# CMS Measure ID 238: Use of High-Risk Medications in Older Adults

07/08/2024 7:54 pm EDT

You can easily enter data in DrChrono to sync with Healthmonix MIPSpro. You can enter some data in multiple places. Please see our article on all the areas in DrChrono where you can enter data for reporting with Healthmonix MIPSpro.

Your Healthmonix MIPSpro dashboard contains a comprehensive description of the codes and criteria for each measure. Click on the **View Details** to see more.

# My Measures

Select, review, and change the measures you will be reporting.

0	ifications You have met the measure selection requirements You may now proceed with entering patient visits		
		Select Measures	Checklist
#238	Use of High-Risk Medications in Older Adults Percentage of patients 65 years of age and older who were ordered at least two high-risk medication View details	s from the same drug	class

# Description

Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class.

# Instructions

This measure is to be submitted a minimum of **once per performance period** for patients seen during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Meritbased Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding. The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate and for medications where use under all but specific indications is potentially inappropriate.

# This measure will be calculated with 2 performance rates:

- 1. Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class.
- 2. Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class, except for appropriate diagnoses. For accountability reporting in the CMS MIPS program, the rate for submission criteria 1 is used for performance.

**NOTE:** Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

#### Measure Submission Type

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

# **SUBMISSION CRITERIA 1:**

Percentage of patients 65 years of age and older who were ordered at least two high risk-medications from the same drug class.

# Denominator

Patients 65 years and older who had a visit during the measurement period.

Age information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**.

+ Add new patient	Jenny (Jen) Harris (Female   43 years old   Feb. 11, 1980)
Demographics	Phone: (443) 555-5555 Email: sample@sample.com Date Added: Oct. 13, 2021 Address: 328 Gibraltar Dr Last Scheduled Appt: Wed Feb 15, 2023
Appointments	Sunnyvale , CA 94089 Next Scheduled Appt:
Clinical Dashboard	CDS: Adult Immunization Schedule Age: 27-49
Documents	Primary Provider: Dr. James Smith
Eligibility	New Referral     Fax Demographics     Print Demographics     Apple Health App Data
Tasks 1	Important Demographics Insurances Authorizations Smoking Status Flags Balance onpatient Payments
Problem List	✓ Sufficient patient demographics to bill insurance. Fall Risk Gestational Diabetes Elkes Cats
Medication List	
Send eRx	Demographics
Allergy List	Patient SSN 111-11-1111
	Patient Date of birth 02/11/1980 e.g. 8/8/1979

#### AND

A relevant **CPT** or **HCPCS** code for the encounter: 92002, 92004, 92012, 92014, 99202, 99203, 99204, 99205,99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385\*, 99386\*, 99387\*, 99395\*, 99396\*, 99397\*, G0438, G0439

**DENOMINATOR NOTE**: \*Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs

CPT and HCPCS codes can be entered into the billing section for the encounter. Below is an

#### example from the appointment window.

Appointment	Billing	Eligibility	Vitals	Growthcharts	Flags	Log Comm.	Revisions	Custom Data	MU Helpe	ər
Institutional 0	Claim					Patient SuperB	ill 🔻 Clinic	al Note Billing	Details	ther Forms 🔻
😮 Bi	lling Status			~	HCFA Box	10 - Is patient's	condition rela	ated to:		
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Patier	nt Payment	\$ 0	Copay: \$20	+		Auto Accident	No	~		
Pre Authorizatio	on Approval					Other Accident	No	~		
	Referral #									
Payn	nent Profile	Insurance		~		Onset Date Type	Unset of Ci	urrent Symptom	is o 🗸	
Bi	lling Profile		~ <b>+</b>			Onset Date				
Billir	ng Pick List	Choose Co	des from Pick List	:		Other Date Type	- Other Dat	e Type -	~	
Diagnos	is Pick List	Choose Co	des from Pt Probl	ems		Other Date				
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Claim Billed: \$145.	00 Adjust	ment: \$0.00	Insurer Paid: \$	0.00 Patient Paid	1: \$0.00					
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NDC Codes			Find NDC Code	s 🔸		Diagnosis Poin	ters: 1:0:0:0			
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## AND NOT

**DENOMINATOR EXCLUSION:** Patients who use hospice services at any time during the measurement period: **G9741** 

#### OR

Patients receiving palliative care during the measurement period: G0034

#### Numerator

#### SUBMISSION CRITERIA 1

Patients ordered at least two high-risk medications from the same drug class during the measurement year.

# **Definitions:**

The intent of the measure is to assess if the eligible clinician ordered high-risk medication(s). The intent of the numerator is to assess if the patient has either been ordered:

- At least two high-risk medications from the same drug class (grouped by row) in Table 1 on different dates of service, or
- At least two high-risk medications from the same drug class (grouped by row) in Table 2 on different dates of service, where the sum of days supply exceeds 90 days

• At least two high-risk medications from the same drug class in Table 3 on different dates of service, each exceeding average daily dose criteria.

If the patient had a high-risk medication previously prescribed by another provider, they would not be counted towards the numerator unless the submitting provider also ordered a high-risk medication for them from the same drug class.

Calculate average daily dose for each prescription event. To calculate average daily dose, multiply the quantity of pills prescribed by the dose of each pill and divide by the days supply. For example, a prescription for the 30-days supply of digoxin containing 15 pills, 0.25 mg each pill, has an average daily dose of 0.125 mg. To calculate average daily dose for elixirs and concentrates, multiply the volume prescribed by daily dose and divide by the days supply. Do not round when calculating average daily dose.

**Cumulative Medication Duration** – an individual's total number of medication days over a specific period; the period counts multiple prescriptions with gaps in between, but does not count the gaps during which a medication was not dispensed.

To determine the "cumulative medication duration", determine first the number of the Medication Days for each prescription in the period: the number of doses divided by the dose frequency per day. Then add the Medication Days for each prescription without counting any days between the prescriptions.

For example, there is an original prescription for 30 days with 2 refills for thirty days each. After a gap of 3 months, the medication was ordered again for 60 days with 1 refill for 60 days. The "cumulative medication duration" is (30 x 3) + ( $60 \times 2$ ) = 210 days over the 10 month period.

Table 1 – High-Risk Medications at any dose or duration

Description	Prescription	
	Brompheniramine	
	Carbinoxamine	
	Chlorpheniramine	Diphenhydramine (oral)
		Doxylamine
Anticholinergics, first-generation antihistamines	Clemastine	Hydroxyzine
	Cyproheptadine	Meclizine
	Dexbrompheniramine	Promethazine
	Dexchlorpheniramine	Pyrilamine
	Dimenhydrinate	Triprolidine
Anticholinergics, anti-Parkinson agents	Benztropine (oral)	Trihexyphenidyl
	Atropine (exclude	
	ophthalmic)	
Antispasmodics	Belladonna alkaloids	Hyoscyamine
	Chlordiazepoxide-	Methscopola
	clidinium	mine
		Propantheline
	Dicyclomide	Scopolamine
	Dipyridamole, oral short-	
Antithrombotics	acting	
Cardiovascular, alpha agonists, central	Methyldopa	Guanfacine
Cardiovascular, other	Disopyramide	Nifedipine, immediate releas
Central nervous system, antidepressants	Amitriptyline	Imipramine
	Clomipramine	Trimipramine
	Amoxapine	Nortriptyline
		Paroxetine
	Desipramine	
<b>•</b> • • • • • • • • • • • • • • • • • •		Protriptyline
Central nervous system, barbiturates	Amobarbital	Pentobarbital
	Butabarbital	Phenobarbital
	Butalbital	Secobarbital
Central nervous system, vasodilators	Ergot mesylates	Isoxsuprine
Central nervous system, other		Meprobamate
Endocrine system, estrogens with or without	Conjugated estrogen	Estradiol
progestins; include only oral and topical patch	Estropipate	Esterified estrogen
products	5.450	
Endocrine system, sulfonylureas, long-duration	Chlorpropamide Glimepiride	Glyburide
Endocrine system, other	Desiccated thyroid	Megestrol
Nonbenzodiazepine hypnotics	Eszopiclon Zaleplon	Zolpidem
Pain medications, skeletal muscle relaxants	Carisoprodol	Metaxalone Methocarbamol
	Chlorzoxazone	Orphenadrine
	Cyclobenzaprine	

\*The registry version of the measure specifications only indicates the classes of drugs that are considered high-risk and do not include the specific coding of RxNorm. However, this measure aligns with the eCQM measure (CMS 156) and providers may review the RxNorm codes in the applicable eCQM value sets for submission.

# Table 2 - High-Risk Medications With Days Supply Criteria

Description		Days Supply Criteria	
Anti-Infectives, other	Nitrofurantoin Nitrofurantoin macrocrystals	Nitrofurantoin macrocrystals- monohydrate	>90 days

Table 3 - High-Risk Medications With Average Daily Dose Criteria

Prescription	Average Daily Dose Criteria
Reserpine	> 0.1 mg per day
Digoxin	> 0.125 mg per day
Doxepin/Doxepin hydrochloride	> 6 mg per day

**INVERSE MEASURE** - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominators eligible patients did not receive the appropriate care or were not in proper control.

A high-risk medication is identified by either of the following:

- A prescription for medications classified as high risk at any dose and for any duration listed in Table 1
- Prescriptions for medications classified as high risk at any dose with greater than a 90-day cumulative medication duration are listed in Table 2
- A prescription for medications classified as high risk exceeding average daily dose criteria listed in Table 3

Numerator Options: The following codes can be entered in the HCPCS code section for the visit.

Performance Met: At least two orders for the same high-risk medication (G9367)

<u>OR</u>

Performance Not Met: At least two orders for the same high-risk medications were not ordered (G9368)

Schedule Appo	ointment												
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Pre Authorizat	tion Approval							Other Accident	No	~			
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# SUBMISSION CRITERIA 2

Percentage of patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class, except for appropriate diagnoses.

# Denominator

# SUBMISSION CRITERIA 2:

Patients 65 years and older who had a visit during the measurement period. Age information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient Date of Birth**.

# AND

A relevant **CPT** or **HCPCS** code for the encounter: 92002, 92004, 92012, 92014, 99202, 99203, 99204, 99205,99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385\*, 99386\*, 99387\*, 99395\*, 99396\*, 99397\*, G0438, G0439

Schedule A	ppointment									
Appointme	nt Billing	Eligibility	Vitals	Growthcharts	Flags	Log Comm.	Revisions	Custom Data	MU Helper	
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	Patient Payment	\$ 0	Copay: \$20	+		Auto Accident	No	~		
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# AND NOT

# DENOMINATOR EXCLUSIONS

Patients who use hospice services at any time during the measurement period: G9741

# OR

Patients receiving palliative care during the measurement period: G0034

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# Numerator

# Submission Criteria 2:

Patients with at least two orders of high-risk medications from the same drug class (i.e., antipsychotics and benzodiazepines), except for appropriate diagnoses.

# Definitions

The intent of the numerator is to assess if the patient has been ordered at least two high-risk The intent of the numerator is to assess if the patient has been ordered at least two high-risk medications from the same drug class (grouped by row) in Table 4 on different dates or service. The intent of the measure is to assess if the submitting provider ordered the high-risk medication(s). If the patient had a high-risk medication previously prescribed by another provider, they would not be counted towards the numerator unless the submitting provider also ordered a high-risk medication for them from the same drug class.

Index Prescription Start Date (IPSD) – the start date of the earliest prescription ordered for a high-risk medication during the measurement period.

Table 4 - High-Risk Medications

Description	Prescription	
Antipsychotics, first (conventional) and second (atypical) generation	<ul> <li>Aripiprazole</li> <li>Asenapine</li> <li>Brexpiprazole</li> <li>Cariprazine</li> <li>Chlorpromazine</li> <li>Clozapine</li> <li>Fluphenazine</li> <li>Haloperidol</li> <li>Iloperidone</li> <li>Loxapine</li> <li>Lurasidone</li> </ul>	<ul> <li>Molindone</li> <li>Olanzapine</li> <li>Paliperidone</li> <li>Perphenazine</li> <li>Pimavanserin</li> <li>Pimozide</li> <li>Quetiapine</li> <li>Risperidone</li> <li>Thioridazine</li> <li>Thiothixene</li> <li>Trifluoperazine</li> <li>Ziprasidone</li> </ul>
Benzodiazepines, long, short and intermediate acting	<ul> <li>Alprazolam</li> <li>Chlordiazepoxide</li> <li>Clonazepam</li> <li>Clorazepate</li> <li>Diazepam</li> <li>Estazolam</li> <li>Flurazepam</li> </ul>	<ul> <li>Lorazepam</li> <li>Midazolam</li> <li>Oxazepam</li> <li>Quazepam</li> <li>Temazepam</li> <li>Triazolam</li> </ul>

\*The registry version of the measure specifications only indicates the classes of drugs that are considered high-risk and do not include the specific coding of RxNorm. However, this measure aligns with the eCQM measure (CMS 156) and providers may review the RxNorm codes in the applicable eCQM value sets for submission.

#### **Numerator Instructions**

**INVERSE MEASURE** – A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator-eligible patients did not receive the appropriate care or were not in proper control.

A high-risk medication is identified by:

• A prescription for medications classified as high risk at any dose and for any duration listed in Table 4

Numerator Options: The following codes can be entered in the HCPCS code section for the visit.

**Performance Met:** At least two orders for high-risk medications from the same drug class, (Table 4), without appropriate diagnoses (M1209)

Schedule Appoint	tment											х
Appointment	Billing	Eligibility	Vitals	C	Growthcharts	Flags	Log Comm.	Revisions	Custom [	Data MU He	elper	
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😮 Billir	ng Status				~	HCFA B	ox 10 - Is patient's	condition r	elated to:			
ICI	D Version	ICD-10			~		Employment	t No	~			
Patient	Payment	\$ 0	Copay: \$	20	•		Auto Accident	tNo	~			
Pre Authorization	Approval						Other Accident	t No	~			
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Billing	Billing Pick List Choose			List			Other Date Type	• Other D	ate Type -	~		
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ICD-10 Codes			Find Diagnos	is code	s 🔸	CF	CPT Codes			Find CPT Procedure codes		
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Custom Codes			Find Custom	Proced	lure codes 🖊		Diagnosis Poi	nters: 1:0:0	:0			

OR

# Performance Not Met:

At least two orders for high-risk medications from the same drug class, (Table 4), not ordered (M1210)

Schedule Appoir	ntment										3
Appointment	Billing	Eligibility	Vitals	Growthcharts	Flags	Log Comm.	Revisions	Custom Data	MU Help	ber	
						Patient SuperB	Bill 🔹 Clinica	I Note Billing	Details	Other Forr	ms 🔻
😯 Bill	ing Status			~	HCFA Box	10 - Is patient's o	condition relat	ted to:			
IC	D Version	ICD-10		~		Employment	No	~			
Patien	t Payment	\$ 0	Copay: \$20	+		Auto Accident	No	~			
Pre Authorization	n Approval					Other Accident	No	~			
	Referral #										
Paym	ent Profile	Insurance		~		Onset Date Type	Onset of Cur	rrent Symptom	so ✓		
Bill	ling Profile		<b>~ +</b>			Onset Date					
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# Code		Description			Code	Descr	ription		Price (\$)		
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OR

**Performance Not Met:** Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the Index Prescription Start Date (IPSD) for antipsychotics **(G0032)** 

# OR

# Performance Not Met:

Two or more benzodiazepine prescriptions were ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines (G0033)

Appointment	Billing	Eligibility	Vitals	Growthcharts	Flags	Log Comm	n. Revisions	Custom I	Data MU	l Helper		
Institutional	Claim						Patient	SuperBill 🔹	Clinical No	ote Billing	g Details	Other Forms
0 B	illing Status			~	н	CFA Box 10 -	Is patient's co	ndition relat	ed to:			
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Payment Profile		Insurance V				Onset Date Type Onset Date			ent Sympto	oms c 🗸		
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