



**Health Plan of Michigan, Inc.**  
**Physician Incentive Program**  
 Dates of Service 1/1/10 to 12/31/10

Service	Gender / Age	Procedure	CPT Codes	Bonus Amount	Performance Criteria
<b>COMPREHENSIVE CHILD AND ADOLESCENT CARE</b>					
Immunizations – Childhood	Before Age 2	4 DTaP	90698, 90700, 90721, 90723	<b>\$15</b>	Reimbursement is paid upon completion of immunizations completed between 6 weeks (42 days) of age and 2 years of age.
		3 IPV/OPV	90713, 90723, 90698	<b>\$15</b>	Reimbursement is paid upon completion of immunizations completed between 6 weeks (42 days) of age and 2 years of age.
		1 MMR	90707, 90710	<b>\$15</b>	Reimbursement is paid upon completion of immunizations before 2 years of age.
		2 HiB	90645, 90646, 90647, 90648, 90698, 90721, 90748	<b>\$15</b>	Reimbursement is paid upon completion of immunizations completed between 6 weeks (42 days) of age and 2 years of age.
		3 Hepatitis B	90723, 90740, 90744, 90747, 90748	<b>\$15</b>	Reimbursement is paid upon completion of immunizations before 2 years of age.
		1 VZV	90710, 90716	<b>\$15</b>	Reimbursement is paid upon completion of immunizations before 2 years of age.
		4 PCV	90669, 90670	<b>\$15</b>	Reimbursement is paid upon completion of immunizations completed between 6 weeks (42 days) of age and 2 years of age.
		2 Hepatitis A	90633	<b>\$15</b>	Reimbursement is paid upon completion of immunizations before 2 years of age.
		2 Rotavirus Or 3 Rotavirus	2 Dose Schedule – 90681 3 Dose Schedule – 90680	<b>\$15</b>	Reimbursement is paid upon completion of immunizations completed between 6 weeks (42 days) of age and 2 years of age. The number of rotavirus doses varies based on which vaccine is given. There is a two-dose schedule and a three-dose schedule. The vaccines are identified by different CPT codes.
	2 Influenza	90655, 90657, 90661, 90662	<b>\$15</b>	Reimbursement is paid upon completion of immunizations completed between 6 months and 2 years of age.	
Immunizations – Adolescent	Between 11 <sup>th</sup> and 13 <sup>th</sup> birthdays	Meningococcal	90733, 90734	<b>\$15</b>	Reimbursement is paid upon completion of immunization between 11 <sup>th</sup> and 13 <sup>th</sup> birthday.
	Between 10 <sup>th</sup> and 13 <sup>th</sup> birthdays	1 Tdap or Td	Tdap – 90715 Td – 90714, 90718	<b>\$15</b>	Reimbursement is paid upon completion of immunization(s) between 10 <sup>th</sup> and 13 <sup>th</sup> birthday.
Well-Child Visits	Age 0 – 15 months		99381, 99382, 99391, 99392, 99432, 99461 Please complete 6 visits per member prior to 15 months of age.	<b>\$50</b>	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	<b>\$50</b>	According to age-specific EPSDT Visit Schedule.
Adolescent Well-Visits	Age 12-21		99383, 99384, 99385, 99393, 99394, 99395	<b>\$50</b>	According to age-specific EPSDT Visit Schedule.
Blood Lead Testing	Age 0-2		83655	<b>\$50</b>	Complete one blood lead test by 2 <sup>nd</sup> 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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<b>COMPREHENSIVE WOMEN'S CARE</b>					
Breast Cancer Screening	Females, Age 40-69	Mammogram	76090-76092, 77055, 77056 & 77057	<b>\$50</b>	One paid per calendar year.
Cervical Cancer Screening	Females, Age 21-64	Pap Smear	88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174, 88175 HPM will accept lab results faxed to (313) 202-0006	<b>\$50</b>	One paid per calendar year.
Chlamydia Screening	Females, Age 16-24	Chlamydia Screen	87110, 87270, 87320, 87490, 87491, 87492, 87810	<b>\$50</b>	One paid per calendar year.

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<b>COMPREHENSIVE DIABETES CARE</b>					
Comprehensive Diabetes Care	18-75 year olds with diabetes (Type 1 & Type 2)	*HbA1c Screen	83036, 83037 HPM will accept lab results faxed to (313) 202-0006	<b>\$25</b>	At least one screen annually.
		HbA1c Good Control (< 7%)	HPM will accept lab results faxed to (313) 202-0006	<b>\$100</b>	One paid per member per calendar year.
		*LDL-C	80061, 83700, 83701, 83704, 83721 HPM will accept lab results faxed to (313) 202-0006	<b>\$25</b>	At least one screen annually.
		LDL-C Control (< 100mg/dL)	HPM will accept lab results faxed to (313) 202-0006	<b>\$100</b>	One paid per member per calendar year.
		*Fundoscopic Eye Exam	67028, 67030, 67031, 67036, 67038-67043, 6101, 67105, 67107, 67108, 67110, 67112, 67113, 67121, 67141, 67145, 67208, 67210, 6218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92225, 92226, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242-99245	<b>\$25</b>	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	<b>\$25</b>	At least one screen annually.
		<b>*If an assigned Diabetic Member receives a qualifying HbA1c Screen, a Lipid Profile, a Fundoscopic Eye Exam and the Microalbuminuria during 2010, within HEDIS® Guidelines, an additional \$200 bonus will be paid to the assigned PCP.</b>			

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