

**Premium Specialty: General Surgery**  
**Effective Quality Care**

Additional UnitedHealth Premium® methodology documents are located on [unitedhealthpremium.uhc.com](https://unitedhealthpremium.uhc.com).

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Appendectomy - without Rupture	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
Cholecystectomy	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
Colonoscopy - Diagnostic	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
Concurrent Use of Opioids and Benzodiazepines	Patient(s) did not have concurrent use of prescription opioids and benzodiazepines	Patient did not have prescription opioid and benzodiazepine medications concurrently dispensed	Safety	Prescribing	Contact National Quality Forum / Partnership for Quality Measurement
Incisional, Ventral or Umbilical Hernia Repair	Patient(s) without post-procedure complications within 30 days of the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without redo procedure within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Incisional, Ventral or Umbilical Hernia Repair	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
Incisional, Ventral or Umbilical Hernia Repair - Revision	Patient(s) without post-procedure complications within 30 days of the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without redo procedure within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
Inguinal Hernia Repair	Patient(s) without post-procedure complications within 30 days of the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without redo procedure within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Inguinal Hernia Repair	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
Lower Gastrointestinal Endoscopy	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without advanced imaging (e.g., CT, MRI) or colonoscopy within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) or colonoscopy within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
Lower Gastrointestinal Removal	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
	Patient(s) without advanced imaging (e.g., CT, MRI) or colonoscopy within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) or colonoscopy within 180 days after the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
Risk Of Continued Opioid Use	Patient(s) age 18-64 years who were opioid-naïve and were not prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation	Patient did not have opioid medication for 15 or more days during the first 30 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older who were opioid-naïve and were not prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation	Patient did not have opioid medication for 15 or more days during the first 30 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance

Condition/Procedure	Measure	Compliance Criteria	Measure Type	Attribution Method	Source
Risk Of Continued Opioid Use	Patient(s) age 18-64 years who were opioid-naïve and were not prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation	Patient did not have opioid medication for 31 or more days during the first 62 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older who were opioid-naïve and were not prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation	Patient did not have opioid medication for 31 or more days during the first 62 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
Thyroidectomy	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	<a href="#">Synopsis</a>
Use of Contrast Material in CT	Patient(s) with an abdomen CT test performed that did not have "combined studies" (with and without contrast material)	Patient did not have an abdomen CT test using combined studies (with and without contrast material)	Low Value Care	Ordering	Contact Centers for Medicare & Medicaid Services
Use of Opioid Medications	Patient(s) 18 years or older without an average morphine milligram equivalent (MME) $\geq 90$ mg/day during the treatment period	Patient did not have an average morphine equivalent dose $\geq 90$ mg/day	Safety	Prescribing	Contact National Committee for Quality Assurance
Use Of Opioids From Multiple Providers	Patient(s) 18 years or older that did not fill opioid prescriptions from four or more different prescribers	Patient did not have opioid medications from four or more different prescribers dispensed	Safety	Prescribing	Contact National Committee for Quality Assurance

## Important notes about UnitedHealth Premium

The information from UnitedHealth Premium is not an endorsement of a particular physician or health care professional's suitability for the health care needs of any member. UnitedHealthcare does not practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments.

A Premium Care Physician designation does not guarantee the quality, or the outcome of any health care services members receive. The fact that a physician does not have a Premium Care Physician designation does not mean the physician does not provide quality health care services.

All physicians in the UnitedHealthcare Network have met certain minimum credentialing requirements. Regardless of whether a physician has received a Premium Care Physician designation, members have access to all physicians in the UnitedHealthcare Network as described in the member's benefit plan.

There are various reasons why a physician may not be designated as a Premium Care Physician. A physician may not receive a designation because that physician has not been evaluated. This occurs when a physician does not practice in a specialty or market that is evaluated by Premium, or the physician's evaluation is in process. This also occurs when there are not enough measures, patients, and or episodes attributed to the physician for evaluation. This is not an indicator of the total number of patients treated by the physician, or the number of procedures performed by the physician.

**UnitedHealthcare informs members that designations are intended only as a guide when choosing a physician and should not be the sole factor in selecting a physician. Members are encouraged to discuss designations with a physician before choosing them or consult with their current physician(s) for advice on selecting other physicians.**

**As with all programs that evaluate performance based on evaluation of a sample, there is a risk of error.** There is a risk of error in the claims data used and in the way patient care is attributed to physicians. UnitedHealth Premium uses statistical testing to compare a physician's performance to benchmarks. There is a risk of error in statistical tests when applied to the data and a result based on statistical testing is not a guarantee of correct inference or classification. Physicians have the opportunity to review the data and evaluation results and may submit requests for changes and or corrections.

**The information contained in this document is subject to change.**