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

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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.

Notifications

- ⊘ 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 medications from the same drug class
View details   ✖

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 Merit-based 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**.

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.

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 x 2) = 210 days over the 10 month period.

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

Description	Prescription	
Anticholinergics, first-generation antihistamines	Brompheniramine Carbinoxamine Chlorpheniramine Clemastine Cyproheptadine Dexbrompheniramine Dexchlorpheniramine Dimenhydrinate	Diphenhydramine (oral) Doxylamine Hydroxyzine Meclizine Promethazine Pyrilamine Triprolidine
Anticholinergics, anti-Parkinson agents	Benztropine (oral)	Trihexyphenidyl
Antispasmodics	Atropine (exclude ophthalmic) Belladonna alkaloids Chlordiazepoxide-clidinium Dicyclomide	Hyoscyamine Methscopola mine Propantheline Scopolamine
Antithrombotics	Dipyridamole, oral short-acting	
Cardiovascular, alpha agonists, central	Methyldopa	Guanfacine
Cardiovascular, other	Disopyramide	Nifedipine, immediate release
Central nervous system, antidepressants	Amitriptyline Clomipramine Amoxapine Desipramine	Imipramine Trimipramine Nortriptyline Paroxetine Protriptyline
Central nervous system, barbiturates	Amobarbital Butabarbital Butalbital	Pentobarbital Phenobarbital Secobarbital
Central nervous system, vasodilators	Ergot mesylates	Isoxsuprine
Central nervous system, other		Meprobamate
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	Conjugated estrogen Estropipate	Estradiol Esterified estrogen
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 Chlorzoxazone Cyclobenzaprine	Metaxalone Methocarbamol Orphenadrine
Pain medications, other	Indomethacin Meperidine	Ketorolac, includes parenteral

*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	Prescription		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)**

OR

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

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

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**

Schedule Appointment

Pre Authorization Approval	
Referral #	
Payment Profile	Insurance
Billing Profile	
Billing Pick List	Choose Codes from Pick List
Diagnosis Pick List	Choose Codes from Pt Problems
Credit Card Payment	Process Credit Card

Other Accident: No
Onset Date Type: Onset of Current Symptoms o
Onset Date:
Other Date Type: - Other Date Type -
Other Date:

Claim Billed: $0.00 **Adjustment: $0.00** **Insurer Paid: $0.00** **Patient Paid: $0.00**

ICD-10 Codes — Find Diagnosis codes

#	Code	Description

CPT Codes — Find CPT Procedure codes

Code	Description	Price ($)

ICD-9 Codes to Convert — Find Diagnosis codes

#	Code	Description

HCPCS Codes — Find HCPCS Procedure codes

Code	Description	Price ($)
1 G9741	Pt whosp anytime msmt per	0 ✗

Modifiers: --- --- --- ---
Quantity/Minutes: 1
Diagnosis Pointers: 1:0:0:0

NDC Codes — Find NDC Codes

NDC Code	Quantity	Units	Line Item

Custom Codes — Find Custom Procedure codes

Code	Description	Price ($)

— OR —

Code	Description	Price ($)
2 G0034	Pall serv during meas	0 ✗

Modifiers: --- --- --- ---
Quantity/Minutes: 1
Diagnosis Pointers: 1:0:0:0

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	• Aripiprazole • Asenapine • Brexpiprazole • Cariprazine • Chlorpromazine • Clozapine • Fluphenazine • Haloperidol • Iloperidone • Loxapine • Lurasidone	• Molindone • Olanzapine • Paliperidone • Perphenazine • Pimavanserin • Pimozide • Quetiapine • Risperidone • Thioridazine • Thiothixene • Trifluoperazine • Ziprasidone
Benzodiazepines, long, short and intermediate acting	• Alprazolam • Chlordiazepoxide • Clonazepam • Clorazepate • Diazepam • Estazolam • Flurazepam	• Lorazepam • Midazolam • Oxazepam • Quazepam • Temazepam • Triazolam

*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 ii 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)**

OR

Performance Not Met:

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

Schedule Appointment ✕

| Appointment | **Billing** | Eligibility | Vitals | Growthcharts | Flags | Log Comm. | Revisions | Custom Data | MU Helper |

Patient SuperBill ▾ | Clinical Note | Billing Details | Other Forms ▾

❓ Billing Status [_____ ▾]

HCFA Box 10 - Is patient's condition related to:

ICD Version [ICD-10 ▾]

Employment [No ▾]

Patient Payment [$ 0] Copay: $20 [+]

Auto Accident [No ▾]

Pre Authorization Approval [_____]

Other Accident [No ▾]

Referral # [_____]

Payment Profile [Insurance ▾]

Onset Date Type [Onset of Current Symptoms o ▾]

Billing Profile [▾] [+]

Onset Date [_____]

Billing Pick List [Choose Codes from Pick List]

Other Date Type [- Other Date Type - ▾]

Diagnosis Pick List [Choose Codes from Pt Problems]

Other Date [_____]

Credit Card Payment [Process Credit Card]

Claim Billed: $0.00 | **Adjustment: $0.00** | **Insurer Paid: $0.00** | **Patient Paid: $0.00**

ICD-10 Codes   [Find Diagnosis codes ⬇]

#	Code	Description

CPT Codes   [Find CPT Procedure codes ⬇]

Code	Description	Price ($)

ICD-9 Codes to Convert   [Find Diagnosis codes ⬇] ➡

#	Code	Description

HCPCS Codes   [Find HCPCS Procedure codes ⬇]

Code	Description	Price ($)	
1 M1210	>=2 same meds tbl4 not ord	0	✗

Modifiers: [--- ▾] [--- ▾] [--- ▾] [--- ▾]

Quantity/Minutes: [1]

Diagnosis Pointers: [1:0:0:0]

NDC Codes   [Find NDC Codes ⬇]

NDC Code	Quantity	Units	Line Item

Custom Codes   [Find Custom Procedure codes ⬇]

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)**

Schedule Appointment   ✕

| Appointment | **Billing** | Eligibility | Vitals | Growthcharts | Flags | Log Comm. | Revisions | Custom Data | MU Helper |

☐ Institutional Claim

[Patient SuperBill ▼] [Clinical Note] [Billing Details] [Other Forms ▾]

			HCFA Box 10 - Is patient's condition related to:

Billing Status [⌄]

ICD Version [ICD-10 ⌄]

Patient Payment [$] [0] | Copay: $20 | +

Pre Authorization Approval [   ]

Referral # [   ]

Payment Profile [Insurance ⌄]

Billing Profile [⌄] +

Billing Pick List [Choose Codes from Pick List]

Diagnosis Pick List [Choose Codes from Pt Problems]

Credit Card Payment [Process Credit Card]

Employment [No ⌄]

Auto Accident [No ⌄]

Other Accident [No ⌄]

Onset Date Type [Onset of Current Symptoms c ⌄]

Onset Date [   ]

Other Date Type [- Other Date Type - ⌄]

Other Date [   ]

Claim Billed: $0.00   **Adjustment: $0.00**   **Insurer Paid: $0.00**   **Patient Paid: $0.00**

ICD-10 Codes   [Find Diagnosis codes ⌄]

#	Code	Description

CPT Codes   [Find CPT Procedure codes ⌄]

Code	Description	Price ($)

ICD-9 Codes to Convert   [Find Diagnosis codes ⌄]

#	Code	Description

HCPCS Codes   [Find HCPCS Procedure codes ⌄]

Code	Description	Price ($)	
1 G0032	2+ antipsy schiz	0.00	✖

NDC Codes   [Find NDC Codes ⌄]

NDC Code	Quantity	Units	Line Item

Modifiers: [--- ⌄] [--- ⌄] [--- ⌄] [--- ⌄]

Quantity/Minutes: [1.00]

Diagnosis Pointers: [1:0:0:0]

—OR—

Custom Codes   [Find Custom Procedure codes ⌄]

Code	Description	Price ($)

| 2 G0033 | 2+ benzo seiz | 0.00 | ✖ |

Modifiers: [--- ⌄] [--- ⌄] [--- ⌄] [--- ⌄]

Quantity/Minutes: [1.00]

Diagnosis Pointers: [1:0:0:0]

☐ Include note in EDI Billing: [Custom NTE EDI Billing Note (a.k.a. HCFA/CMS-1500 Line 19)]

[Delete] [Save & Close] [Save] [Cancel]