up wrist splint during the 180-day measurement period.
Patient Eligibility	Patient must have medical coverage in any product line on the event date and during the measurement period. Patient must have medical coverage in at least one of the applicable product lines on the anchor date.
Provider Assignment	Provider who billed for the qualifying carpal tunnel surgery.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-Funded HMO and POS
Method of Measurement	Administrative data (claims) processed and paid by February 28, 2009.
Provider Data Input	None
Scoring Threshold for Minimum Payment	Specialty average in 2006-2007 for all eligible orthopedic surgeons
Scoring Threshold for Maximum Payment	Specialty 90th percentile in 2006-2007 for all eligible orthopedic surgeons

Note

The intent of this measure is for a patient to have prior treatment. If prescribing a wrist splint, the expectation is for the physician to have observed an adequate patient trial.

CPT Code for Corticosteroid Injections	
20526	Injection, Therapeutic (e.g., Local Anesthetic/Corticosteroid); carpal tunnel
J0702	Betamethasone acetate and betamethasone sodium phosphate – 3 mg
J0704	Betamethasone sodium phosphate – 4 mg
J0810	Cortisone injection
J1020	Methylprednisolone acetate – 20 mg
J1030	Methylprednisolone acetate – 40 mg
J1040	Methylprednisolone acetate – 80 mg
J1094	Dexamethasone acetate – 1 mg
J1095	Dexamethasone acetate
J1100	Dexamethasone sodium phosphate – 1 mg
J1700	Hydrocortisone acetate – 25 mg
J1710	Hydrocortisone sodium phosphate – 50 mg
J1720	Hydrocortisone sodium succinate – 100 mg
J2650	Prednisone acetate – up to 1 cc
J2920	Methylprednisolone sodium succinate – 40 mg
J2930	Methylprednisolone sodium succinate – 125 mg
J3301	Triamcinolone acetonide – 10 mg
J3302	Triamcinolone diacetate – 5 mg
J3303	Triamcinolone hexacetonide – 5 mg

CPT Codes for CTS Surgery	
29848	Endoscopic, wrist, surgical w/release of transverse carpal ligament
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel

CPT Codes for Prefabricated and Custom Molded Splints	
L3800	WHFO, short opponens, no attachments, custom fabricated
L3906	WHO, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
L3908	WHO, wrist extensions control cock-up, non-molded, prefabricated, includes fitting and adjustment
L3914	WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment

Conservative Treatment Prior to Carpal Tunnel Surgery

L3916	WHFO, wrist extensions cock-up, with outrigger, prefabricated, includes fitting and adjustment
L3938	WHFO, dorsal wrist, prefabricated, includes fitting and adjustment
L3948	FO, finger knuckle-bender, prefabricated, includes fitting and adjustment

Use of Hyaluronic Acid or Steroid Injectable Prior to Total Knee Replacement Surgery

Identified Measure	The percentage of patients who received a hyaluronic acid or steroid injectable prior to total knee replacement surgery.
SPFP Category	Quality
Event Date	Date of total knee replacement surgery
Event Time Period	7/1/2007 to 12/31/2008
Measurement Period	180 days prior to event date
Anchor Date	Date of total knee replacement surgery
Age Criteria	None
Exclusionary Criteria	Patients with diagnosis of grade four osteoarthritis.
Denominator	Any patient who had total knee replacement surgery performed during the event time period. If a patient has more than one total knee replacement surgery performed during the event time period, only the first surgery is eligible for measurement.
Note	Revision knee surgeries are not eligible for the denominator.
Numerator	Identify all patients in the denominator who received a hyaluronic acid or steroid injection during the 180-day measurement period.
Patient Eligibility	Patient must have medical coverage in any product line on the event date and during the measurement period. Patient must have medical coverage in at least one of the applicable product lines on the anchor date.
Provider Assignment	Provider who billed for the qualifying total knee replacement surgery.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-Funded HMO and POS
Method of Measurement	Administrative data (claims) processed and paid by February 28, 2009.
Provider Data Input	Supplemental data of grade four osteoarthritis diagnosis due by January 31, 2009.

Use of Hyaluronic Acid or Steroid Injectable Prior to Total Knee Replacement Surgery

Scoring Threshold for Minimum Payment

Specialty average in 2006-2007 for all eligible orthopedic surgeons

Scoring Threshold for Maximum Payment

Specialty 90th percentile in 2006-2007 for all eligible orthopedic surgeon

HCPSC Codes for Hyaluronan Injection	
J7320	Hylan G-F 20
J7317	Sodium Hyaluronate
J7319	Hylan or derivative

NDC Codes for Hyaluronan Injection
Complete listing of drugs available upon request

CPT Codes for Aspiration and Injection	
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa

CPT Codes for Corticosteroid Injection	
J0702	Betamethasone acetate and betamethasone sodium phosphate- 3mg
J0704	Betamethasone sodium phosphate-4 mg
J0810	Cortisone Injection
J1020	Methylprednisolone acetate-20 mg
J1030	Methylprednisolone acetate-40 mg
J1040	Methylprednisolone acetate-80 mg
J1094	Dexamethasone acetate, 1 mg
J1095	Dexamethasone acetate
J1100	Dexamethasone sodium phosphate, 1 mg
J1700	Hydrocortisone acetate-25 mg
J1710	Hydrocortisone sodium phosphate-50 mg
J1720	Hydrocortisone sodium succinate-100 mg
J2650	prednisolone acetate, up to 1 cc
J2920	Methylprednisolone sodium succinate-40 mg
J2930	Methylprednisolone sodium succinate-125 mg
J3301	triamcinolone acetonide, per 10 mg
J3302	triamcinolone diacetate, per 5 mg
J3303	triamcinolone hexacetonide, per 5 mg

Procedure Codes for Total Knee Replacement Surgery	
81.22	Arthodesis of knee

Use of Hyaluronic Acid or Steroid Injectable Prior to Total Knee Replacement Surgery

81.54	Total knee replacement
81.55	Revision of knee replacement, not otherwise specified

CPT Codes for Total Knee Replacement Surgery	
27440	Arthroplasty, knee, tibial plateau
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; w/ debridement & partial synovectomy
27445	Arthroplasty, hinge prosthesis (e.g., Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartment w/or w/out patella resurfacing (total knee Arthroplasty)

Diagnosis Codes for Knee Arthropathy	
716.56	Unspec polyarthropathy or polyarthritis, lower leg
716.96	Arthropathy, NOS, lower leg
719.06	Effusion of joint; swelling of joint; lower leg
715.16	Osteoarthritis localized, primary, lower leg
715.26	Osteoarthritis localized, secondary, lower leg
715.36	Osteoarthritis localized, not spec prim /2ndary, lower leg
715.96	Osteoarthritis, not spec as general or local, lower leg
716.06	Kaschin-Beck Dz, lower leg
716.66	Unspecified monoarthritis, lower leg
726.60	Enthesopathy of knee, unspecified
716.36	Climacteric arthropathy lower leg
716.86	Other Spec arthropathy, lower leg
719.08	Effusion of joint; swelling of joint; other specified sites
719.09	Effusion of joint; swelling of joint; multiple sites
719.46	Pain in the Joint, lower leg
719.56	Stiffness in the Joint, lower leg

Pre-operative Treatment Prior to Total Knee Replacement Surgery

Identified Measure	The percentage of patients who did <u>not</u> receive knee arthroscopy or related procedures prior to total knee replacement surgery.
SPFP Category	Quality
Event Date	Date of total knee replacement surgery
Event Time Period	7/1/2007 to 12/31/2008
Measurement Period	180 days prior to event date
Anchor Date	Date of total knee replacement surgery
Age Criteria	None
Exclusionary Criteria	We will exclude patients with knee fracture surgery or a knee fracture during the 30 days prior to total knee replacement surgery.
Denominator	Any patient who had total knee replacement surgery performed during the event time period. If a patient had more than one total knee replacement surgery performed during the event time period, only the first surgery is eligible for measurement.
Numerator	Identify all patients in the denominator who did <u>not</u> have knee arthroscopy for debridement or related procedures during the 180-day measurement period.
Patient Eligibility	Patient must have medical coverage in any product line on the event date and during the measurement period. Patient must have medical coverage in at least one of the applicable product lines on the anchor date.
Provider Assignment	Provider who billed for the qualifying total knee replacement surgery.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-Funded HMO and POS
Method of Measurement	Administrative data (claims) processed and paid by February 28, 2009.
Provider Data Input	None
Scoring Threshold for Minimum Payment	Specialty average in 2006-2007 for all eligible orthopedic surgeons
Scoring Threshold for Maximum Payment	Specialty 90th percentile in 2006-2007 for all eligible orthopedic surgeons

Procedure Codes for Total Knee Replacement	
81.22	Arthodesis of knee
81.54	Total knee replacement
81.55	Revision of knee replacement, not otherwise specified

Diagnosis Codes for Knee Arthroscopy & Other Related Procedures	
77.06	Sequestrectomy- patella
77.16	Other incision of bone without division- patella
77.26	Wedge osteotomy- patella
77.36	Other division of bone- patella
77.66	Local excision of lesion or tissue of bone- patella
77.86	Other partial ostectomy-patella
77.96	Total ostectomy- patella
80.16	Arthrotomy knee
80.26	Arthroscopy- knee
80.46	Division of joint capsule, ligament, or cartilage
80.6	Excision of semilunar cartilage of knee
80.76	Synovectomy
80.86	Other local excision or destruction of lesion of joint
80.96	Other excision of joint

CPT Codes for Knee Arthroscopy	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (e.g., mosaicplasty) (includes harvesting of the autograft)
29867	Arthroscopy, knee, surgical; osteochondral allograft (e.g., mosaicplasty)
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29873	Arthroscopy, knee, surgical; with lateral release
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation)
29875	Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)
29876	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (e.g., medial or lateral)
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)

Pre-operative Treatment Prior to Total Knee Replacement Surgery

29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction

Temporary National Codes

S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)
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G-codes (Radiology)

G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee
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CPT Codes for Total Knee Replacement - Knee Arthroplasty & Joint Replacement

27440	Arthroplasty, knee, tibial plateau
27441	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	Arthroplasty, femoral condyles or tibial plateau(s), knee
27443	Arthroplasty, femoral condyles or tibial plateau(s), knee; w/ debridement & partial synovectomy

27445	Arthroplasty, hinge prosthesis (e.g. Walldius type)
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartment w/or w/out patella resurfacing (total knee Arthroplasty)
27486	Revision of total knee Arthroplasty, with or w/out allograft; one component
27487	Revision of total knee Arthroplasty, with or w/out allograft; femoral & entire tibial component

Exclusion CPT Codes for Knee Fracture Surgery	
27520	Closed treatment of patellar fracture, without manipulation
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft-tissue repair
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation

Exclusion Diagnosis Codes for Knee Fracture	
822.0	Fracture of patella-closed
822.1	Fracture of patella-open
836.4	Dislocation of patella, open

Pre-operative Treatment Prior to Shoulder Arthroscopy

Identified Measure	The percentage of patients who received pre-operative treatment prior to shoulder arthroscopy.
SPFP Category	Quality
Event Date	Date of shoulder arthroscopy
Event Time Period	7/1/2007 to 12/31/2008
Measurement Period	180 days prior to event date
Anchor Date	Date of shoulder arthroscopy
Age Criteria	None
Exclusionary Criteria	We will exclude patients who had arthroscopy with other procedures on one event date, when conservative care is not indicated.
Denominator	Any patient with a specified shoulder procedure performed during the event time period. If a patient had more than one shoulder arthroscopy procedure performed during the event time period, only the first is eligible for measurement.
Numerator	Identify all patients in the denominator who filled at least one prescription for an NSAID OR received a steroid injectable OR had at least four physical therapy or manual (osteopathic) treatments on different days of service during the 180-day measurement period.
Patient Eligibility	Patient must have medical coverage in any product line on the anchor date.
Provider Assignment	Provider who billed for the qualifying shoulder arthroscopy.
Level of Measure	Practice group
Minimum Patients	1 patient
Applicable Product Lines	Fully-Funded HMO and POS
Method of Measurement	Administrative data (claims) processed and paid by February 28, 2009.
Provider Data Input	None
Scoring Threshold for Minimum Payment	Specialty average in 2006-2007 for all eligible orthopedic surgeons
Scoring Threshold for Maximum Payment	Specialty 90th percentile in 2006-2007 for all eligible orthopedic surgeons

Note

If the patient doesn't have continuous drug coverage on the event date and during measurement period, those members are excluded from the measure only if they don't already meet the measure.

CPT Codes for Shoulder Arthroscopy	Description
29820	Partial Synovectomy
29821	Complete Synovectomy
29822	Limited Debridement
29823	Extensive Debridement
29824	Distal Claviclectomy Excision
29825	Lysis and Resection of Adhesions
29826	Acromioplasty
29828	Arthroscopy, shoulder, surgical; biceps tenodesis
23130	Open Acromioplasty
23125	Claviculectomy, total
23120	Open Partial Claviculectomy

The presence of these CPT codes billed in combination with the codes above exclude a patient from the denominator

CPT Codes	Description
29807	Repair SLAP
29827	A/S Rotator Cuff Repair
23410	Open Acute Rotator Cuff Repair
23412	Open Chronic Rotator Cuff Repair
23420	Open Complete Rotator Cuff Repair
23450-66	Open Procedures for Instability

CPT Codes for Corticosteroid Injection	
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (e.g., shoulder, hip, knee joint, subacromial bursa)

HCPCS Codes for Corticosteroid Injection	
J0702	Betamethasone acetate and betamethasone sodium phosphate- 3mg
J0704	Betamethasone sodium phosphate-4 mg
J0810	Cortisone Injection
J1020	Methylprednisolone acetate-20 mg
J1030	Methylprednisolone acetate-40 mg

Pre-operative Treatment Prior to Shoulder Arthroscopy

J1040	Methylprednisolone acetate-80 mg
J1094	dexamethasone acetate, 1 mg
J1095	Dexamethasone Acetate
J1100	Dexamethasone sodium phosphate, 1 mg
J1700	Hydrocortisone acetate-25 mg
J1710	Hydrocortisone sodium phosphate-50 mg
J1720	Hydrocortisone sodium succinate-100 mg
J2650	prednisolone acetate, up to 1 cc
J2920	Methylprednisolone sodium succinate-40 mg
J2930	Methylprednisolone sodium succinate-125 mg
J3301	triamcinolone acetonide, per 10 mg
J3302	triamcinolone diacetate, per 5 mg
J3303	triamcinolone hexacetonide, per 5 mg

Codes for PT/OT Services	
97110	Therapy 1/> Areas/15 Min; Exercises
97112	Therapy 1/> Areas/15 Min; Balnc/Coord
97113	Therapy 1/> Areas/15 Min; Aquatic
97116	Therapy 1/> Areas/15 Min; Gait Train
97118	Phys Med Trtmnt 1 Area-Init 30 Mn-Ea Visit; Elect Stimulation
97124	Therapy 1/> Areas/15 Min; Massage
97139	Therapy 1/> Areas/15 Min; Unlisted
97140	Man Ther Tech-1/> Regions-Ea 15 Min
97504	Orthotics Fitting And Training, Upper and/or Lower Extrem, Each 15 Min
97530	Therapy Activities 1-On-1 Ea 15 Min
97535	Self Care Train-1 On 1-Ea 15 Min
97537	Community Train-1 On 1-Ea 15 Min
97545	Work Hardening/Condition; Init 2 Hr
97546	Work Hardening/Condition; Ea Add Hr
97750	Phys Performance Test/Measur W/Report
97799	Unlisted Phys Meds/Rehab Serv/Proc

Non-steroidal anti-inflammatory medications - drug listing available upon request.



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