

# HEDIS®

***HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET***

## **PROVIDER GUIDE**



An Independent Licensee of the Blue Cross and Blue Shield Association

## HEDIS® / STAR PROVIDER GUIDE – HEDIS MY 21 (Measurement Year 2021)

HEDIS® (Healthcare Effectiveness Data and Information Set) is a performance measurement tool developed by the National Committee for Quality Assurance (NCQA) to assess the quality of healthcare and improve patient health and outcomes, and is an important factor in our accreditation.

Select HEDIS® measures are also part of the Star Rating System managed by the federal Centers for Medicare & Medicaid Services (CMS), which evaluates health care plans based on a 5-Star rating system.

### Adherence to these guidelines:

- Ensures health plans are offering quality preventive care and services.
- Provides a comparison to other plans.
- Identifies opportunities for quality improvement.
- Measures the plan's progress from year to year.

### HEDIS® data collection is permitted under HIPAA and is performed three ways:

- Administrative: Pertaining to diagnosis codes (in our claims database) and medication fills, based on the NCQA Vol. 2 Technical Specifications & Value Sets (updated annually).
- Hybrid: A combination of Administrative, and medical chart review.
- Survey: Member and provider surveys.

Included within for your convenience are select HEDIS®/Star measures and their description and requirements. ***Star measures are designated with a star symbol (★).***

This guide does not include every quality measure, but rather ones that are NCQA sensitive.

If you would like the complete list of diagnosis codes or medication lists for any measure, or have questions, please call (386) 676-7100 Ext. 7258, or email [QualityManagement@fhcp.com](mailto:QualityManagement@fhcp.com).

We hope you find this guide useful in your daily practice.

Sincerely,  
FHCP Quality Management

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<p><b>AAB</b></p> <p><b>Avoidance of Antibiotic Treatment For Acute Bronchitis / Bronchiolitis</b></p> <p>Members <b>3 months and older</b>, who were diagnosed with acute bronchitis or bronchiolitis, should <b>not</b> be dispensed an antibiotic prescription.</p> <p>Please explain to your patients that viruses are not treated with antibiotics. Promote symptom control instead.</p> <p>Antibiotics filled on day of visit or within 3 days from visit, count in the measure as non-compliant.</p> <p>If you prescribe an antibiotic, please consider using an alternate code other than Acute Bronchitis if appropriate, such as the suggested examples listed in Column 3.</p> <p><b>Note:</b> This measure now includes <b>both children and adults</b>.</p>	<p>Do <b>not</b> use the following acute bronchitis / bronchiolitis diagnoses with an antibiotic:</p> <ul style="list-style-type: none"> <li>• <b>J20.3</b> Acute bronchitis due to coxsackievirus</li> <li>• <b>J20.4</b> Acute bronchitis due to parainfluenza virus</li> <li>• <b>J20.5</b> Acute bronchitis due to respiratory syncytial virus</li> <li>• <b>J20.6</b> Acute bronchitis due to rhinovirus</li> <li>• <b>J20.7</b> Acute bronchitis due to echovirus</li> <li>• <b>J20.8</b> Acute bronchitis due to other specified organisms</li> <li>• <b>J20.9</b> Acute bronchitis, unspecified</li> <li>• <b>J21.0</b> Acute bronchiolitis due to respiratory syncytial virus</li> <li>• <b>J21.1</b> Acute bronchiolitis due to human metapneumovirus</li> <li>• <b>J21.8</b> Acute bronchiolitis due to other specified organisms</li> <li>• <b>J21.9</b> Acute bronchiolitis, unspecified</li> </ul> <p>Includes Outpatient, Urgent Care, and ED visits.</p>	<p><b>Alternate Codes:</b> The following codes are acceptable with an antibiotic per the measure (<b>not a complete list</b>):</p> <ul style="list-style-type: none"> <li>• <b>H66.90:</b> Otitis media, unspec.</li> <li>• <b>J01.90:</b> Acute sinusitis, unspec.</li> <li>• <b>J02.9:</b> Acute pharyngitis (<b>perform strep test</b>)</li> <li>• <b>J03.90:</b> Acute tonsillitis (<b>perform strep test</b>)</li> </ul> <p>Also ok to give an antibiotic with acute bronchitis or bronchiolitis diagnosis if these <b>co-morbid conditions</b> are coded at the visit or up to a year prior (not a complete list):</p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• COPD</li> <li>• Cystic fibrosis</li> <li>• HIV</li> <li>• Pulmonary edema</li> <li>• Respiratory failure</li> <li>• TB</li> </ul>

Measure	Comments	More Tips
<p><b>ADD</b></p> <p><b>Follow-Up Care for Children Prescribed ADHD Medication</b></p> <p>Ages 6 to 12 with <b>*newly prescribed</b> attention-deficit/hyperactivity disorder (ADHD) medication should have:</p> <ul style="list-style-type: none"> <li>• At least 3 follow-up care visits within a 10-month period.</li> <li>• One of the visits should be within 30-days of when the first ADHD medication was dispensed.</li> </ul> <p><b>*Newly prescribed- no ADHD Rx for 120 days prior</b></p> <p><b>Two rates are Tracked:</b></p> <p><b>Initiation Phase</b> 1 follow-up visit during the 30-day initiation phase with a practitioner with prescribing authority. <b>*Telehealth and telephone visits added</b></p> <p><b>Continuation &amp; Maintenance (C&amp;M) Phase</b> Remained on the medication for at least 210 days; and In addition to the visit in the Initiation Phase, had at least 2 follow-up visits within 270 days/9 months after the Initiation Phase ended. <b>*One E-visit or virtual check-in encounter allowed</b></p> <ul style="list-style-type: none"> <li>• <b>Intake period</b> 12-month window- starting March 1<sup>st</sup> of the prior measurement year to February 28<sup>th</sup> of the current year</li> <li>• <b>Compliance</b> Determined by pharmacy and billing claims</li> </ul>	<ul style="list-style-type: none"> <li>• <b>ADHD Medications</b> <ul style="list-style-type: none"> <li>▪ <b>CNS stimulants:</b> <ul style="list-style-type: none"> <li>○ Dextroamphetamine</li> <li>○ Dexmethylphenidate</li> <li>○ Lisdexamfetamine</li> <li>○ Methylphenidate</li> <li>○ Methamphetamine</li> </ul> </li> <li>▪ <b>Alpha-2 receptor agonists:</b> <ul style="list-style-type: none"> <li>○ Clonidine</li> <li>○ Guanfacine</li> </ul> </li> <li>▪ <b>Miscellaneous ADHD Medication:</b> <ul style="list-style-type: none"> <li>○ Atomoxetine</li> </ul> </li> </ul> </li> <li>• <b>Telephone Visits</b> CPT 98966-68, 99441-99443 <b>*Acceptable for both phases of the measure</b></li> <li>• <b>Online Assessments/E-visit/Virtual Check-in:</b> CPT 98969–98972, 99421–99423, 99444, 99458; HCPCS: G2010, G2012, G2061–G2063 <b>*Can be used for 1 of the 2 C&amp;M Phase visits</b></li> <li>• <b>Exclusions</b> <ul style="list-style-type: none"> <li>▪ Patients in hospice.</li> <li>▪ Filled an ADHD prescription 120 days prior to the index prescription start date (IPSD).</li> <li>▪ Have a diagnosis of narcolepsy.</li> <li>▪ Had an acute inpatient encounter for mental, behavioral, or neurodevelopmental disorder: <ul style="list-style-type: none"> <li>○ 30 days after IPSD (initiation phase only)</li> <li>○ 300 days after the IPSD (C&amp;M phase only)</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Use an e-visit or virtual check-in for one of the visits after the first 30 days. <b>*Only one online assessment is allowed during the C&amp;M phase.</b></li> <li>• Schedule the first follow-up visit within 21-days of the initial prescription while the patient is still in the office. This will allow time to reschedule missed appointments within the 30-day initiation phase compliance timeframe.</li> <li>• Encourage compliance with follow-up appointments to evaluate medication effectiveness and adverse events.</li> <li>• Consider prescribing the first ADHD medication for a 21- or 30-day supply to promote timely follow-up.</li> <li>• Schedule at least two additional appointments while the patient is in the office for the first follow-up visit. The first in 3 months and the second in 6 months following the 30-day initial visit. Again, this will allow time to reschedule missed appointments within the 31-300-day C&amp;M Phase compliance timeframe.</li> <li>• Refer to Behavioral Health for further treatment as indicated.</li> </ul>

Measure	Comments	More Tips															
<p><b>AMM</b></p> <p><b>Antidepressant Medication Management</b></p> <p>Ages <b>18 and older</b> who had a diagnosis of <b>Major Depression</b> and who were treated with an <b>antidepressant medication</b>, are monitored for how long they remained on the medication.</p> <p><b>Two rates are tracked for remaining on the antidepressant medication:</b></p> <p><b>Effective Acute Phase Treatment:</b></p> <ul style="list-style-type: none"> <li>• At least 84 days (12 weeks)</li> </ul> <p><b>Effective Continuation Phase Treatment:</b></p> <ul style="list-style-type: none"> <li>• At least 180 days (6 months)</li> </ul> <ul style="list-style-type: none"> <li>• <b>Intake Period</b> 12-month window starting May 1<sup>st</sup> of the prior measurement year - April 30<sup>th</sup> of the current measurement year</li> <li>• <b>Compliance</b> Determined by pharmacy claims</li> <li>• <b>Antidepressant Medications List:</b> See <a href="#">Appendix 1</a></li> <li>• <b>Major Depression ICD-10 codes:</b> 32.0-32.4, 32.9, 33.0-33.3, 33.41, 33.9</li> </ul>	<p>Consider using the <b>Patient Health Questionnaire (PHQ-9)</b> to assess depressive symptoms, measure severity, develop a provisional diagnosis, and monitor treatment outcome.</p> <p><b>Scoring and Interpretation:</b></p> <table border="1" data-bbox="779 446 1398 1036"> <thead> <tr> <th>PHQ-9 Score</th> <th>Provisional Diagnosis</th> <th>Proposed Treatment</th> </tr> </thead> <tbody> <tr> <td>5-9</td> <td>Minimal Symptoms*</td> <td>Support; educate to call if worsens; repeat PHQ-9 at follow-up in 1 month</td> </tr> <tr> <td>10-14</td> <td>Minor depression Dysthymia* Major Depression, Mild</td> <td>Support; watchful waiting; Antidepressant and/or psychotherapy</td> </tr> <tr> <td>15-19</td> <td>Major Depression, Moderate</td> <td>Antidepressant and/or psychotherapy</td> </tr> <tr> <td>20-27</td> <td>Major Depression, Severe</td> <td>Antidepressant with psychotherapy; collaborative management.</td> </tr> </tbody> </table> <p><b>Rule out other depressive disorders:</b></p> <ul style="list-style-type: none"> <li>• <b>34.1 Dysthymia*</b> Symptoms present <math>\geq</math> 2 years</li> <li>• <b>43.21 Adjustment disorder w/ depressed mood</b> Symptoms following an adverse life event</li> <li>• <b>6.31 Mood disorder due to physiological condition</b> Symptoms resulting from systemic diseases</li> </ul>	PHQ-9 Score	Provisional Diagnosis	Proposed Treatment	5-9	Minimal Symptoms*	Support; educate to call if worsens; repeat PHQ-9 at follow-up in 1 month	10-14	Minor depression Dysthymia* Major Depression, Mild	Support; watchful waiting; Antidepressant and/or psychotherapy	15-19	Major Depression, Moderate	Antidepressant and/or psychotherapy	20-27	Major Depression, Severe	Antidepressant with psychotherapy; collaborative management.	<ul style="list-style-type: none"> <li>• Educate patients on medication compliance for optimum effectiveness.</li> <li>• Explain medication regimen, benefits, and expected duration of treatment.</li> <li>• Discuss potential side effects.</li> <li>• Make follow-up calls to check on patients and remind them of upcoming visits.</li> <li>• Reiterate the importance of attending follow-up visits.</li> <li>• Refer patients to behavioral health as indicated.</li> <li>• Contact Case Management/Coordination of Care when barriers to medication compliance are identified: unable to afford medication/follow-up appt. co-pay, lack of transportation, education, community resource, or home care needs.</li> <li>• Emphasize the importance of continuing treatment even after they begin to feel better.</li> <li>• If no significant signs or symptoms of MDD are present for 2 months, with or without medication, please consider replacing the active MDD diagnosis with: <b>F33.42 Major depressive disorder, recurrent, in FULL remission.</b></li> </ul> <p><a href="https://www.psychiatry.org">DSM-5 (psychiatry.org)</a>  <a href="https://www.pcpcc.org">https://www.pcpcc.org</a>  <a href="http://www.agencymeddirectors.wa.gov">http://www.agencymeddirectors.wa.gov</a></p>
PHQ-9 Score	Provisional Diagnosis	Proposed Treatment															
5-9	Minimal Symptoms*	Support; educate to call if worsens; repeat PHQ-9 at follow-up in 1 month															
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Measure	Comments	More Tips
<p><b>AMR</b> <b>Asthma Medication Ratio</b></p> <p>For ages 5 to 64 with persistent asthma, the ratio of controller medications to total asthma medications is 0.50 or greater during the measurement year.</p> <p>Adjust dosage so patient is well-controlled on Asthma Controller Medications (see Column 2) without frequent use of Asthma Reliever Medications (rescue inhalers).</p> <p>(Rescue inhalers include <b>short-acting, inhaled beta- 2 agonists</b> albuterol and levalbuterol).</p>	<p><b><u>Asthma Controllers:</u></b></p> <p><b>Antiasthmatic combinations:</b> dyphylline- guaifenesin</p> <p><b>Antibody inhibitors:</b> omalizumab</p> <p><b>Anti-interleukin-4:</b> dupilumab</p> <p><b>Anti-interleukin-5:</b> benralizumab, mepolizumab, reslizumab</p> <p><b>Inhaled steroid combinations:</b> budesonide-formoterol, fluticasone-salmeterol, fluticasone- vilanterol, formoterol-mometasone</p> <p><b>Inhaled corticosteroids:</b> beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone</p> <p><b>Leukotriene modifiers:</b> montelukast, zafirlukast, zileuton</p> <p><b>Methylxanthines:</b> theophylline</p>	<p>Members are excluded from the measure if they have:</p> <ul style="list-style-type: none"> <li>• COPD</li> <li>• Chronic respiratory conditions due to chemicals, gases, fumes, vapors</li> <li>• Cystic fibrosis</li> <li>• Acute respiratory failure</li> </ul> <p>Also exclude members in hospice.</p>
<p><b>APM</b> <b>Metabolic Monitoring for Children and Adolescents on Antipsychotics</b></p> <p>Ages 1–17 who had two or more antipsychotic prescriptions should have metabolic testing.</p>	<p>Three rates are reported: The percentage of children and adolescents on antipsychotics who:</p> <ol style="list-style-type: none"> <li>1. Received blood glucose testing.</li> <li>2. Received cholesterol testing.</li> <li>3. Received blood glucose and cholesterol testing.</li> </ol>	<p>See <a href="#">Appendix 2</a> for the following medications which pertain to this measure:</p> <ul style="list-style-type: none"> <li>• Antipsychotic medications</li> <li>• Antipsychotic combination medications</li> <li>• Prochlorperazine medications</li> </ul>



Measure	Comments	More Tips
<p><b>APP</b></p> <p><b>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</b></p> <p>Ages 1–17 that had a new prescription for an antipsychotic medication should have documentation of psychosocial care as first-line treatment.</p>	<p>Exclude members for whom first-line antipsychotic medications may be clinically appropriate, such as those diagnosed with:</p> <ul style="list-style-type: none"> <li>• schizophrenia</li> <li>• schizoaffective disorder</li> <li>• bipolar disorder</li> <li>• other psychotic disorder</li> <li>• autism, or</li> <li>• other developmental disorder.</li> </ul> <p>The above from at least 1 acute inpatient encounter, or at least 2 visits in an outpatient, intensive outpatient, or partial hospitalization setting in the measurement year.</p>	<p>See <a href="#">Appendix 2</a> for the following medications which pertain to this measure:</p> <ul style="list-style-type: none"> <li>• Antipsychotic medications</li> <li>• Antipsychotic combination medications.</li> </ul>
<p><b>BCS</b> ★</p> <p><b>Breast Cancer Screening</b></p> <p>Women ages 50 to 74 should have a mammogram at least every two years.</p> <p>A note with the screening year is compliant provided it is within the two-year time frame.</p>	<p>All types of mammograms (screening, diagnostic, film, digital, or digital breast tomosynthesis) qualify for compliance.</p> <p>MRIs, ultrasounds, or biopsies do <u>not</u> count for the measure.</p> <p>Women who have had a bilateral mastectomy, or two unilateral mastectomies are excluded. Documented evidence should be present.</p> <p>Please document in chart and/or notify Quality Management if bilateral mastectomy occurred outside of FHCP, including where done.</p>	<p>Members in hospice are excluded.</p> <p><b>Mammogram Codes:</b>  <b>CPT Codes:</b> 77055-77057, 77061-77063, 77065-77067.</p>

Measure	Comments	More Tips
<p><b>CBP</b>  <b>Controlling High Blood Pressure</b></p> <p>Ages 18 to 85 with a diagnosis of hypertension (HTN) should have adequately controlled blood pressure (BP) during the measurement year.</p> <p><b>Control</b> is based upon:</p> <ul style="list-style-type: none"> <li>• Ages 18 to 85 have BP controlled at <b><u>LESS THAN 140/90.</u></b></li> </ul> <p><b><u>Compliance is 139/89 or below.</u></b></p> <p>If BP is elevated, <b>retake BP</b> and document in the chart. Treat as necessary. Chart all measurements, and efforts to obtain BP control.</p> <p>Control within the measurement year of <b>139/89 or below</b> should be <b>documented in the EHR</b> if attained.</p>	<p>Blood pressure should be routinely assessed as part of a physical exam at each outpatient visit.</p> <p><b><u>The measure uses:</u></b></p> <ul style="list-style-type: none"> <li>• The most recently documented BP at an outpatient visit; telephone visit; e-visit or virtual check-in; nonacute inpatient encounter; or remote monitoring event.</li> <li>• The BP reading to be used for the measure must occur on or after the second diagnosis of HTN.</li> <li>• BP readings taken or reported by the member are now acceptable, as long as result is documented by the provider in the note. This includes telehealth and telephone visits.</li> </ul> <p><b><u>The measure does NOT use:</u></b></p> <ul style="list-style-type: none"> <li>• BP readings from an acute inpatient stay or ED visit.</li> <li>• BP readings taken same day as a diagnostic test or therapeutic procedure requiring a change of diet or medication on or one day before (other than fasting blood tests), such as colonoscopy, dialysis, infusions, chemotherapy, or a nebulizer treatment with albuterol.</li> </ul>	<p>If a member demonstrates a high blood pressure, <b>a second blood pressure should always be taken at the same visit and <u>documented in the chart.</u></b></p> <p>Please remember that BP must be <b><u>BELOW 140/90</u></b> to be considered compliant.</p> <p>Schedule a follow-up visit (can be a nurse visit).</p> <p><b>Essential (primary) Hypertension ICD 10 Code:</b> I10</p> <p><b>Diastolic 80-89 Code CPT-CAT-II Code (compliant):</b> 3079F</p> <p><b>Diastolic Less Than 80 CPT-CAT-II Code (compliant):</b> 3078F</p> <p><b>Systolic Less than 140 CPT-CAT-II Code (compliant):</b>  3074F (less than 130 mm Hg)  3075F (130-139 mm Hg)</p> <p>Excluded members (<b>optional</b>): End-Stage Renal Disease, kidney transplant, dialysis, nephrectomy, hospice, or pregnancy during the measurement year.</p>

Measure	Comments	More Tips
<p><b>CCS</b></p> <p><b>Cervical Cancer Screening</b></p> <p>Ages 21 to 64 should be screened for cervical cancer using <b>any one</b> of the following:</p> <ul style="list-style-type: none"> <li>• Age 21–64 have cervical cytology (Pap smear) performed every 3 years.</li> <li>• Age 30–64 years of age have cervical high-risk human papillomavirus (hrHPV) testing performed every 5 years.</li> <li>• Age 30–64 years of age have cervical cytology/high-risk human papillomavirus (hrHPV) co-testing performed every 5 years.</li> </ul>	<p>Documentation in the medical record must include both of the following:</p> <ul style="list-style-type: none"> <li>• A note indicating the date the procedure was performed.</li> <li>• The result or finding.</li> </ul> <p>Exclusion: Member does not need this screening if they had a hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix.</p> <p>Documenting a hysterectomy alone does not exclude member; <b>the removal of cervix must also be documented.</b></p>	<p><b>Cervical Cytology Lab Test CPT codes:</b> 88141-88143, 88147-88148, 88150, 88152-88154, 88164-88167, 88174-88175</p> <p><b>High Risk HPV Lab Test CPT codes:</b> 87620-87622, 87624-87625</p> <p><b>Absence of Cervix Diagnosis:</b> Q51.5, Z90.710, Z90.712</p>

Measure	Comments	More Tips
<p><b>CDC</b></p> <p><b>Comprehensive Diabetes Care</b></p> <p>Ages 18 to 75 with diabetes (type 1 and type 2) are monitored for each of the following annually:</p> <ol style="list-style-type: none"> <li>1. Hemoglobin A1c (HbA1c) testing</li> <li>2. HbA1c poor control ( &gt; 9.0% ) ★</li> <li>3. HbA1c control ( &lt; 8.0% )</li> <li>4. Eye Exam (retinal) - one of the following: ★ <ol style="list-style-type: none"> <li>a. Retinal or dilated eye exam by optometrist or ophthalmologist in the measurement year.</li> <li>b. A negative retinal or dilated eye exam (negative for retinopathy) in the year prior to the measurement year.</li> </ol> </li> <li>5. Medical attention for nephropathy (Medicare only) ★</li> <li>6. BP control (&lt;140/90 at the most recent measurement). Must be <b>LESS THAN</b> 140/90 to be compliant.</li> </ol>	<p>(HbA1c control &lt;7.0% was retired)</p> <p>Any of the following count as compliant for <b>medical attention for nephropathy</b>:</p> <ul style="list-style-type: none"> <li>• Urine protein test</li> <li>• At least one ACE inhibitor or ARB dispensing event</li> <li>• A visit with a nephrologist</li> <li>• Evidence of stage 4 chronic kidney disease</li> <li>• Evidence of ESRD</li> <li>• Evidence of kidney transplant.</li> </ul> <p>See <a href="#">Appendix 3</a> for ACE Inhibitor &amp; ARB Medications.</p>	<p>Please document in chart and/or notify Quality Management if <b>any</b> of these tests occurred outside of FHCP, and where occurred.</p> <p>For diabetic retinal exams, the <b>results</b> must be in the EHR.</p> <p>If you believe member is in the CDC measure population inappropriately, please notify Quality Management. Hospital claims with a diabetes diagnosis are occasionally received (if glucose is elevated), and these claims can be corrected if the member does <u>not</u> have diabetes.</p> <p>Any member with gestational diabetes or steroid-induced diabetes is not counted in the measure.</p>
<p><b>CHL</b></p> <p><b>Chlamydia Screening In Women</b></p> <p>Sexually active females ages 16 to 24 should be screened for chlamydia at least once a year.</p>	<p>Chlamydia screening can be a urine test.</p>	<p><b>CPT Codes:</b> 87110, 87270, 87320, 87490-87492, 87810</p>

Measure	Comments	More Tips
<p><b>CIS – Combo 10</b>  <b>Childhood Immunization Status</b></p> <p>By their 2<sup>nd</sup> birthday, children should receive all of the following:</p> <ul style="list-style-type: none"> <li>• <u>Four</u>: Diphtheria, tetanus, and acellular pertussis (DTaP)</li> <li>• <u>Three</u>: Polio (IPV)</li> <li>• <u>One</u>: Measles, mumps, and rubella (MMR)</li> <li>• <u>Three</u>: Haemophilus influenza type B (HiB)</li> <li>• <u>Three</u>: Hepatitis B (HepB)</li> <li>• <u>One</u>: Chicken pox (VZV)</li> <li>• <u>Four</u>: Pneumococcal conjugate (PCV)</li> <li>• <u>One</u>: Hepatitis A (HepA)</li> <li>• <u>Two or Three</u>: Rotavirus (RV)</li> <li>• <u>Two</u>: Influenza (flu)</li> </ul> <p>Immunizations must be completed <b>before</b> member turns age 2.</p> <p>Please educate office staff to schedule appointments <b>PRIOR</b> to 2nd birthday.</p> <p>For <b>MMR, VZV</b> and <b>HepA</b>, vaccinations must be between 1<sup>st</sup> and 2<sup>nd</sup> birthday. If prior to 1<sup>st</sup> birthday, will not count for the measure.</p>	<p>Document in medical record if member has evidence of the disease for which immunization is intended, or contraindication due to anaphylactic reaction.</p> <p>For <b>MMR, HepB, VZV</b> and <b>HepA</b>, count any of the following:</p> <ul style="list-style-type: none"> <li>• Evidence of the antigen or combination vaccine, <b>or</b></li> <li>• Documented history of the illness, <b>or</b></li> <li>• A seropositive test result for each antigen.</li> </ul> <p>For <b>DTaP, IPV, HiB, Pneumococcal conjugate, rotavirus</b> and <b>influenza</b>, count <b>only</b>:</p> <ul style="list-style-type: none"> <li>• Evidence of the antigen or combination vaccine.</li> </ul> <p>For <b>rotavirus</b>:</p> <ul style="list-style-type: none"> <li>• Recommended to complete by 32 weeks</li> <li>• Do not mix brands (Merck RotaTeq, and GSK ROTARIX)</li> </ul> <p>For combination vaccinations that require more than one antigen (i.e., <b>DTaP</b> and <b>MMR</b>), the organization must find evidence of <b>all</b> the antigens.</p>	<p><b>DTaP Procedure Codes:</b> 90698, 90700, 90723  <b>IPV Procedure Codes:</b> 90698, 90713, 90723  <b>HiB Procedure Codes:</b> 90644, 90647, 90648, 90698, 90748  <b>HepB Procedure Codes:</b> 90723, 90740, 90744, 90747, 90748  <b>Pneumococcal Procedure Codes:</b> 90670  <b>MMR Procedure Codes:</b> 90707, 90710  <b>Measles Procedure Code:</b> 90705  <b>Measles/Rubella Procedure Code:</b> 90708  <b>Mumps Procedure Code:</b> 90704  <b>Rubella Procedure Code:</b> 90706  <b>VZV Procedure Code:</b> 90710, 90716  <b>Rotavirus 2 dose Procedure Code:</b> 90681  <b>Rotavirus 3 dose Procedure Code:</b> 90680  <b>HepA Procedure Code:</b> 90633  <b>Influenza Procedure Code:</b> 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689  <b>Influenza Virus LAIV Procedure Code:</b> 90660, 90672</p>

Measure	Comments	More Tips
<p><b>COL</b> ★</p> <p><b>Colorectal Cancer Screening</b></p> <p>Ages 50 to 75 should have appropriate screening for colorectal cancer.</p> <p>Any of the following meet criteria:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) during the measurement year.</li> <li>• Flexible sigmoidoscopy within the last 5 years.</li> <li>• Colonoscopy within the last 10 years.</li> <li>• CT colonography within the last 5 years.</li> <li>• FIT-DNA (<i>Cologuard</i>) during the last 3 years.</li> </ul>	<p>Documentation in the medical record must include a note indicating the date of the colorectal cancer screening within the time frame.</p> <p>Members who have had colorectal cancer or a total colectomy are excluded from this measure.</p> <ul style="list-style-type: none"> <li>• Exclusionary evidence in the medical record must include a note indicating colorectal cancer or total colectomy any time during the member’s history, through December 31<sup>st</sup> of the measurement year.</li> </ul>	<p>Do not count digital rectal exams (DRE). Do not count FOBT tests performed in an office setting or performed on a sample collected via DRE.</p>
<p><b>COU</b></p> <p><b>Risk of Continued Opioid Use</b></p> <p>Members 18 and older who have a new episode of opioid use that puts them at risk for continued opioid use are tracked.</p> <p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of members with at least 15 days of prescription opioids in a 30-day period.</li> <li>2. The percentage of members with at least 31 days of prescription opioids in a 62-day period.</li> </ol> <p>A <b>lower</b> rate indicates better performance.</p>	<p>The measure counts the earliest prescription dispensing date for an opioid medication from November 1st of the year prior, and ending on October 31st of the current year.</p> <p>The following opioid medications are excluded:</p> <ul style="list-style-type: none"> <li>• Injectables</li> <li>• Opioid-containing cough and cold products</li> <li>• Single-agent and combination buprenorphine products used in medication-assisted treatment of opioid use disorder.</li> <li>• lonsys® (fentanyl transdermal patch).</li> <li>• Methadone for the treatment of opioid use disorder.</li> </ul>	<p>Members in hospice are excluded from the eligible population.</p> <p>Also excluded are those with at least one of the following from 1 year prior to the earliest dispensing event for an opioid medication, through 61 days after:</p> <ul style="list-style-type: none"> <li>• Cancer</li> <li>• Sickle cell disease</li> </ul> <p>Please see <a href="#">Appendix 6</a>, Opioid Medications.</p>

Measure	Comments	More Tips
<p><b>CWP</b></p> <p><b>Appropriate Testing for Pharyngitis</b></p> <p>Ages <b>3 and older</b> diagnosed with pharyngitis <u>and</u> dispensed an antibiotic, should receive a <b>Group A streptococcus (strep) test</b> for the episode.</p> <p><b>Note:</b> This measure now includes <b>both children and adults.</b></p>	<p>A higher rate is better performance (i.e., appropriate strep test when an antibiotic is given for pharyngitis).</p> <p><b>Group A Strep Tests:</b></p> <p><b>CPT Codes:</b> 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</p> <p>For a diagnosis of pharyngitis (see Column 3), <b><u>please be sure the Group A strep test is coded for the same visit.</u></b></p>	<p><b>Pharyngitis ICD-10 Codes:</b></p> <ul style="list-style-type: none"> <li>• <b>J02.0</b> Streptococcal pharyngitis</li> <li>• <b>J02.8</b> Acute pharyngitis due to other specified organisms</li> <li>• <b>J02.9</b> Acute pharyngitis, unspecified</li> <li>• <b>J03.00</b> Acute streptococcal tonsillitis, unspec.</li> <li>• <b>J03.01</b> Acute recurrent streptococcal tonsillitis</li> <li>• <b>J03.80</b> Acute tonsillitis due to other specified organisms</li> <li>• <b>J03.81</b> Acute recurrent tonsillitis due to other specified organisms</li> <li>• <b>J03.90</b> Acute tonsillitis, unspecified</li> <li>• <b>J03.91</b> Acute recurrent tonsillitis, unspecified</li> </ul>

Measure	Comments	More Tips
<p><b>DAE</b></p> <p><b>Use of High-Risk Medications in Older Adults</b></p> <p>The percentage of Medicare members <u>67 years of age and older</u> who had at least two dispensing events for the same high-risk medication during the measurement year.</p> <p>Three rates are reported:</p> <ol style="list-style-type: none"> <li><u>Rate 1</u>: Member had at least two dispensing events for high-risk medications to avoid from the same drug class.</li> <li><u>Rate 2</u>: Member had at least two dispensing events for high-risk medications to avoid from the same drug class, <b>except for appropriate diagnoses</b>.</li> <li><u>Total rate</u>: The sum of the two numerators divided by the denominator (deduplicating for members in both numerators).</li> </ol>	<p>Caution should be used in dispensing high-risk medications to the elderly.</p> <p>A <b>lower</b> rate represents better performance.</p> <p>The measure reflects potentially inappropriate medication use in older adults, both for:</p> <ul style="list-style-type: none"> <li>Medications where <b>any</b> use is inappropriate (Rate 1); and</li> <li>Medications where use <b>under all but specific indications</b> is potentially inappropriate (Rate 2).</li> </ul> <p>Members in hospice are excluded from this measure.</p>	<p>Please see <a href="#">Appendix 7</a> for High-Risk Medications for Rate 1, and for Rate 2.</p> <p><u>Rate 1</u>: High Risk Medications to Avoid:</p> <ul style="list-style-type: none"> <li>High-Risk Medications</li> <li>High-Risk Medications With Days' Supply Criteria</li> <li>High-Risk Medications With Average Daily Dose Criteria</li> </ul> <p><u>Rate 2</u>: High-Risk Medications to Avoid Except for Appropriate Diagnosis:</p> <ul style="list-style-type: none"> <li>High-Risk Medications Based on Prescription &amp; Diagnosis Data</li> </ul>



Measure	Comments	More Tips
<p><b>DDE</b></p> <p><b>Potentially Harmful Drug–Disease Interactions in Older Adults</b></p> <p>The percentage of Medicare members age 65 and older with evidence of an underlying disease, condition or health concern, who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.</p> <p>Counts members with at least one disease, condition, or procedure within the last 2 years.</p> <p>The start date is the earliest diagnosis, procedure, or prescription between January 1 of the <u>prior</u> year, to December 1 of the <u>current</u> year.</p>	<p>Avoid the following conditions and drugs:</p> <ul style="list-style-type: none"> <li>• <b>A history of falls (accidental fall or hip fracture)</b> and a prescription for antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs).</li> <li>• <b>Dementia</b> and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents.</li> <li>• <b>Chronic Kidney Disease</b> and a prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs.</li> </ul> <p>Total rate is the sum of the three numerators divided by the sum of the three denominators.</p>	<p>A <b>lower</b> rate of these prescriptions for these conditions represents better performance. Evaluate if the member has one of these conditions before dispensing these medications.</p> <p>Members in hospice are excluded from the measure.</p> <p>For falls, exclude members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depression, or seizure disorder up to 2 years prior.</p> <p>For dementia, exclude members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder up to 2 years prior.</p>
<p><b>FMC</b></p> <p><b>Follow-Up After ED Visit for People With Multiple High-Risk Chronic Conditions</b></p> <p>The percentage of ED visits for members 18 and older with multiple high-risk chronic conditions, who had a follow-up service within 7 days of the ED visit.</p> <p>Exclude ED visits that result in an inpatient stay, and ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission.</p>	<p>Eligible ED visits: Member had two or more different chronic conditions <b>prior</b> to the ED visit, within the past 2 years. The following are eligible chronic conditions:</p> <ul style="list-style-type: none"> <li>• COPD and Asthma.</li> <li>• Alzheimer’s Disease and related disorders.</li> <li>• Chronic Kidney Disease.</li> <li>• Depression.</li> <li>• Heart Failure.</li> <li>• Acute Myocardial Infarction.</li> <li>• Atrial Fibrillation.</li> <li>• Stroke and Transient Ischemic Attack.</li> </ul>	<p>May use follow-up visits that occur on the date of the ED visit.</p> <p>Follow-up visits can include Telehealth or by telephone.</p>

Measure	Comments	More Tips
<p><b>FRM</b> ★</p> <p><b>Fall Risk Management</b></p> <p>For Medicare members: Two components of this measure assess different facets of fall risk management (see Column 2).</p>	<p><b>1. Discussing Fall Risk:</b> The percentage of Medicare members 65 years of age and older who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.</p> <p><b>2. Managing Fall Risk:</b> The percentage of Medicare members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner.</p>	<p>This measure is collected using survey methodology, in the Medicare Health Outcomes Survey (HOS).</p> <p>The survey measures each member’s physical and mental health status at the beginning and the end of a two-year period.</p> <p>A two-year change score is calculated and each member’s physical and mental health status is categorized as:</p> <ul style="list-style-type: none"> <li>• Better</li> <li>• Same</li> <li>• Worse than expected</li> </ul>
<p><b>FUA</b></p> <p><b>Follow-Up After ED Visit for Alcohol &amp; Other Drug Abuse or Dependence</b></p> <p>Members 13 years of age and older who visited the ED with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, should have a follow up visit for AOD.</p> <ul style="list-style-type: none"> <li>• The follow-up visit can be with any practitioner, with a principal diagnosis of AOD.</li> <li>• Can include visits that occur on the date of the ED visit.</li> </ul>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.</li> <li>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.</li> </ol>	<p>If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.</p> <p>Exclude ED visits that result in an inpatient stay, and exclude ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission.</p> <p>A telephone visit with a principal diagnosis of AOD abuse or dependence counts for the measure.</p>

Measure	Comments	More Tips
<p><b>FUH</b>  <b>Follow-Up After Hospitalization for Mental Illness</b></p> <p>Members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses, should have a follow-up visit with a <b>mental health provider</b>.</p> <p>This measure counts an acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on the discharge claim.</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The member received follow-up within 30 days after discharge with a mental health provider.</li> <li>2. The member received follow-up within 7 days after discharge with a mental health provider.</li> </ol> <p>Discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period are excluded regardless of principal diagnosis for the readmission (as may prevent outpatient follow-up visit from taking place).</p>	<p>A follow-up visit with a mental health provider does not include visits that occur on the date of discharge.</p> <p>In addition to outpatient, telehealth and telephone visits with a mental health provider also count.</p> <p>This measure is based on discharges, not members. If more than 1 discharge, count all discharges between January 1 and December 1.</p>
<p><b>FUM</b>  <b>Follow-Up After ED Visit for Mental Illness</b></p> <p>Members 6 years of age and older who had an ED visit with a principal diagnosis of mental illness or intentional self-harm, should have a follow-up visit for mental illness.</p>	<p>Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit.</li> <li>2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit. <ul style="list-style-type: none"> <li>• The follow-up visit can be with any practitioner, with a principal diagnosis of a mental health disorder or intentional self-harm.</li> <li>• Include visits that occur on the date of the ED visit.</li> <li>• May include Telehealth and telephone visits.</li> </ul> </li> </ol>	<p>If a member has more than one ED visit in a 31-day period, include only the first eligible ED visit.</p> <p>Exclude ED visits that result in an inpatient stay, and exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission.</p>

Measure	Comments	More Tips
<p><b>FVA</b>  <b>Flu Vaccinations for Adults Ages 18-64</b>  Members age 18-64 should receive an annual flu vaccination.</p>	<p>Please educate your patients on the importance of an annual flu shot.</p>	<p>This measure is collected using survey methodology, in the Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p>
<p><b>FVO</b> ★  <b>Flu Vaccinations for Adults Ages 65 and Older</b>  Members age 65 and older should receive an annual flu vaccination.</p>	<p>Please educate your patients on the importance of an annual flu shot.</p>	<p>This measure is collected using survey methodology, in the Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p>
<p><b>HDO</b>  <b>Use of Opioids at High Dosage</b>  The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.  A <b>lower</b> rate indicates better performance.  Eligible population: Members 18 and older who had two or more opioid dispensing events on different dates of service during the year, AND who had ≥15 total days covered by opioids.  The tracked rate is the number of these members in the eligible population whose average MME was ≥90 during the treatment period.  See <a href="#">Appendix 4: Opioid Medications / MME Conversion Factor</a></p>	<p><b>MME:</b> Morphine milligram equivalent. The dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic.  <b>Opioid Dosage Unit:</b>  For each dispensing event, use the following calculation to determine the Opioid Dosage Unit:  • # of Opioid Dosage Units per day = (opioid quantity dispensed) / (opioid days supply)  <b>MME Daily Dose:</b> For each dispensing event, use the following calculation to determine MME Daily Dose: Convert each medication into the MME using the appropriate MME conversion factor and strength associated with the opioid product of the dispensing event.  <b>MME Daily Dose</b> = (# of opioid dosage units per day) X (strength (e.g., mg, mcg)) X (MME conversion factor).  <i>Example 1:</i> 10 mg oxycodone tablets X (120 tablets / 30 days) X 1.5 = 60 MME/day.  <i>Example 2:</i> 25 mcg/hr fentanyl patch X (10 patches / 30 days) X 7.2 = 60 MME/day.</p>	<p><i>Cont'd from previous column</i>  <b>Total Daily MME:</b> The total sum of the MME Daily Doses for all opioid dispensing events on one day.  <b>Average MME:</b> The average MME for all opioids dispensed during the treatment period.  • This measure does <u>not</u> include the following opioid medications:  – Injectables.  – Opioid cough and cold products.  – Ionsys® (fentanyl transdermal patch).  ▪ This is for inpatient use only and is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS).  – Methadone for the treatment of opioid use disorder.  Excluded from the measure: Hospice, cancer, or sickle cell disease during current year.</p>

Measure	Comments	More Tips
<p><b>IET</b>  <b>Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (AOD) Treatment</b></p> <p>Age 13 and older with a <b>new episode</b> of alcohol or other drug (AOD) abuse or dependence should receive the following:  <b>*New episode - no AOD billing claim in 60 days</b></p> <p><b>Initiation of Treatment (IOT)</b>  via an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.</p> <p><b>Engagement of Treatment (EOT)</b>  Members who initiated treatment should be engaged in ongoing AOD treatment within 34 days of the initiation visit.</p> <ul style="list-style-type: none"> <li>• <b>Intake Period:</b> January 1st – November 13<sup>th</sup> of the current measurement year</li> <li>• <b>Compliance:</b> The initial AOD diagnosis code must be included on all IOT and EOT billing claims</li> <li>• <b>Telephone Visits:</b>  CPT 98966–98968, 99441–99443</li> <li>• <b>Online Assessments/E-visit/Virtual check-in:</b>  CPT 98969–98972, 99421–99423, 99444, 99458  HCPCS G2010, G2012, G2061–G2063</li> </ul>	<p>For diagnosis of <b>alcohol abuse or dependence</b>, one or more medication treatments beginning on the day after the initiation encounter through 34 days after, meets criteria for Alcohol Abuse and Dependence Treatment:</p> <p><u>Alcohol Use Disorder Treatment Medications:</u></p> <ul style="list-style-type: none"> <li>• <b>Aldehyde dehydrogenase inhibitor:</b>  Disulfiram (oral)</li> <li>• <b>Antagonist:</b> Naltrexone (oral and injectable)</li> <li>• <b>Other:</b> Acamprosate (oral; delayed-release tablet)</li> </ul> <p>For diagnosis of <b>opioid abuse or dependence</b>, one or more medication treatments beginning on the day after the initiation encounter through 34 days after, meets criteria for Opioid Abuse and Dependence Treatment:</p> <p><u>Opioid Use Disorder Treatment Medications:</u></p> <ul style="list-style-type: none"> <li>• <b>Antagonist:</b> Naltrexone (oral and injectable)</li> <li>• <b>Partial Agonist:</b> Buprenorphine (sublingual tablet, injection, implant); or Buprenorphine/naloxone (sublingual tablet, buccal film, sublingual film)</li> </ul> <p>For members with more than one episode of AOD abuse or dependence, use the first episode.</p>	<ul style="list-style-type: none"> <li>• Consider using the AUDIT-C to <b>screen patients</b> for symptoms of substance use disorders upon intake, annually, and as indicated.  <a href="#">AUDIT-C-Plus-2-Screening-Questionnaire.pdf (nationalcouncildocs.net)</a>  <a href="#">AUDIT-C-Plus-2-Screening-Results.pdf (nationalcouncildocs.net)</a></li> <li>• When a new AOD diagnosis is detected immediately schedule <b>3 follow up visits:</b>  <u>1 IOT visit in 7 days</u> and <u>2 EOT visits</u> within 24 days. This will allow time to reschedule missed visits within the 14-day / 34-day compliance windows.</li> <li>• Educate patients on the effects of alcohol or other drug abuse and discuss treatment options and refer to <b>Behavioral Health</b> as indicated.</li> <li>• Document AOD diagnosis and submit corresponding ICD-10 billing code on <b>all claims</b>.</li> <li>• If a drug is <b>prescribed, monitored, and used as directed</b> do not use a diagnosis/billing code that will place patient in the measure. For example:  <b>Opioid treatment:</b>  <b>Z79.891</b> Long term current use of opiate analgesic  Vs. <b>F11.10</b> Opioid abuse Or <b>F11.20</b> dependence  <b>Cannabis treatment:</b>  <b>F12.90</b> Medical cannabis use  Vs. <b>F12.10</b> Cannabis abuse Or <b>F12.20</b> dependence</li> <li>• When AOD is no longer active <b>remove / replace</b> with appropriate <b>“in remission”</b> diagnosis.</li> </ul>
<p><b>IMA</b>  <b>Immunizations for Adolescents</b></p> <p>By age 13, member should have had:</p> <ul style="list-style-type: none"> <li>• One dose of meningococcal vaccine</li> <li>• One tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and</li> <li>• Completed the human papillomavirus (HPV) vaccine series.</li> </ul> <p>The measure calculates a rate for each vaccine and two combination rates.</p>	<p>Educate staff to schedule <b>PRIOR</b> to 13<sup>th</sup> birthday. Must be <b>completed by the 13th birthday.</b></p> <p>Document and submit timely with correct code.</p> <p>Offer HPV Vaccine to members age 9 to age 13. Two doses should be completed prior to age 13.</p>	<p><b>Meningococcal Procedure Code:</b> 90734</p> <p><b>Tdap Procedure Code:</b> 90715</p> <p><b>HPV Procedure Codes:</b> 90649, 90650, 90651</p>

Measure	Comments	More Tips
<p><b>LBP</b>  <b>Use of Imaging Studies for Low Back Pain</b></p> <p>Ages <u>18-50</u> with a primary diagnosis of uncomplicated low back pain should <b>not</b> have an imaging study (plain x-ray, MRI, or CT scan) <b>within 28 days of the diagnosis</b>.</p> <p>There are exclusions where imaging <i>may</i> be clinically appropriate within the first 28 days.</p> <p>Exclusion diagnoses (such as a fracture) must be submitted in a <b>claim</b> to count.</p>	<p><b>Exclusions</b> – Imaging acceptable within 28 days of a primary low back pain diagnosis if member had:</p> <p><b>Cancer, or major organ transplant</b> any time during the member’s history through 28 days after the low back pain diagnosis.</p> <p><b>Recent trauma (fractures, dislocations, lacerations, internal injuries, etc.)</b>. Trauma any time during the 3 months prior to the low back pain diagnosis through 28 days after.</p> <p><b>Intravenous drug abuse, neurologic impairment, spinal infection, or HIV</b> any time during the 12 months prior to the low back pain diagnosis through 28 days after.</p> <p><b>Prolonged use of corticosteroids</b>. 90 consecutive days of corticosteroids any time during the 12 months prior to the low back pain diagnosis.</p>	<p><b>Alternate codes:</b> Consider if any of these apply in the primary position rather than low back pain, and then imaging within 28 days would be acceptable (<b>not a complete list</b>):</p> <ul style="list-style-type: none"> <li>• Discitis, unspecified, lumbar region (M46.46)</li> <li>• Discitis, unspecified, lumbosacral region (M46.47)</li> <li>• Discitis, unspecified, sacral and sacrococcygeal region (M46.48)</li> <li>• Other specified inflammatory spondylopathies, lumbar region (M46.86)</li> <li>• Unspecified thoracic, thoracolumbar and lumbosacral intervertebral disc disorder; herniated intervertebral disc (M51.9)</li> <li>• Muscle spasm of back (M62.830)</li> <li>• Contusion of lower back (S30.0XXA)</li> <li>• Unspecified superficial injury of lower back (S30.91XA)</li> </ul>
<p><b>MSC</b>  <b>Medical Assistance With Smoking and Tobacco Use Cessation</b></p> <p>Members 18 and older:</p> <p>The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation. (See Column 2).</p>	<ol style="list-style-type: none"> <li>1. <b>Advising Smokers and Tobacco Users to Quit:</b> The percentage of members who were current smokers or tobacco users, who received advice to quit during the year.</li> <li>2. <b>Discussing Cessation Medications:</b> The percentage of members who were current smokers or tobacco users, and who discussed or were recommended cessation medications during the year.</li> <li>3. <b>Discussing Cessation Strategies:</b> The percentage of members who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the year.</li> </ol>	<p>This measure is collected using survey methodology, in the Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p>

Measure	Comments	More Tips
<p><b>OMW</b> ★</p> <p><b>Osteoporosis Management in Women Who Had a Fracture</b></p> <p>Ages 67 to 85 who suffered a fracture (other than finger, toe, face, or skull), should have <u><i>either one</i></u> of the following <b><u>within the 6 months after the fracture</u></b>:</p> <ul style="list-style-type: none"> <li>• A bone mineral density (BMD) test, also known as a DEXA scan,</li> <li style="text-align: center;"><i>or</i></li> <li>• Fill a prescription for a drug to treat osteoporosis.</li> </ul>	<p><i>Either</i> a BMD test or the drug therapy within 6 months after the fracture meets the criteria.</p> <p>Drug therapy would be indicated (rather than another BMD test) if a previous test already shows osteoporosis.</p> <p>Members with either of the following are also considered compliant:</p> <ul style="list-style-type: none"> <li>• BMD test within the 24 months prior to the fracture;</li> <li style="text-align: center;"><i>or</i></li> <li>• Osteoporosis drug therapy within the 12 months prior to the fracture.</li> </ul>	<p>Osteoporosis drug therapies:</p> <ul style="list-style-type: none"> <li>• <b>Bisphosphonates:</b> alendronate, alendronate-cholecalciferol, ibandronate, risedronate, zoledronic acid.</li> <li>• <b>Other agents:</b> abaloparatide, denosumab, raloxifene, romosozumab, teriparatide.</li> </ul> <p><b>Reminder to Staff PCPs:</b> Please put in the BMD test order after a fracture, and notify the patient how to call and schedule an appointment. (For example, FHCP Radiology in Daytona Beach does <u>not</u> call patients to schedule, from an EHR Task).</p>



Measure	Comments	More Tips
<p><b>PCE</b>  <b>Pharmacotherapy Management of COPD Exacerbation</b></p> <p>Age 40 and older with an acute inpatient (INP) discharge or emergency department (ED) visit for a COPD exacerbation should fill a prescription for <b>both</b>:</p> <ul style="list-style-type: none"> <li>• Systemic corticosteroid within 14 days of discharge  <b>and</b></li> <li>• Bronchodilator within 30 days of discharge.</li> </ul>	<p>In addition to filling the medications timely after discharge from INP or ED, the member will also count as compliant if:</p> <ul style="list-style-type: none"> <li>• Member has previously filled prescriptions for both medications, with enough days' supply to cover hospital admission and discharge.</li> </ul> <p>The eligible population is based on INP and ED visits, so the member may appear more than once in the measure for the year.</p>	<p><b>PCPs:</b> At the 7-day follow-up visit after an INP or ED hospital encounter for a COPD exacerbation, please ask the member when they last filled these medications.</p> <p>If not yet filled, please consider prescribing both a systemic corticosteroid and a bronchodilator (if there are no contraindications), and encourage patient to fill immediately.</p> <p>The patient may tell the hospitalist they have a nebulizer at home; however, prescriptions for a bronchodilator have not been filled recently.</p>
<p><b>PCR</b> ★  <b>Plan All-Cause Readmissions</b></p> <p>For ages 18 and older (or ages 18-64 for non-Medicare), the number of acute inpatient and observation stays during the year, that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</p>	<p>Discharge from the hospital is a critical transition point in a patient's care.</p> <p>Hospital readmission is associated with longer lengths of stay and higher mortality for patients.</p> <p>Hospital readmissions are commonly related to CHF, Acute MI, COPD, and pneumonia.</p>	<p>Exclude hospital stays from the measure for the following reasons:</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• A principal diagnosis of a condition originating in the perinatal period</li> <li>• Member died during hospital stay</li> <li>• A principal diagnosis of maintenance chemotherapy</li> <li>• An organ transplant</li> </ul> <p>Members in hospice also excluded.</p>



Measure	Comments	More Tips
<p><b>PNU</b> <b>Pneumococcal Vaccination Status for Older Adults</b></p> <p>The percentage of Medicare members 65 years of age and older, who have ever received one or more pneumococcal vaccinations.</p>	<p>Please educate your older patients on the importance of a pneumococcal vaccination.</p>	<p>This measure is collected using survey methodology, in the Consumer Assessment of Healthcare Providers and Systems (CAHPS).</p>
<p><b>PPC</b> <b>Prenatal &amp; Postpartum Care</b></p> <p>For members with live births:</p> <ul style="list-style-type: none"> <li><b>Timeliness of Prenatal Care:</b> Members should receive a prenatal care visit in the <b>first trimester</b>, on or before the enrollment start date or within 42 days of enrollment in the health care plan.</li> <li><b>Postpartum Care:</b> Members should have a postpartum visit <b>on or between 7 and 84 days after delivery.</b></li> </ul> <p>Telephone visits may be used for both prenatal and postpartum care.</p>	<p><b>Prenatal:</b></p> <p>Educate staff to schedule first appointment with the OB/GYN, other prenatal care practitioner, or PCP <u>in the first trimester.</u></p> <ul style="list-style-type: none"> <li>For visits to a PCP, a diagnosis of pregnancy must be present.</li> </ul> <p><b>Postpartum:</b></p> <p>Must be visit to an OB/GYN or other prenatal care practitioner, or PCP.</p> <p>Postpartum visit for a pelvic exam meets the requirement.</p> <p>Do not include postpartum care provided in an acute inpatient setting.</p> <p>Do not count visits that occur on the date of delivery.</p>	<p><b>Prenatal Visit Codes:</b> 99201-99205, 99211-99215, 99241-99245, 99483. (Must also include a pregnancy related diagnosis code).</p> <p><b>Stand Alone Prenatal Visit Codes:</b> 99500, 0500F, 0501F, 0502F</p> <p><b>Prenatal Bundled Services Codes:</b> 59400, 59425, 59426, 59510, 59610, 59618</p> <p><b>Postpartum Visit Codes:</b> 57170, 58300, 59430, 99501, 0503F</p> <p><b>Postpartum Bundled Services:</b> 59400, 59410, 59510, 59515, 59610, 59614, 59618, 59622</p>

Measure	Comments	More Tips
<p><b>PSA</b></p> <p><b>Non-Recommended PSA-Based Screening in Older Men</b></p> <p>Ages <b>70 and older</b> should <b>not</b> be screened unnecessarily for prostate cancer, using prostate-specific antigen (PSA)-based screening.</p>	<p>PSA-based screening for prostate cancer for men age 70 and older should not be used unless a clinically indicated diagnosis is present.</p> <p>A lower rate indicates better performance.</p>	<p>The following are considered clinically appropriate indicators for PSA-based testing for age 70 and older:</p> <ul style="list-style-type: none"> <li>• Prostate cancer any time during the member’s history.</li> <li>• Dysplasia of the prostate during the measurement year, or year prior.</li> <li>• A PSA test during the year prior to the measurement year, where lab data indicate an elevated result (&gt;4.0 ng/mL).</li> <li>• An abnormal PSA test result or finding during the prior year.</li> <li>• Dispensed prescription for 5-alpha reductase inhibitor (5-ARI) during the measurement year.</li> </ul>
<p><b>SPC</b> ★</p> <p><b>Statin Therapy for Patients with Cardiovascular Disease</b></p> <p>Males ages 21 to 75, and females ages 40 to 75, who were identified with clinical atherosclerotic cardiovascular disease (ASCVD), should meet the following criteria:</p> <ul style="list-style-type: none"> <li>• <b>Received Statin Therapy:</b> Dispensed at least one high or moderate intensity statin medication during the measurement year.</li> <li>• <b>Statin Adherence 80%:</b> Remained on a high or moderate intensity statin medication for at least 80% of the treatment period.</li> </ul>	<p>The treatment period is the earliest prescription dispensing date for any high or moderate intensity statin medication, through the last day of the year.</p> <p>Members in the measure <b>include</b> those with MI, CABG, PCI, other revascularization, or a diagnosis of ischemic vascular disease (IVD) with treatment during the year or year prior.</p> <p>See <a href="#">Appendix 5</a> for Statin Medications.</p>	<p>Members are not included in this measure if they have the following:</p> <ul style="list-style-type: none"> <li>• End Stage Renal Disease (ESRD), cirrhosis, pregnancy, in vitro fertilization, or a prescription for clomiphene during the measurement year or year prior.</li> <li>• Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year.</li> </ul> <p>Members in hospice are excluded.</p>

Measure	Comments	More Tips
<p><b>SPD</b></p> <p><b>Statin Therapy for Patients with Diabetes</b></p> <p>Ages 40 to 75 with diabetes, but without clinical atherosclerotic cardiovascular disease (ASCVD), should meet the following criteria:</p> <ul style="list-style-type: none"> <li>• <b>Received Statin Therapy:</b> Dispensed at least one statin medication of <b>any intensity</b> during the measurement year.</li> <li>• <b>Statin Adherence 80%:</b> Remained on a statin medication of <b>any intensity</b> for at least 80% of the treatment period.</li> </ul>	<p>Members are <b>excluded</b> from this measure if they have:</p> <ul style="list-style-type: none"> <li>• MI inpatient, CABG, PCI, other revascularization, or a diagnosis of ischemic vascular disease (IVD) with treatment during the year or year prior.</li> </ul> <p>See <a href="#">Appendix 5</a> for Statin Medications.</p>	<p>Members are also <b>excluded</b> from this measure if they have the following:</p> <ul style="list-style-type: none"> <li>• End Stage Renal Disease (ESRD), cirrhosis, pregnancy, in vitro fertilization, or a prescription for clomiphene during the measurement year or year prior.</li> <li>• Myalgia, myositis, myopathy, or rhabdomyolysis during the measurement year.</li> </ul> <p>Members in hospice are excluded.</p>

Measure	Comments	More Tips
<p><b>TRC</b> <b>Transitions of Care</b></p> <p>The percentage of discharges for members 18 years of age and older who had each of the following during the measurement year (see second column – four rates are reported).</p> <p>The record where documentation is expected is with the member’s Primary Care Physician (PCP).</p> <p>However, if a practitioner other than the PCP manages the member’s ongoing care, the health plan may use the medical record kept by that practitioner.</p>	<ol style="list-style-type: none"> <li>1. <b>Notification of Inpatient Admission.</b> Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).</li> <li>2. <b>Receipt of Discharge Information.</b> Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days). At a minimum, must include the practitioner responsible for the member’s care during the inpatient stay, procedures or treatment provided, diagnoses at discharge, current medication list, test results, and instructions for patient care post-discharge.</li> <li>3. <b>Patient Engagement After Inpatient Discharge.</b> Documentation of patient engagement (e.g., office visits, visits to the home, Telehealth, telephone) provided within 30 days after discharge. May not occur on date of discharge.</li> <li>4. <b>Medication Reconciliation Post-Discharge.</b> Documentation of medication reconciliation on the date of discharge through 30 days after discharge. Conducted by a prescribing practitioner, clinical pharmacist, or RN. Patient does not have to be present.</li> </ol>	<p>Applies to discharges for acute and non-acute inpatient stays.</p> <p>A telephone visit may count for the measure.</p> <p>May not use documentation that the member or the member’s family notified the PCP or ongoing care provider of the admission or discharge.</p> <p>There must be a time frame or date when the documentation was received.</p> <p>Members in hospice excluded.</p>

Measure	Comments	More Tips
<p><b>UOP</b> <b>Use of Opioids From Multiple Providers</b></p> <p>The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year, <b>who received opioids from multiple providers.</b></p> <p>Three rates are reported (see Column 2).</p> <p>A <b>lower</b> rate indicates better performance for all three rates.</p> <p><b>Eligible population:</b> Members 18 &amp; older who met both of the following criteria during the year:</p> <ul style="list-style-type: none"> <li>• At least two or more opioid dispensing events on different dates of service.</li> <li>• ≥15 total days covered by opioids.</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Rate 1: Multiple Prescribers.</b> The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.</li> <li>2. <b>Rate 2: Multiple Pharmacies.</b> The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.</li> <li>3. <b>Rate 3: Multiple Prescribers and Multiple Pharmacies.</b> The proportion of members receiving prescriptions for opioids from four or more different prescribers <b>and</b> four or more different pharmacies during the measurement year.</li> </ol> <p>See <a href="#">Appendix 6</a> for Opioid Medications List.</p>	<p>Members in hospice are excluded.</p> <ul style="list-style-type: none"> <li>• The following opioid medications are excluded from this measure: <ul style="list-style-type: none"> <li>– Injectables.</li> <li>– Opioid cough and cold products.</li> <li>– Single-agent and combination buprenorphine products used as part of medication assisted treatment of opioid use disorder (i.e., buprenorphine sublingual tablets, buprenorphine subcutaneous implant and all buprenorphine/naloxone combination products).</li> <li>– Ionsys® (fentanyl transdermal patch).</li> <li>– Methadone for opioid use disorder.</li> </ul> </li> </ul>
<p><b>URI</b> <b>Appropriate Treatment for Upper Respiratory Infection</b></p> <p>Age <b>3 months and older</b> with a diagnosis of upper respiratory infection (URI) should <b>not</b> be dispensed an antibiotic prescription.</p> <p>URI should be treated symptomatically, and not with an antibiotic.</p> <p><b>Note:</b> This measure now includes <b>both children and adults.</b></p>	<p><b>URI codes (do not give antibiotic):</b></p> <ul style="list-style-type: none"> <li>• <b>J00:</b> Acute nasopharyngitis (common cold)</li> <li>• <b>J06.0:</b> Acute laryngopharyngitis</li> <li>• <b>J06.9:</b> Acute upper respiratory infection, unspecified</li> </ul> <p>Antibiotics filled on or within 3 days of the visit with a diagnosis of URI, count in the measure as non-compliant.</p>	<p><b>Alternate Codes:</b> Acceptable with an antibiotic per the measure (<b>not a complete list</b>):</p> <p><b>H66.90:</b> Otitis media, unspec.</p> <p><b>J01.90:</b> Acute sinusitis, unspec.</p> <p><b>J02.9:</b> Acute pharyngitis (<b>perform strep test</b>)</p> <p><b>J03.90:</b> Acute tonsillitis (<b>perform strep test</b>)</p> <p>Also ok to give antibiotic with URI if these <b>co-morbid conditions</b> are coded at the visit or up to a year prior (not a complete list):</p> <p>-Cancer -COPD -Cystic fibrosis -HIV -Pulmonary edema -Respiratory failure -TB</p>

Measure	Comments	More Tips
<p><b>WCC</b>  <b>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</b></p> <p>Ages 3 to 17 should have an outpatient visit with a PCP or OB/GYN annually, with evidence of the following:</p> <ul style="list-style-type: none"> <li>• <b>BMI Percentile documentation</b></li> <li>• <b>Counseling for Nutrition</b></li> <li>• <b>Counseling for Physical Activity</b></li> </ul> <p>Service may be rendered at other than a well-child visit, but notation/services specific to an acute or chronic condition may not count toward Counseling for Nutrition or Physical Activity.</p> <ul style="list-style-type: none"> <li>• For example, noting a member with diarrhea is following the BRAT diet would not count.</li> </ul>	<p><b>BMI Percentile:</b> Must include height, weight, and a distinct BMI percentile, from the same data source. BMI percentile can be a value (e.g., 85<sup>th</sup> percentile), or plotted on an age-growth chart.</p> <p><b>Counseling for Nutrition:</b> Must include a note with date and at least one of the following:</p> <ol style="list-style-type: none"> <li>(1) Discussion of current nutrition behaviors (eating habits, dieting behaviors, etc.)</li> <li>(2) Checklist that nutrition was addressed</li> <li>(3) Counseling or referral for nutrition education</li> <li>(4) Received nutrition educational materials in a face-to-face visit</li> <li>(5) Anticipatory guidance for nutrition</li> <li>(6) Weight or obesity counseling.</li> </ol> <p>Documentation related to a member’s “appetite” does not meet criteria for Counseling for Nutrition.</p> <p>Referral to WIC may be used.</p> <p>Services rendered for obesity or eating disorders may be used for both Nutrition &amp; Physical Activity.</p>	<p><b>Counseling for Physical Activity:</b> Must include a note with date, and at least one of the following:</p> <ol style="list-style-type: none"> <li>(1) Discussion of current physical activity behaviors (exercise routine, participation in sport, exam for sport participation etc.)</li> <li>(2) Checklist indicating physical activity was addressed</li> <li>(3) Counseling or referral for physical activity</li> <li>(4) Received physical activity education materials in face-to-face visit</li> <li>(5) Anticipatory guidance specific to child’s physical activity</li> <li>(6) Weight or obesity counseling.</li> </ol> <p><b>BMI Percentile:</b>  <b>ICD-10:</b> Z68.51-Z68.54</p> <p><b>Nutrition Counseling:</b>  <b>ICD-10:</b> Z71.3  <b>Procedure Code:</b> 97802-97804</p> <p><b>Physical Activity Counseling:</b>  <b>ICD-10:</b> Z02.5, Z71.82</p>

## APPENDIX 1:

### Antidepressant Medications

Description	Prescription		
Miscellaneous antidepressants	• Bupropion	• Vilazodone	• Vortioxetine
Monoamine oxidase inhibitors	• Isocarboxazid • Phenelzine	• Selegiline • Tranylcypromine	
Phenylpiperazine antidepressants	• Nefazodone	• Trazodone	
Psychotherapeutic combinations	• Amitriptyline-chlordiazepoxide • Amitriptyline-perphenazine		• Fluoxetine-olanzapine
SNRI antidepressants	• Desvenlafaxine • Duloxetine	• Levomilnacipran • Venlafaxine	
SSRI antidepressants	• Citalopram • Escitalopram	• Fluoxetine • Fluvoxamine	• Paroxetine • Sertraline
Tetracyclic antidepressants	• Maprotiline	• Mirtazapine	
Tricyclic antidepressants	• Amitriptyline • Amoxapine • Clomipramine	• Desipramine • Doxepin (>6 mg) • Imipramine	• Nortriptyline • Protriptyline • Trimipramine

## APPENDIX 2:

### Antipsychotic Medications

Description	Prescription
Miscellaneous antipsychotic agents	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Asenapine</li> <li>• Brexpiprazole</li> <li>• Cariprazine</li> <li>• Clozapine</li> <li>• Haloperidol</li> <li>• Iloperidone</li> <li>• Loxapine</li> <li>• Lurisdone</li> <li>• Molindone</li> <li>• Olanzapine</li> <li>• Paliperidone</li> <li>• Pimozide</li> <li>• Quetiapine</li> <li>• Quetiapine fumarate</li> <li>• Risperidone</li> <li>• Ziprasidone</li> </ul>
Phenothiazine antipsychotics	<ul style="list-style-type: none"> <li>• Chlorpromazine</li> <li>• Fluphenazine</li> <li>• Perphenazine</li> <li>• Thioridazine</li> <li>• Trifluoperazine</li> </ul>
Thioxanthenes	<ul style="list-style-type: none"> <li>• Thiothixene</li> </ul>
Long-acting injections	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> <li>• Risperidone</li> </ul>

### Antipsychotic Combination Medications

Description	Prescription
Psychotherapeutic combinations	<ul style="list-style-type: none"> <li>• Fluoxetine-olanzapine</li> <li>• Perphenazine-amitriptyline</li> </ul>

### Prochlorperazine Medications

Description	Prescription
Phenothiazine antipsychotics	<ul style="list-style-type: none"> <li>• Prochlorperazine</li> </ul>



### APPENDIX 3:

### ACE Inhibitor and ARB Medications

Description	Prescription					
Angiotensin converting enzyme inhibitors	<ul style="list-style-type: none"> <li>• Benazepril</li> <li>• Captopril</li> </ul>	<ul style="list-style-type: none"> <li>• Enalapril</li> <li>• Fosinopril</li> </ul>	<ul style="list-style-type: none"> <li>• Lisinopril</li> <li>• Moexipril</li> </ul>	<ul style="list-style-type: none"> <li>• Perindopril</li> <li>• Quinapril</li> </ul>	<ul style="list-style-type: none"> <li>• Ramipril</li> <li>• Trandolapril</li> </ul>	
Angiotensin II inhibitors	<ul style="list-style-type: none"> <li>• Azilsartan</li> <li>• Candesartan</li> </ul>	<ul style="list-style-type: none"> <li>• Eprosartan</li> <li>• Irbesartan</li> </ul>	<ul style="list-style-type: none"> <li>• Losartan</li> <li>• Olmesartan</li> </ul>	<ul style="list-style-type: none"> <li>• Telmisartan</li> <li>• Valsartan</li> </ul>		
Antihypertensive combinations	<ul style="list-style-type: none"> <li>• Amlodipine-benazepril</li> <li>• Amlodipine-hydrochlorothiazide-valsartan</li> <li>• Amlodipine-hydrochlorothiazide-olmesartan</li> <li>• Amlodipine-olmesartan</li> <li>• Amlodipine-perindopril</li> <li>• Amlodipine-telmisartan</li> <li>• Amlodipine-valsartan</li> </ul>		<ul style="list-style-type: none"> <li>• Azilsartan-chlorthalidone</li> <li>• Benazepril-hydrochlorothiazide</li> <li>• Candesartan-hydrochlorothiazide</li> <li>• Captopril-hydrochlorothiazide</li> <li>• Enalapril-hydrochlorothiazide</li> <li>• Fosinopril-hydrochlorothiazide</li> <li>• Hydrochlorothiazide-irbesartan</li> <li>• Hydrochlorothiazide-lisinopril</li> <li>• Hydrochlorothiazide-losartan</li> </ul>		<ul style="list-style-type: none"> <li>• Hydrochlorothiazide-moexipril</li> <li>• Hydrochlorothiazide-olmesartan</li> <li>• Hydrochlorothiazide-quinapril</li> <li>• Hydrochlorothiazide-telmisartan</li> <li>• Hydrochlorothiazide-valsartan</li> <li>• Nebivolol-valsartan</li> <li>• Sacubitril-valsartan</li> <li>• Trandolapril-verapamil</li> </ul>	

## APPENDIX 4:

### Opioid Medications / MME Conversion Factor<sup>1</sup>

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Benzhydrocodone	<a href="#">Acetaminophen Benzhydrocodone 4.08 mg Medications List</a> <a href="#">Acetaminophen Benzhydrocodone 6.12 mg Medications List</a> <a href="#">Acetaminophen Benzhydrocodone 8.16 mg Medications List</a>	4.08 mg 6.12 mg 8.16 mg	1.2
Butorphanol	<a href="#">Butorphanol 10 MGPML Medications List</a>	10 mg per mL	7
Codeine	<a href="#">Codeine Sulfate 15 mg Medications List</a> <a href="#">Codeine Sulfate 30 mg Medications List</a> <a href="#">Codeine Sulfate 60 mg Medications List</a>	15 mg 30 mg 60 mg	0.15
Codeine	<a href="#">Codeine Phosphate 15 mg Medications List</a> <a href="#">Codeine Phosphate 2 MGPML Medications List</a>	15 mg 2 mg per mL	0.15
Codeine	<a href="#">Acetaminophen Codeine 2.4 MGPML Medications List</a> <a href="#">Acetaminophen Codeine 15 mg Medications List</a> <a href="#">Acetaminophen Codeine 30 mg Medications List</a> <a href="#">Acetaminophen Codeine 60 mg Medications List</a>	2.4 mg per mL 15 mg 30 mg 60 mg	0.15
Codeine	<a href="#">Acetaminophen Butalbital Caffeine Codeine 30 mg Medications List</a>	30 mg	0.15
Codeine	<a href="#">Aspirin Butalbital Caffeine Codeine 30 mg Medications List</a>	30 mg	0.15
Codeine	<a href="#">Aspirin Carisoprodol Codeine 16 mg Medications List</a>	16 mg	0.15
Codeine	<a href="#">Aspirin Codeine 8 mg Medications List</a>	8 mg	0.15
Dihydrocodeine	<a href="#">Acetaminophen Caffeine Dihydrocodeine 16 mg Medications List</a>	16 mg	0.25
Dihydrocodeine	<a href="#">Aspirin Caffeine Dihydrocodeine 16 mg Medications List</a>	16 mg	0.25
Fentanyl buccal or sublingual tablet, transmucosal lozenge (mcg) <sup>2</sup>	<a href="#">Fentanyl 100 mcg Medications List</a> <a href="#">Fentanyl 200 mcg Medications List</a> <a href="#">Fentanyl 300 mcg Medications List</a> <a href="#">Fentanyl 400 mcg Medications List</a>	100 mcg 200 mcg 300 mcg 400 mcg	0.13

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
	<a href="#">Fentanyl 600 mcg Medications List</a> <a href="#">Fentanyl 800 mcg Medications List</a> <a href="#">Fentanyl 1200 mcg Medications List</a> <a href="#">Fentanyl 1600 mcg Medications List</a>	600 mcg 800 mcg 1200 mcg 1600 mcg	
Fentanyl oral spray (mcg) <sup>3</sup>	<a href="#">Fentanyl 100 MCGPS Oral Medications List</a> <a href="#">Fentanyl 200 MCGPS Oral Medications List</a> <a href="#">Fentanyl 400 MCGPS Oral Medications List</a> <a href="#">Fentanyl 600 MCGPS Oral Medications List</a> <a href="#">Fentanyl 800 MCGPS Oral Medications List</a>	100 mcg per spray 200 mcg per spray 400 mcg per spray 600 mcg per spray 800 mcg per spray	0.18
Fentanyl nasal spray (mcg) <sup>4</sup>	<a href="#">Fentanyl 100 MCGPS Nasal Medications List</a> <a href="#">Fentanyl 300 MCGPS Nasal Medications List</a> <a href="#">Fentanyl 400 MCGPS Nasal Medications List</a>	100 mcg per spray 300 mcg per spray 400 mcg per spray	0.16
Fentanyl transdermal film/patch (mcg/hr) <sup>5</sup>	<a href="#">Fentanyl 12 MCGPH Medications List</a> <a href="#">Fentanyl 25 MCGPH Medications List</a> <a href="#">Fentanyl 37.5 MCGPH Medications List</a> <a href="#">Fentanyl 50 MCGPH Medications List</a> <a href="#">Fentanyl 62.5 MCGPH Medications List</a> <a href="#">Fentanyl 75 MCGPH Medications List</a> <a href="#">Fentanyl 87.5 MCGPH Medications List</a> <a href="#">Fentanyl 100 MCGPH Medications List</a>	12 mcg per hour 25 mcg per hour 37.5 mcg per hour 50 mcg per hour 62.5 mcg per hour 75 mcg per hour 87.5 mcg per hour 100 mcg per hour	7.2
Hydrocodone	<a href="#">Hydrocodone 10 mg Medications List</a> <a href="#">Hydrocodone 15 mg Medications List</a> <a href="#">Hydrocodone 20 mg Medications List</a> <a href="#">Hydrocodone 30 mg Medications List</a> <a href="#">Hydrocodone 40 mg Medications List</a> <a href="#">Hydrocodone 50 mg Medications List</a> <a href="#">Hydrocodone 60 mg Medications List</a> <a href="#">Hydrocodone 80 mg Medications List</a> <a href="#">Hydrocodone 100 mg Medications List</a> <a href="#">Hydrocodone 120 mg Medications List</a>	10 mg 15 mg 20 mg 30 mg 40 mg 50 mg 60 mg 80 mg 100 mg 120 mg	1
Hydrocodone	<a href="#">Acetaminophen Hydrocodone .5 MGPML Medications List</a>	.5 mg per mL	1

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
	<a href="#">Acetaminophen Hydrocodone .67 MGPML Medications List</a> <a href="#">Acetaminophen Hydrocodone 7.5 MGPML Medications List</a> <a href="#">Acetaminophen Hydrocodone 2.5 mg Medications List</a> <a href="#">Acetaminophen Hydrocodone 5 mg Medications List</a> <a href="#">Acetaminophen Hydrocodone 10 mg Medications List</a>	.67 mg per mL 7.5 mg per mL 2.5 mg 5 mg 10 mg	
Hydrocodone	<a href="#">Hydrocodone Ibuprofen 2.5 mg Medications List</a> <a href="#">Hydrocodone Ibuprofen 5 mg Medications List</a> <a href="#">Hydrocodone Ibuprofen 7.5 mg Medications List</a> <a href="#">Hydrocodone Ibuprofen 10 mg Medications List</a>	2.5 mg 5 mg 7.5 mg 10 mg	1
Hydromorphone	<a href="#">Hydromorphone 1 MGPML Medications List</a> <a href="#">Hydromorphone 2 mg Medications List</a> <a href="#">Hydromorphone 3 mg Medications List</a> <a href="#">Hydromorphone 4 mg Medications List</a> <a href="#">Hydromorphone 8 mg Medications List</a> <a href="#">Hydromorphone 12 mg Medications List</a> <a href="#">Hydromorphone 16 mg Medications List</a> <a href="#">Hydromorphone 32 mg Medications List</a>	1 mg per mL 2 mg 3 mg 4 mg 8 mg 12 mg 16 mg 32 mg	4
Levorphanol	<a href="#">Levorphanol 1 mg Medications List</a> <a href="#">Levorphanol 2 mg Medications List</a> <a href="#">Levorphanol 3 mg Medications List</a>	1 mg 2 mg 3 mg	11
Meperidine	<a href="#">Meperidine 10 MGPML Medications List</a> <a href="#">Meperidine 50 mg Medications List</a> <a href="#">Meperidine 100 mg Medications List</a>	10 mg per mL 50 mg 100 mg	0.1
Meperidine	<a href="#">Meperidine Promethazine 50 mg Medications List</a>	50 mg	0.1
Methadone <sup>6</sup>	<a href="#">Methadone 1 MGPML Medications List</a> <a href="#">Methadone 2 MGPML Medications List</a> <a href="#">Methadone 5 mg Medications List</a> <a href="#">Methadone 10 mg Medications List</a> <a href="#">Methadone 10 MGPML Medications List</a> <a href="#">Methadone 40 mg Medications List</a>	1 mg per mL 2 mg per mL 5 mg 10 mg 10 mg per mL 40 mg	3

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
Morphine	<a href="#">Morphine 2 MGPML Medications List</a> <a href="#">Morphine 4 MGPML Medications List</a> <a href="#">Morphine 5 mg Medications List</a> <a href="#">Morphine 10 mg Medications List</a> <a href="#">Morphine 15 mg Medications List</a> <a href="#">Morphine 20 MGPML Medications List</a> <a href="#">Morphine 20 mg Medications List</a> <a href="#">Morphine 30 mg Medications List</a> <a href="#">Morphine 40 mg Medications List</a> <a href="#">Morphine 45 mg Medications List</a> <a href="#">Morphine 50 mg Medications List</a> <a href="#">Morphine 60 mg Medications List</a> <a href="#">Morphine 70 mg Medications List</a> <a href="#">Morphine 75 mg Medications List</a> <a href="#">Morphine 80 mg Medications List</a> <a href="#">Morphine 90 mg Medications List</a> <a href="#">Morphine 100 mg Medications List</a> <a href="#">Morphine 120 mg Medications List</a> <a href="#">Morphine 130 mg Medications List</a> <a href="#">Morphine 150 mg Medications List</a> <a href="#">Morphine 200 mg Medications List</a>	2 mg per mL 4 mg per mL 5 mg 10 mg 15 mg 20 mg per mL 20 mg 30 mg 40 mg 45 mg 50 mg 60 mg 70 mg 75 mg 80 mg 90 mg 100 mg 120 mg 130 mg 150 mg 200 mg	1
Morphine	<a href="#">Morphine Naltrexone 20 mg Medications List</a> <a href="#">Morphine Naltrexone 30 mg Medications List</a> <a href="#">Morphine Naltrexone 50 mg Medications List</a> <a href="#">Morphine Naltrexone 60 mg Medications List</a> <a href="#">Morphine Naltrexone 80 mg Medications List</a> <a href="#">Morphine Naltrexone 100 mg Medications List</a>	20 mg 30 mg 50 mg 60 mg 80 mg 100 mg	1
Opium	<a href="#">Belladonna Opium 30 mg Medications List</a> <a href="#">Belladonna Opium 60 mg Medications List</a>	30 mg 60 mg	1
Oxycodone	<a href="#">Oxycodone 1 MGPML Medications List</a> <a href="#">Oxycodone 5 mg Medications List</a>	1 mg per mL 5 mg	1.5

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
	<a href="#">Oxycodone 7.5 mg Medications List</a> <a href="#">Oxycodone 9 mg Medications List</a> <a href="#">Oxycodone 10 mg Medications List</a> <a href="#">Oxycodone 13.5 mg Medications List</a> <a href="#">Oxycodone 15 mg Medications List</a> <a href="#">Oxycodone 18 mg Medications List</a> <a href="#">Oxycodone 20 mg Medications List</a> <a href="#">Oxycodone 20 MG PML Medications List</a> <a href="#">Oxycodone 27 mg Medications List</a> <a href="#">Oxycodone 30 mg Medications List</a> <a href="#">Oxycodone 36 mg Medications List</a> <a href="#">Oxycodone 40 mg Medications List</a> <a href="#">Oxycodone 60 mg Medications List</a> <a href="#">Oxycodone 80 mg Medications List</a>	7.5 mg 9 mg 10 mg 13.5 mg 15 mg 18 mg 20 mg 20 mg per mL 27 mg 30 mg 36 mg 40 mg 60 mg 80 mg	
Oxycodone	<a href="#">Acetaminophen Oxycodone 2.5 mg Medications List</a> <a href="#">Acetaminophen Oxycodone 5 mg Medications List</a> <a href="#">Acetaminophen Oxycodone 7.5 mg Medications List</a> <a href="#">Acetaminophen Oxycodone 10 mg Medications List</a>	2.5 mg 5 mg 7.5 mg 10 mg	1.5
Oxycodone	<a href="#">Aspirin Oxycodone 4.8355 mg Medications List</a>	4.8355 mg	1.5
Oxycodone	<a href="#">Ibuprofen Oxycodone 5 mg Medications List</a>	5 mg	1.5
Oxymorphone	<a href="#">Oxymorphone 5 mg Medications List</a> <a href="#">Oxymorphone 7.5 mg Medications List</a> <a href="#">Oxymorphone 10 mg Medications List</a> <a href="#">Oxymorphone 15 mg Medications List</a> <a href="#">Oxymorphone 20 mg Medications List</a> <a href="#">Oxymorphone 30 mg Medications List</a> <a href="#">Oxymorphone 40 mg Medications List</a>	5 mg 7.5 mg 10 mg 15 mg 20 mg 30 mg 40 mg	3
Pentazocine	<a href="#">Naloxone Pentazocine 50 mg Medications List</a>	50 mg	0.37
Tapentadol	<a href="#">Tapentadol 50 mg Medications List</a> <a href="#">Tapentadol 75 mg Medications List</a>	50 mg 75 mg	0.4

Type of Opioid	Medication Lists	Strength	MME Conversion Factor
	<a href="#">Tapentadol 100 mg Medications List</a> <a href="#">Tapentadol 150 mg Medications List</a> <a href="#">Tapentadol 200 mg Medications List</a> <a href="#">Tapentadol 250 mg Medications List</a>	100 mg 150 mg 200 mg 250 mg	
Tramadol	<a href="#">Tramadol 50 mg Medications List</a> <a href="#">Tramadol 100 mg Medications List</a> <a href="#">Tramadol 150 mg Medications List</a> <a href="#">Tramadol 200 mg Medications List</a> <a href="#">Tramadol 300 mg Medications List</a>	50 mg 100 mg 150 mg 200 mg 300 mg	0.1
Tramadol	<a href="#">Acetaminophen Tramadol 37.5 mg Medications List</a>	37.5 mg	0.1

<sup>1</sup>National Center for Injury Prevention and Control. CDC compilation of benzodiazepines, muscle relaxants, stimulants, zolpidem, and opioid analgesics with oral morphine milligram equivalent conversion factors, 2017 version. Atlanta, GA: Centers for Disease Control and Prevention; 2017. Available at <https://www.cdc.gov/drugoverdose/resources/data.html>.

<sup>2</sup>MME conversion factor for fentanyl buccal tablets, sublingual tablets, and lozenges/troche is 0.13. This conversion factor should be multiplied by the number of micrograms in a given tablet or lozenge/troche.

<sup>3</sup>MME conversion factor for fentanyl films and oral sprays is 0.18. This reflects a 40% greater bioavailability for films compared to lozenges/tablets and 38% greater bioavailability for oral sprays compared to lozenges/tablets.

<sup>4</sup>MME conversion factor for fentanyl nasal spray is 0.16, which reflects a 20% greater bioavailability for sprays compared to lozenges/tablets.

<sup>5</sup>MME conversion factor for fentanyl patches is 7.2 based on the assumption that one milligram of parenteral fentanyl is equivalent to 100 milligrams of oral morphine and that one patch delivers the dispensed micrograms per hour over a 24 hour day and remains in place for 3 days. Using the formula, Strength per Unit \* (Number of Units/ Days Supply) \* MME conversion factor = MME/Day: 25 µg/hr. fentanyl patch \* (10 patches/30 days) \* 7.2 = 60 MME/day.

<sup>6</sup>Adapted from Von Korff M, Saunders K, Ray GT, et al. Clin J Pain 2008;24:521–7 and Washington State Interagency Guideline on Prescribing Opioids for Pain (<http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>).

## APPENDIX 5:

### High, Moderate, & Low Intensity Statin Medications

High-intensity statin therapy	Atorvastatin 40-80 mg
High-intensity statin therapy	Amlodipine-atorvastatin 40-80 mg
High-intensity statin therapy	Rosuvastatin 20-40 mg
High-intensity statin therapy	Simvastatin 80 mg
High-intensity statin therapy	Ezetimibe-simvastatin 80 mg
Moderate-intensity statin therapy	Atorvastatin 10-20 mg
Moderate-intensity statin therapy	Amlodipine-atorvastatin 10-20 mg
Moderate-intensity statin therapy	Rosuvastatin 5-10 mg
Moderate-intensity statin therapy	Simvastatin 20-40 mg
Moderate-intensity statin therapy	Ezetimibe-simvastatin 20-40 mg
Moderate-intensity statin therapy	Pravastatin 40-80 mg
Moderate-intensity statin therapy	Lovastatin 40 mg
Moderate-intensity statin therapy	Fluvastatin 40-80 mg
Moderate-intensity statin therapy	Pitavastatin 1–4 mg
Low-intensity statin therapy	Ezetimibe-simvastatin 10 mg
Low-intensity statin therapy	Fluvastatin 20 mg
Low-intensity statin therapy	Lovastatin 10-20 mg
Low-intensity statin therapy	Pravastatin 10–20 mg
Low-intensity statin therapy	Simvastatin 5-10 mg



## APPENDIX 6: Opioid Medications

Prescription	Medication Lists
• Benzhydrocodone	<a href="#">Acetaminophen Benzhydrocodone Medications List</a>
• Buprenorphine (transdermal patch and buccal film)	<a href="#">Buprenorphine Medications List</a>
• Butorphanol	<a href="#">Butorphanol Medications List</a>
• Codeine	<a href="#">Acetaminophen Butalbital Caffeine Codeine Medications List</a> <a href="#">Acetaminophen Codeine Medications List</a> <a href="#">Aspirin Butalbital Caffeine Codeine Medications List</a> <a href="#">Aspirin Carisoprodol Codeine Medications List</a> <a href="#">Aspirin Codeine Medications List</a> <a href="#">Codeine Phosphate Medications List</a> <a href="#">Codeine Sulfate Medications List</a>
• Dihydrocodeine	<a href="#">Acetaminophen Caffeine Dihydrocodeine Medications List</a> <a href="#">Aspirin Caffeine Dihydrocodeine Medications List</a>
• Fentanyl	<a href="#">Fentanyl Medications List</a>
• Hydrocodone	<a href="#">Acetaminophen Hydrocodone Medications List</a> <a href="#">Hydrocodone Medications List</a> <a href="#">Hydrocodone Ibuprofen Medications List</a>
• Hydromorphone	<a href="#">Hydromorphone Medications List</a>
• Levorphanol	<a href="#">Levorphanol Medications List</a>
• Meperidine	<a href="#">Meperidine Medications List</a> <a href="#">Meperidine Promethazine Medications List</a>
• Methadone	<a href="#">Methadone Medications List</a>
• Morphine	<a href="#">Morphine Medications List</a> <a href="#">Morphine Naltrexone Medications List</a>

Prescription	Medication Lists
<ul style="list-style-type: none"> <li>• Opium</li> </ul>	<a href="#">Belladonna Opium Medications List</a> <a href="#">Opium Medications List</a>
<ul style="list-style-type: none"> <li>• Oxycodone</li> </ul>	<a href="#">Acetaminophen Oxycodone Medications List</a> <a href="#">Aspirin Oxycodone Medications List</a> <a href="#">Ibuprofen Oxycodone Medications List</a> <a href="#">Oxycodone Medications List</a>
<ul style="list-style-type: none"> <li>• Oxymorphone</li> </ul>	<a href="#">Oxymorphone Medications List</a>
<ul style="list-style-type: none"> <li>• Pentazocine</li> </ul>	<a href="#">Naloxone Pentazocine Medications List</a>
<ul style="list-style-type: none"> <li>• Tapentadol</li> </ul>	<a href="#">Tapentadol Medications List</a>
<ul style="list-style-type: none"> <li>• Tramadol</li> </ul>	<a href="#">Acetaminophen Tramadol Medications List</a> <a href="#">Tramadol Medications List</a>

## APPENDIX 7: Use of High-Risk Medications in Older Adults (DAE)

### Rate 1: High-Risk Medications

Drug Class	Prescription	Prescription cont'd
Anticholinergics, first-generation antihistamines	<ul style="list-style-type: none"> <li>• Brompheniramine</li> <li>• Carbinoxamine</li> <li>• Chlorpheniramine</li> <li>• Clemastine</li> <li>• Cyproheptadine</li> <li>• Dexbrompheniramine</li> <li>• Dexchlorpheniramine</li> <li>• Diphenhydramine (oral)</li> </ul>	<ul style="list-style-type: none"> <li>• Dimenhydrinate</li> <li>• Doxylamine</li> <li>• Hydroxyzine</li> <li>• Meclizine</li> <li>• Promethazine</li> <li>• Ppyrilamine</li> <li>• Triprolidine</li> </ul>
Anticholinergics, anti-Parkinson agents	<ul style="list-style-type: none"> <li>• Benztropine (oral)</li> </ul>	<ul style="list-style-type: none"> <li>• Trihexyphenidyl</li> </ul>
Antispasmodics	<ul style="list-style-type: none"> <li>• Atropine (exclude ophthalmic)</li> <li>• Belladonna alkaloids</li> <li>• Chlordiazepoxide-clidinium</li> <li>• Dicyclomine</li> </ul>	<ul style="list-style-type: none"> <li>• Hyoscyamine</li> <li>• Methscopolamine</li> <li>• Propantheline</li> <li>• Scopolamine</li> </ul>
Antithrombotic	<ul style="list-style-type: none"> <li>• Dipyridamole, oral short-acting</li> </ul>	
Cardiovascular, alpha agonists, central	<ul style="list-style-type: none"> <li>• Guanfacine</li> <li>• Methyldopa</li> </ul>	<ul style="list-style-type: none"> <li>• Methyldopa</li> </ul>
Cardiovascular, other	<ul style="list-style-type: none"> <li>• Disopyramide</li> </ul>	<ul style="list-style-type: none"> <li>• Nifedipine, immediate release</li> </ul>
Central nervous system, antidepressants	<ul style="list-style-type: none"> <li>• Amitriptyline</li> <li>• Amoxapine</li> <li>• Clomipramine</li> <li>• Desipramine</li> <li>• Imipramine</li> </ul>	<ul style="list-style-type: none"> <li>• Nortriptyline</li> <li>• Paroxetine</li> <li>• Protriptyline</li> <li>• Trimipramine</li> </ul>

## APPENDIX 7 CONT'D:

### Rate 1: High Risk Medications cont'd

Drug Class	Prescription	Prescription cont'd
Central nervous system, barbiturates	<ul style="list-style-type: none"> <li>• Amobarbital</li> <li>• Butabarbital</li> <li>• Butalbital</li> </ul>	<ul style="list-style-type: none"> <li>• Pentobarbital</li> <li>• Phenobarbital</li> <li>• Secobarbital</li> </ul>
Central nervous system, vasodilators	<ul style="list-style-type: none"> <li>• Ergoloid mesylates</li> </ul>	<ul style="list-style-type: none"> <li>• Isoxsuprine</li> </ul>
Central nervous system, other	<ul style="list-style-type: none"> <li>• Meprobamate</li> </ul>	
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	<ul style="list-style-type: none"> <li>• Conjugated estrogen</li> <li>• Esterified estrogen</li> </ul>	<ul style="list-style-type: none"> <li>• Estradiol</li> <li>• Estropipate</li> </ul>
Endocrine system, sulfonylureas, long-duration	<ul style="list-style-type: none"> <li>• Chlorpropamide</li> <li>• Glimepiride</li> </ul>	<ul style="list-style-type: none"> <li>• Glyburide</li> </ul>
Endocrine system, other	<ul style="list-style-type: none"> <li>• Desiccated thyroid</li> </ul>	<ul style="list-style-type: none"> <li>• Megestrol</li> </ul>
Nonbenzodiazepine hypnotics	<ul style="list-style-type: none"> <li>• Eszopiclone</li> <li>• Zaleplon</li> </ul>	<ul style="list-style-type: none"> <li>• Zolpidem</li> </ul>
Pain medications, skeletal muscle relaxants	<ul style="list-style-type: none"> <li>• Carisoprodol</li> <li>• Chlorzoxazone</li> <li>• Cyclobenzaprine</li> </ul>	<ul style="list-style-type: none"> <li>• Metaxalone</li> <li>• Methocarbamol</li> <li>• Orphenadrine</li> </ul>
Pain medications, other	<ul style="list-style-type: none"> <li>• Indomethacin</li> <li>• Ketorolac, includes parenteral</li> </ul>	<ul style="list-style-type: none"> <li>• Meperidine</li> </ul>

## APPENDIX 7 CONT'D:

### Rate 1: High-Risk Medications With Days' Supply Criteria

Description	Prescription	Days Supply Criteria
Anti-Infectives, other	<ul style="list-style-type: none"><li>• Nitrofurantoin</li><li>• Nitrofurantoin macrocrystals</li><li>• Nitrofurantoin macrocrystals- monohydrate</li></ul>	>90 days

### Rate 1: High-Risk Medications With Average Daily Dose Criteria

Description	Prescription	Average Daily Dose Criteria
Alpha agonists, central	<ul style="list-style-type: none"><li>• Reserpine</li></ul>	>0.1 mg/day
Cardiovascular, other	<ul style="list-style-type: none"><li>• Digoxin</li></ul>	>0.125 mg/day
Tertiary TCAs (as single agent or as part of combination products)	<ul style="list-style-type: none"><li>• Doxepin</li></ul>	>6 mg/day

**APPENDIX 7 CONT'D:**

**Rate 2: High-Risk Medications Based on Prescription and Diagnosis Data**

Drug Class	Prescription	Prescription cont'd
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> <li>• Molindone</li> </ul>	<ul style="list-style-type: none"> <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> <li>• Lorazepam</li> </ul>	<ul style="list-style-type: none"> <li>• Midazolam</li> <li>• Oxazepam</li> <li>• Quazepam</li> <li>• Temazepam</li> <li>• Triazolam</li> </ul>