

No Value Care List Recommendations

1. Don't perform unproven diagnostic tests, such as immunoglobulin G (IgG) testing or an indiscriminate battery of immunoglobulin E (IgE) tests, in the evaluation of allergy
2. Don't use coronary artery calcium scoring for patients with known coronary artery disease (including stents and bypass grafts)
3. Don't perform advanced sperm function testing, such as sperm penetration or hemizona assays, in the initial evaluation of the infertile couple
4. Don't perform a postcoital test (PCT) for the evaluation of infertility
5. Don't prescribe antidepressants as monotherapy in patients with bipolar I disorder
6. Don't perform vertebroplasty for osteoporotic vertebral fractures
7. Don't recommend more than a single fraction of palliative radiation for uncomplicated painful bone metastasis
8. Don't perform PSA-based screening for prostate cancer in men over 70
9. Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms
10. Don't order unnecessary cervical cancer screening (Pap smear and HPV test) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer
11. Don't perform voiding cystourethrogram (VCUG) routinely in first febrile urinary tract infection (UTI) in children aged 2-24 months
12. USPSTF recommends against screening for bacterial vaginosis (BV) in pregnant persons who are not at increased risk for preterm delivery.
13. The USPSTF recommends against screening for pancreatic cancer in asymptomatic adults.
14. The USPSTF recommends against screening for cervical cancer in women younger than 21 years.
15. The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (ie, cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.
16. The USPSTF recommends against screening for cervical cancer in women older than 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer.

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17. The USPSTF recommends against screening with resting or exercise electrocardiography (ECG) to prevent cardiovascular disease (CVD) events in asymptomatic adults at low risk of CVD events.
18. The USPSTF recommends against screening for ovarian cancer in asymptomatic women who are not known to have a high-risk hereditary cancer syndrome.
19. The USPSTF recommends against the use of estrogen alone for the primary prevention of chronic conditions in postmenopausal women who have had a hysterectomy.
20. The USPSTF recommends against the use of combined estrogen and progestin for the primary prevention of chronic conditions in postmenopausal women.
21. The USPSTF recommends against screening for thyroid cancer in asymptomatic adults.
22. The USPSTF recommends against routine serologic screening for genital herpes simplex virus (HSV) infection in asymptomatic adolescents and adults, including those who are pregnant.
23. The USPSTF recommends against screening for chronic obstructive pulmonary disease (COPD) in asymptomatic adults.
24. The USPSTF recommends against screening for testicular cancer in adolescent or adult men.
25. Spinal Fusions
26. Proton beam therapy for prostate cancer
27. Don't recommend screening for breast, colorectal or prostate cancer if life expectancy is estimated to be less than 10 years.
28. Don't screen for carotid artery stenosis (CAS) in asymptomatic adult patients.
29. Avoid echocardiograms for preoperative/perioperative assessment of patients with no history or symptoms of heart disease.
30. Don't use inferior vena cava (IVC) filters routinely in patients with acute VTE.
31. Don't prescribe nonsteroidal anti-inflammatory drugs (NSAIDS) in individuals with hypertension or heart failure or CKD of all causes, including diabetes

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32. Don't obtain baseline laboratory studies in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery - specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is/are expected to be minimal
33. Don't obtain baseline diagnostic cardiac testing (trans-thoracic/esophageal echocardiography - TTE/TEE) or cardiac stress testing in asymptomatic stable patients with known cardiac disease (e.g. CAD, valvular disease) undergoing low or moderate risk non-cardiac surgery
34. Don't obtain EKG, chest X rays or Pulmonary function test in patients without significant systemic disease (ASA I or II) undergoing low-risk surgery
35. Don't order unnecessary screening for colorectal cancer in adults older than age 50 years
36. Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors
37. Don't perform population based screening for 25-OH-Vitamin D deficiency
38. Don't perform an arthroscopic knee surgery for knee osteoarthritis
39. Don't perform MRI of the peripheral joints to routinely monitor inflammatory arthritis