What is Low Value Care?

According to the Journal of the American Medical Association, an estimated 10% to 20% of health care spending in the United States is considered low value. Low value care includes treatments, diagnostic tests, and screenings where the risk of harm or cost exceeds the health benefit for patients.

CIVHC’s Low Value Care Analysis and this accompanying infographic identifies the most frequent and highest cost low value services based on analysis of claims data in the Colorado All Payer Claims Database (CO APCD). Equipped with this information, individuals, organizations and communities can focus efforts to address low value care, making health care better and more affordable.

Percent of Spending Categorized as Low Value
(of the 58 potentially low value services measured) 2017-2021

Low Value Service | Commercial | Medicaid | CHP+ | Medicare FFS* | Medicare Advantage
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Colorectal Cancer Screening in Adults 50 and Older | $8.6M | | $1.8M | |
CT Scans for Abdominal Pain in Children | | $163K | | |
Inappropriate Opioid Prescription | $12.5M | $12.9M | | $13.6M |
Pediatric Head Computed Tomography Scans | | | $108K | |
Prostate Cancer Screening (PSA) | | | $2.3M | |
Routine General Health Checks | $3.4M | | | |
Screening for 25-OH-Vitamin D Deficiency | $6.8M | $4.2M | $177K | $1.8M |
Two or More Antipsychotic Medications | | | | $2.5M |
Vertebroplasty | | | | |

In 2021:

1.9M Low Value Services, resulting in $134M in spending.*

The top 5 services accounted for 63% of total low value services spending.

Top Three Low Value Care Services by Payer, 2021

Statewide Division of Insurance Spending Variation
(Avg. Cost per Low Value Care Service)
All Payers, 2021

For detailed methodology and to view the interactive dashboard, visit us at civhc.org.