

# CMS Measure ID 238: Use of High-Risk Medications in Older Adults (CMS156v10)

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.

### Notifications

- ✔ You have met the measure selection requirements
- ✔ You may now proceed with entering patient visits

[Checklist](#) [Select Measures](#)

### Selected Measures

#238 **Use of High-Risk Medications in the Elderly** ✕

Percentage of patients 65 years of age and older who were ordered high-risk medications. Two rates are submitted.

1. Percentage of patients who were ordered at least one high-risk medication.
2. Percentage of patients who were ordered at least two of the same high-risk medication

[View details](#)

### Description

Percentage of patients 65 years of age and older who were ordered at least two of the same 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**.

The screenshot shows a patient chart for Jenny (Jen) Harris. The left sidebar has a 'Demographics' tab selected. The main content area shows patient information: Name (Jenny (Jen) Harris), Gender (Female), Age (40 years old), and Date of Birth (Feb. 11, 1980). Contact information includes Phone (844) 569-8628 and Email (Missing). Address is 1001 N Rengstorff Ave, Mountain View, CA 94040. CDS shows 'Adult Immunization Schedule Age: 27-49'. Primary Provider is James Smith. Below this, there are buttons for 'New Referral', 'Fax Demographics', and 'Print Demographics'. A navigation bar includes 'Important', 'Demographics', 'Insurances', 'Authorizations', 'Smoking Status', 'Flags', 'Balance', and 'onpatient Payments'. A green status bar says 'Sufficient patient demographics to bill insurance.' and an orange warning bar says 'Needs Authorization: Needs prior auth for procedure on 1/31.'. The 'Demographics' section has input fields for Patient SSN (111-11-1111), Patient Date of birth (02/11/1980), and Approx Age (if DOB unknown). A note 'e.g. 8/8/1979' is next to the date field.

**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 Appointment**

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

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status ICD Version ICD-10 Patient Payment \$ 0 Copay: \$20 Pre Authorization Approval Referral # Payment Profile Cash Billing Profile Billing Pick List Choose Codes from Pick List Diagnosis Pick List Choose Codes from Pt Problems Credit Card Payment Process Credit Card

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

Employment No Auto Accident No Other Accident No Onset Date Type Onset of Current Symptoms 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 |
|---|------|-------------|
|---|------|-------------|

ICD-9 Codes to Convert Find Diagnosis codes

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

NDC Codes Find NDC Codes

| NDC Code | Quantity | Units | Line Item |
|----------|----------|-------|-----------|
|----------|----------|-------|-----------|

Custom Codes Find Custom Procedure codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

CPT Codes Find CPT Procedure codes

| Code    | Description                  | Price (\$) |
|---------|------------------------------|------------|
| 1 99213 | OFFICE O/P EST LOW 20-29 MIN | 0.00       |

Modifiers: Quantity/Minutes: 1.00 Diagnosis Pointers: 1:0:0:0

HCPCS Codes Find HCPCS Procedure codes

| Code    | Description       | Price (\$) |
|---------|-------------------|------------|
| 1 G0439 | Ppps subseq visit | 0.00       |

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

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.

**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 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  $(30 \times 3) + (60 \times 2) = 210$  days over the 10 month period.

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

| Description  | Prescription  |  |
|--|---|--|
| Anticholinergics, first-generation antihistamines  | Brompheniramine<br>Carbinoxamine<br>Chlorpheniramine<br>Clemastine<br>Cyproheptadine<br>Dexbrompheniramine<br>Dexchlorpheniramine<br>Dimenhydrinate | Diphenhydramine (oral)<br>Doxylamine<br>Hydroxyzine<br>Meclizine<br>Promethazine<br>Pyrilamine<br>Triprolidine |
| Anticholinergics, anti-Parkinson agents  | Benztropine (oral)  | Trihexyphenidyl  |
| Antispasmodics   | Atropine (exclude ophthalmic)<br>Belladonna alkaloids<br>Chlordiazepoxide-clidinium<br><br>Dicyclomide  | Hyoscyamine<br>Methscopolamine<br>Propantheline<br>Scopolamine   |
| Antithrombotics  | Dipyridamole, oral short-acting   |  |
| Cardiovascular, alpha agonists, central  | Methyldopa  | Guanfacine   |
| Cardiovascular, other  | Disopyramide  | Nifedipine, immediate release  |
| Central nervous system, antidepressants  | Amitriptyline<br>Clomipramine<br>Amoxapine<br>Desipramine   | Imipramine<br>Trimipramine<br>Nortriptyline<br>Paroxetine<br>Protriptyline                                     |
| Central nervous system, barbiturates   | Amobarbital<br>Butobarbital<br>Butalbital   | Pentobarbital<br>Phenobarbital<br>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<br>Etopipate  | Estradiol<br>Esterified estrogen   |
| Endocrine system, sulfonylureas, long-duration   | Chlorpropamide<br>Glimepiride   | Glyburide  |
| Endocrine system, other  | Desiccated thyroid  | Megestrol  |
| Nonbenzodiazepine hypnotics  | Eszopiclon<br>Zaleplon  | Zolpidem   |
| Pain medications, skeletal muscle relaxants  | Carisoprodol<br>Chlorzoxazone<br>Cyclobenzaprine  | Metaxalone<br>Methocarbamol<br>Orphenadrine  |
| Pain medications, other  | Indomethacin<br>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<br>Nitrofurantoin macrocrystals | Nitrofurantoin macrocrystals-monohydrate | >90 days             |

**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
- 

**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**)

## 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**

ICD Version

Patient Payment \$  Copay: \$20

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile

Billing Pick List

Diagnosis Pick List

Credit Card Payment

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

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

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

ICD-10 Codes

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

ICD-9 Codes to Convert

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

NDC Codes

| NDC Code | Quantity | Units | Line Item |
|----------|----------|-------|-----------|
|----------|----------|-------|-----------|

Custom Codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

CPT Codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

**HCPCS Codes**

| Code   | Description        | Price (\$) |
|--|--------------------|------------|
| 1 G9367  | 2high risk med ord | 0          |
| Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> |                    |            |
| Quantity/Minutes: <input type="text" value="1"/>   |                    |            |
| Diagnosis Pointers: <input type="text" value="1:0:0:0"/>   |                    |            |
| 2 G9368  | 2high risk no ord  | 0          |
| Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> |                    |            |

-OR-

### 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 aged  $\geq 65$  years on the date of the encounter.

#### 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 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

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 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 |
|---|------|-------------|
|---|------|-------------|

**ICD-9 Codes to Convert** Find Diagnosis codes

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

**NDC Codes** Find NDC Codes

| NDC Code | Quantity | Units | Line Item |
|----------|----------|-------|-----------|
|----------|----------|-------|-----------|

**Custom Codes** Find Custom Procedure codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

**CPT Codes** Find CPT Procedure codes

| Code    | Description                  | Price (\$) |
|---------|------------------------------|------------|
| 1 99213 | OFFICE O/P EST LOW 20-29 MIN | 0.00       |

Modifiers:

Quantity/Minutes:  1

Diagnosis Pointers:  1:0:0

**HCPCS Codes** Find HCPCS Procedure codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

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 | <input type="text"/>                               | Other Accident  | No <input type="button" value="v"/>                          |
| Referral #                 | <input type="text"/>                               | Onset Date Type | Onset of Current Symptoms o <input type="button" value="v"/> |
| Payment Profile            | Insurance <input type="button" value="v"/>         | Onset Date      | <input type="text"/>   |
| Billing Profile            | <input type="button" value="v"/> +                 | Other Date Type | - Other Date Type - <input type="button" value="v"/>         |
| Billing Pick List          | Choose Codes from Pick List                        | Other Date      | <input type="text"/>   |
| Diagnosis Pick List        | Choose Codes from Pt Problems                      |                 |  |
| Credit Card Payment        | <input type="button" value="Process Credit Card"/> |                 |  |

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

ICD-10 Codes

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

ICD-9 Codes to Convert

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

NDC Codes

| NDC Code | Quantity | Units | Line Item |
|----------|----------|-------|-----------|
|----------|----------|-------|-----------|

Custom Codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

CPT Codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

HCPCS Codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

|  |       |                           |   |                                  |
|--|-------|---------------------------|---|----------------------------------|
| 1  | G9741 | Pt whosp anytime msmt per | 0 | <input type="button" value="x"/> |
| Modifiers: <input type="button" value="---"/> <input type="button" value="---"/> <input type="button" value="---"/> <input type="button" value="---"/> |       |                           |   |                                  |
| Quantity/Minutes: <input type="text" value="1"/>   |       |                           |   |                                  |
| Diagnosis Pointers: <input type="text" value="1:0:0:0"/>   |       |                           |   |                                  |
| 2  | G0034 | Pall serv during meas     | 0 | <input type="button" value="x"/> |
| Modifiers: <input type="button" value="---"/> <input type="button" value="---"/> <input type="button" value="---"/> <input type="button" value="---"/> |       |                           |   |                                  |
| Quantity/Minutes: <input type="text" value="1"/>   |       |                           |   |                                  |
| Diagnosis Pointers: <input type="text" value="1:0:0:0"/>   |       |                           |   |                                  |

—OR—

## 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 medications from the same drug class (grouped by row) in Table 3 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** – the start date of the earliest prescription ordered for a high-risk medication during the measurement period.

### Table 3 - High-Risk Medications

| Description   | Prescription   |   |
|---|--|---|
| Antipsychotics, first (conventional) and second (atypical) generation | <ul style="list-style-type: none"> <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 style="list-style-type: none"> <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 style="list-style-type: none"> <li>• Alprazolam</li> <li>• Chlordiazepoxide</li> <li>• Clonazepam</li> <li>• Clorazepate</li> <li>• Diazepam</li> <li>• Estazolam</li> <li>• Flurazepam</li> </ul>   | <ul style="list-style-type: none"> <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 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**)

## 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**

ICD Version

Patient Payment \$ 0 Copay: \$20 +

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile  +

Billing Pick List

Diagnosis Pick List

Credit Card Payment

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

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

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

**ICD-10 Codes**

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

**ICD-9 Codes to Convert**

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

**NDC Codes**

| NDC Code | Quantity | Units | Line Item |
|----------|----------|-------|-----------|
|----------|----------|-------|-----------|

**Custom Codes**

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

**CPT Codes**

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

**HCPCS Codes**

| Code    | Description              | Price (\$) |
|---------|--------------------------|------------|
| 1 G9367 | >= 2 same hi-rsk med ord | 0          |

Modifiers:

Quantity/Minutes:

Diagnosis Pointers:

OR

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

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 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**

Billing Pick List

Diagnosis Pick List

Credit Card Payment

Other Date Type

Other Date

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

ICD-10 Codes

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

CPT Codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

ICD-9 Codes to Convert

| # | Code | Description |
|---|------|-------------|
|---|------|-------------|

HCPCS Codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

NDC Codes

| NDC Code | Quantity | Units | Line Item |
|----------|----------|-------|-----------|
|----------|----------|-------|-----------|

|  |       |                              |   |                                  |
|--|-------|------------------------------|---|----------------------------------|
| 1  | G9368 | >= 2 same hi-rsk med not ord | 0 | <input type="button" value="x"/> |
| Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> |       |                              |   |                                  |
| Quantity/Minutes: <input type="text" value="1"/>   |       |                              |   |                                  |
| Diagnosis Pointers: <input type="text" value="1:0:0:0"/>   |       |                              |   |                                  |

Custom Codes

| Code | Description | Price (\$) |
|------|-------------|------------|
|------|-------------|------------|

—OR—

|  |       |                  |   |                                  |
|--|-------|------------------|---|----------------------------------|
| 2  | G0032 | 2+ antipsy schiz | 0 | <input type="button" value="x"/> |
| Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> |       |                  |   |                                  |
| Quantity/Minutes: <input type="text" value="1"/>   |       |                  |   |                                  |
| Diagnosis Pointers: <input type="text" value="1:0:0:0"/>   |       |                  |   |                                  |

—OR—

|  |       |               |   |                                  |
|--|-------|---------------|---|----------------------------------|
| 3  | G0033 | 2+ benzo seiz | 0 | <input type="button" value="x"/> |
| Modifiers: <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> <input type="text" value="---"/> |       |               |   |                                  |
| Quantity/Minutes: <input type="text" value="1"/>   |       |               |   |                                  |
| Diagnosis Pointers: <input type="text" value="1:0:0:0"/>   |       |               |   |                                  |