



Health Plan of Michigan, Inc.
Physician Incentive Program
 Dates of Service 1/1/09 to 12/31/09

Service	Gender / Age	Procedure	CPT Codes	Bonus Amount	Performance Criteria
COMPREHENSIVE CHILD AND ADOLESCENT CARE					
Immunizations – Childhood	Before Age 2	4 DTP or DTaP	90698, 90700, 90721,90723	\$15	Reimbursement is paid upon completion of immunizations before 2 years old.
		3 IPV/OPV	90713, 90723, 90698	\$15	Reimbursement is paid upon completion of immunizations before 2 years old.
		1 MMR	90707, 90710	\$15	Reimbursement is paid upon completion of immunization given between 1 st and 2 nd birthday.
		2 HiB	90645, 90647, 90648, 90698, 90721, 90748	\$15	Reimbursement is paid upon completion of immunizations, with at least 1 falling on or between 1 st and 2 nd birthday.
		3 Hepatitis B	90744, 90747, 90748, 90723, 90740	\$15	Reimbursement is paid upon completion of immunizations, with at least 1 of the 3 falling between the 6 th month and 2 nd birthday.
		1 VZV	90710, 90716	\$15	Reimbursement is paid upon completion of immunization, on or between the 1 st and 2 nd birthday.
		4 PCV	90669	\$15	Reimbursement is paid upon completion of immunizations before 2 years old.
Immunizations – Adolescent <i>(HEDIS TO REVISE ADOLESCENT IMMUNIZATION REQUIREMENTS IN MARCH 2009, HPM RESERVES THE RIGHT TO MODIFY THIS BONUS UPON REVIEW OF UPDATED GUIDELINES)</i>	Before age 13	2 nd MMR	90707, 90710	\$15	Reimbursement is paid upon completion of immunization A or B: A) 1 MMR on or between the 4 th and 13 th birthdays, B) 2 MMRs between 1 st and 4 th birthdays.
		3 Hepatitis B	90723, 90740, 90744-90748	\$15	Reimbursement is paid upon completion of immunizations, with at least 1 of the 3 falling between the 2 nd and 13 th birthdays.
		1 VZV	90710, 90716	\$15	Reimbursement is paid upon completion of immunization, with at least 1 falling on or between 2 nd and 13 th birthdays.
Well-Child Visits	Age 0 – 15 months		99381, 99382, 99391, 99392,	\$50	According to age-specific EPSDT Visit Schedule. Bonuses paid for up to six per member between 0-15 months.
	Age 3-6		99382, 99383, 99392, 99393	\$50	According to age-specific EPSDT Visit Schedule.
Adolescent Well-Visits	Age 12-21		99383, 99384, 99385, 99393, 99394, 99395	\$50	According to age-specific EPSDT Visit Schedule.
Blood Lead Testing	Age 0-2		83655	\$50	Complete one blood lead test by 2 nd birthday

Bonus amounts are in addition to the usual and customary HPM reimbursement. All procedures must be completed within strict HEDIS® and MDCH Guidelines



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COMPREHENSIVE WOMEN'S CARE					
Breast Cancer Screening	Females, Age 40-69	Mammogram	76083, 76090-76092, 77055, 77056 & 77057	\$50	One paid per calendar year.
Cervical Cancer Screening	Females, Age 21-64	Pap Smear	88141-88143, 88155, 88164-88167, 88147, 88148, 88174, 88175 HPM will accept lab results faxed to (313) 202-0006	\$50	One paid per calendar year.
Chlamydia Screening	Females, Age 16-24	Chlamydia Screen	87320, 87270, 87110, 87490, 87491, 87492, 87810	\$50	One paid per calendar year.

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COMPREHENSIVE DIABETES CARE					
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Comprehensive Diabetes Care	18-75 year olds with diabetes (Type 1 and Type 2)	*HbA1c Screen	83036, 83037 HPM will accept lab results faxed to (313) 202-0006	\$25	At least one screen annually.
		HbA1c Good Control (< 7%)	HPM will accept lab results faxed to (313) 202-0006	\$100	One paid per member per calendar year.
		*LDL-C	80061, 83700, 83701, 83704, 83721 HPM will accept lab results faxed to (313) 202-0006	\$25	At least one screen annually.
		LDL-C Control (< 100mg/dL)	HPM will accept lab results faxed to (313) 202-0006	\$100	One paid per member per calendar year.
		*Fundoscopic Eye Exam	67028, 67030, 67031, 67036, 67039-67043, 67101, 67105, 67107, 67108, 67110, 67112, 67141, 67145, 67208, 67210, 67218, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203- 99205, 99213-99215, 99242-99245	\$25	At least one annually, completed by an Optometrist or Ophthalmologist.
		*Microalbuminuria Screen	82042, 82043, 82044, 84156 HPM will accept lab results faxed to (313) 202-0006	\$25	At least one screen annually.
		*If an assigned Diabetic Member receives a qualifying HbA1c Screen, a Lipid Profile, a Fundoscopic Eye Exam and the Microalbuminuria during 2009, within HEDIS® Guidelines, an additional \$200 bonus will be paid to the assigned PCP.			

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