

Quality ID #408: Opioid Therapy Follow-up Evaluation
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Prevention and Treatment of Opioid and Substance Use Disorders

2020 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process-High Priority

DESCRIPTION:
All patients 18 and older prescribed opiates for longer than six weeks duration who had a follow-up evaluation conducted at least every three months during Opioid Therapy documented in the medical record

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all patients being prescribed opioids for duration longer than six weeks during the performance period. There is no diagnosis associated with this measure. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: Include only patients that have 6 weeks opioid use through **September 30** of the performance period. This will allow the follow-up evaluation of at least 90 days after opioid therapy within the performance period.

Measure Submission Type

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

DENOMINATOR:
All patients 18 and older prescribed opiates for longer than six weeks duration

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Patient encounter during the performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

WITHOUT

Telehealth Modifier: GQ, GT, 95, POS 02

AND

Patients prescribed opiates for longer than six weeks: G9561

AND NOT

DENOMINATOR EXCLUSION:

Patients who were in hospice at any time during the performance period: M1022, M1025, M1026

NUMERATOR:

Patients who had a follow-up evaluation conducted at least every three months during opioid therapy

Definition:

Follow-Up Evaluation – periodic MIPS eligible clinician encounters to reassess patients on Continuous Opioid Therapy (COT) as warranted by changing circumstances surrounding the patient. Monitoring should include:

- Documentation of pain intensity and level of functioning
- Assessments of progress toward achieving therapeutic goals
- Presence of adverse events
- Adherence to prescribed therapies

Numerator Options:

Performance Met:

Patients who had a follow-up evaluation conducted at least every three months during opioid therapy (**G9562**)

OR

Performance Not Met:

Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy (**G9563**)

RATIONALE:

Clinicians should periodically reassess all patients on COT. Regular monitoring of patients once COT is initiated is critical because therapeutic risks and benefits do not remain static and can be affected by changes in the underlying pain condition, presence of coexisting disease, or changes in psychological or social circumstances. Monitoring is essential to identify patients who are benefiting from COT, those who might benefit more with restructuring of treatment or receiving additional services such as treatment for addiction, and those whose benefits from treatment are outweighed by harms.

CLINICAL RECOMMENDATION STATEMENTS:

Clinicians should reassess patients on COT periodically and as warranted by changing circumstances. Monitoring should include documentation of pain intensity and level of functioning, assessments of progress toward achieving therapeutic goals, presence of adverse events, and adherence to prescribed therapies (strong recommendation, low-quality evidence).

In patients on COT who are at high risk or who have engaged in aberrant drug-related behaviors, clinicians should periodically obtain urine drug screens or other information to confirm adherence to the COT plan of care (strong recommendation, low-quality evidence).

In patients on COT not at high risk and not known to have engaged in aberrant drug-related behaviors, clinicians should consider periodically obtaining urine drug screens or other information to confirm adherence to the COT plan of care (weak recommendation, low-quality evidence) (p. 118).

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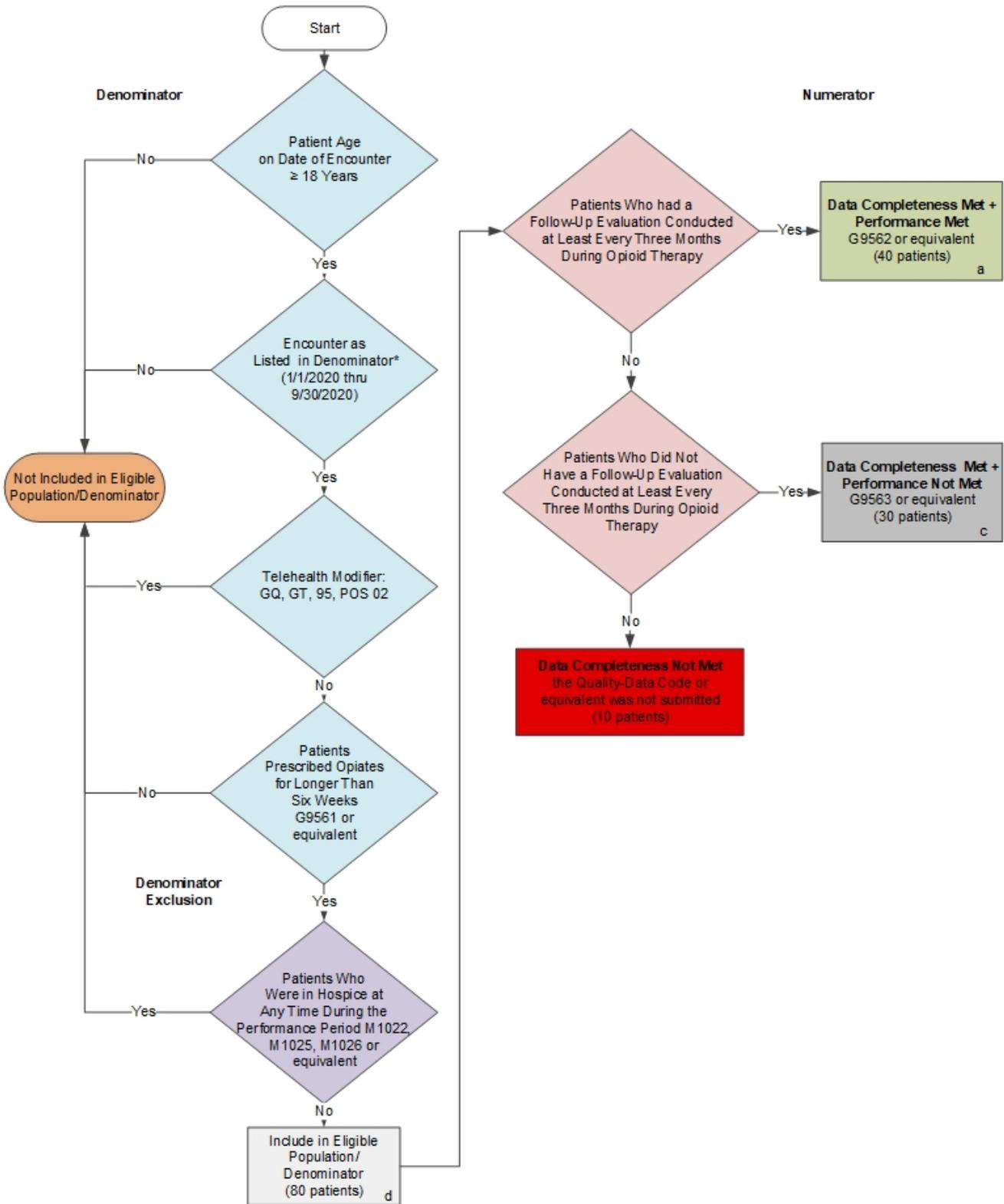
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2020 Clinical Quality Measure Flow for Quality ID #408: Opioid Therapy Follow-up Evaluation

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

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The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification

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2020 Clinical Quality Measure Flow Narrative for Quality ID #408: Opioid Therapy Follow-up Evaluation

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age is greater than or equal to 18 Years on Date of Encounter equals No during the measurement period, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age is greater than or equal to 18 Years on Date of Encounter equals Yes during the measurement period, proceed to check Encounter Performed
3. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier
4. Check Telehealth Modifier:
 - a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Telehealth Modifier equals No, proceed to check Patients Prescribed Opiates for Longer Than Six Weeks.
5. Check Patients Prescribed Opiates for Longer Than Six Weeks:
 - a. If Patients Prescribed Opiates for Longer Than Six Weeks equals No, do not include in Eligible Population. Stop Processing.
 - b. If Patients Prescribed Opiates for Longer than Six Weeks equals Yes, proceed to check Patients Who Were in Hospice at Any Time During the Performance Period.
6. Check Patients Who Were in Hospice at Any Time During the Performance Period:
 - a. If Patients Who Were in Hospice at Any Time During the Performance Period equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Patients Who Were in Hospice at Any Time During the Performance Period equals No, include in Eligible Population.
7. Denominator Population:
 - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
8. Start Numerator

9. Check Patients Who had a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy:
 - a. If Patients Who had a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.
 - c. If Patients Who had a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy equals No, proceed to check Patients Who Did Not Have a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy.
10. Check Patients Who Did Not Have a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy:
 - a. If Patients Who Did Not Have a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 patients in the Sample Calculation.
 - c. If Patients Who Did Not Have a Follow-Up Evaluation Conducted at Least Every Three Months During Opioid Therapy equals No, proceed to check Data Completeness Not Met.
11. Check Data Completeness Not Met:
 - a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATION S:

Data Completeness =

$$\frac{\text{Performance Met (a=40 patients)} + \text{Performance Not Met (c=30 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate =

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$