

Quality ID #238 (CBE 0022): Use of High-Risk Medications in Older Adults

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:

Process – High Priority

- ***INVERSE MEASURE: LOWER SCORE – BETTER***

DESCRIPTION:

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

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients aged 65 years of age and older who were ordered at least two high-risk medications. 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 as defined by the numerator based on the services provided and the measure-specific denominator coding.

The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate and for medications where use under all but specific indications is potentially inappropriate.

Submission Criteria 1:

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

- At least two high-risk medications from the same drug class (grouped by row) in Table 1 on different dates of service, or
- At least two high-risk medications from the same drug class (grouped by row) in Table 2 on different dates of service, where the sum of days supply exceeds 90 days
- At least two high-risk medications from the same drug class in Table 3 on different dates of service, each exceeding average daily dose criteria.

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

Within the medication tables below, a row with one medication is considered a group (or drug class) of one; therefore, two orders of that same medication are numerator compliant.

Submission Criteria 2:

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

Measure Strata and Performance Rates:

This measure contains two strata defined by two submission criteria. This measure produces two performance rates.

There are 2 Submission Criteria for this measure:

- 1) Patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class.
AND
- 2) Patients 65 years of age and older who were ordered at least two high-risk medications from the same drug class, except for appropriate diagnoses.

This measure will be calculated with 2 performance rates:

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

For accountability reporting in the CMS MIPS program, the rate for submission criteria 1 is used for performance.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient during the performance period. The most advantageous quality data code (QDC) will be used if the measure is submitted more than once.

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

Telehealth:

TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

SUBMISSION CRITERIA 1: PATIENTS 65 YEARS OF AGE AND OLDER WHO WERE ORDERED AT LEAST TWO HIGH-RISK MEDICATIONS FROM THE SAME DRUG CLASS.**DENOMINATOR (CRITERIA 1):**

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

DENOMINATOR NOTE:

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

Denominator Criteria 1(Eligible Cases):

Patients aged \geq 65 years on date of encounter

AND

Patient encounter during performance period (CPT or HCPCS): 92002, 92004, 92012, 92014, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99387*, 99397*, G0402, G0438, G0439

AND NOT

DENOMINATOR EXCLUSIONS:

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

OR

Patients receiving palliative care during the measurement period: G0034

NUMERATOR (CRITERIA 1):

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

Definitions:

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

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

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

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

Reference Coding/Medication:

Numerator Option for **At least two orders for high-risk medications [G9368]** is defined by the following tables (1, 2, and 3), however, this measure aligns with the eCQM measure (CMS 156) and providers may review the RxNorm codes in the applicable eCQM value sets for submission.

Table 1 - High-Risk Medications at any Dose or Duration

Description	Prescription
Anticholinergics, first-generation antihistamines	Brompheniramine Chlorpheniramine Cycloheptadine Dimenhydrinate Diphenhydramine (oral) Doxylamine Hydroxyzine Meclizine Promethazine Triprolidine

Description	Prescription	
Anticholinergics, anti-Parkinson agents	Benztropine (oral)	Trihexyphenidyl
Antispasmodics	Atropine (exclude ophthalmic) Chlordiazepoxide-clidinium Dicyclomide	Hyoscyamine Scopolamine
Antithrombotics	Dipyridamole, (oral, excluding extended release)	
Cardiovascular, alpha agonists, central	Guanfacine	
Cardiovascular, other	Nifedipine (excluding extended release)	
Central nervous system, antidepressants	Amitriptyline Amoxapine Clomipramine Desipramine	Imipramine Nortriptyline Paroxetine
Central nervous system, barbiturates	Butalbital	Phenobarbital Primidone
Central nervous system, vasodilators	Ergoloid mesylates	
Central nervous system, other	Meprobamate	
Endocrine system, estrogens with or without progestins; include only oral and topical patch products	Conjugated estrogen Esterified estrogen Estradiol Estropipate	
Endocrine system, sulfonylureas, long-duration	Glimepiride	Glyburide
Endocrine system, desiccated thyroid	Desiccated thyroid	
Endocrine system, megestrol	Megestrol	
Nonbenzodiazepine hypnotics	EszopicloneZaleplon	Zolpidem
Pain medications, skeletal muscle relaxants	Carisoprodol Chlorzoxazone Cyclobenzaprine	Metaxalone Methocarbamol Orphenadrine
Pain medications, meperidine	Meperidine	
Pain medications, other	Indomethacin	Ketorolac, includes parenteral and oral

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

**A row with one medication is considered a group (or drug class) of one; therefore, two orders of that same medication are numerator compliant.

Table 2 - High-Risk Medications With Days Supply Criteria

Description	Prescription	Days Supply Criteria
-------------	--------------	----------------------

Anti-Infectives, other	Nitrofurantoin	Nitrofurantoin macrocrystals-monohydrate	> 90 days
------------------------	----------------	--	-----------

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

Description	Prescription	Average Daily Dose Criteria
Cardiovascular, other	Digoxin	> 0.125 mg per day
Tertiary tricyclic antidepressants (TCAs) (as single agent or as part of combination products)	Doxepin	> 6 mg per day

Numerator Instructions:

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

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

NUMERATOR NOTE:

The goal of this measure is to identify any patient that has been prescribed two high-risk medications. As such, patients are to be counted as numerator-compliant regardless of the condition(s) for which the medications are ordered.

Numerator Options:

Performance Not Met:

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

OR

Performance Met:

At least two orders for high-risk medications from the same drug class (**G9367**)

AND

SUBMISSION CRITERIA 2: PATIENTS 65 YEARS OF AGE AND OLDER WHO WERE ORDERED AT LEAST TWO HIGH-RISK MEDICATIONS FROM THE SAME DRUG CLASS, EXCEPT FOR APPROPRIATE DIAGNOSES

DENOMINATOR (CRITERIA 2):

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

DENOMINATOR NOTE:

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

Denominator Criteria:

Patients aged \geq 65 years on date of encounter

AND

Patient encounter during performance period (CPT or HCPCS): 92002, 92004, 92012, 92014, 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016,

99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99387*, 99397*, G0402, G0438, G0439

AND NOT

DENOMINATOR EXCLUSIONS:

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

OR

Patients receiving palliative care during the measurement period: G0034

NUMERATOR (CRITERIA 2):

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

Definitions:

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

Reference Coding/Medication:

Numerator Option for **At least two orders for high-risk medications [M1209]** is defined by the following table 4, however, this measure aligns with the eCQM measure (CMS 156) and providers may review the RxNorm codes in the applicable eCQM value sets for submission.

Table 4 - High-Risk Medications

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

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

Numerator Instructions:

A high-risk medication is identified by:

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

Numerator Options:

Performance Not Met:

OR

Performance Not Met:

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

OR

Performance Not Met:

Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the Index Prescription Start Date (IPSD) for antipsychotics (**G0032**)

OR

Performance Met:

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

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

RATIONALE:

Certain medications (MacKinnon & Hepler, 2003) are associated with increased risk of harm from drug side-effects and drug toxicity and pose a concern for patient safety. There is clinical consensus that these drugs pose increased risks in older adults (Kaufman, Brodin, & Sarafian, 2005). Potentially inappropriate medication (PIM) use in older adults has been connected to significantly longer hospital stay lengths and increased hospitalization costs (Hagstrom et al., 2015) as well as increased risk of death (Lau et al. 2004). Use of specific high-risk medications such as hypnotics, including benzodiazepine receptor agonists, and nonsteroidal anti-inflammatory drugs (NSAIDS) can result in increased risk of delirium, falls, fractures, gastrointestinal bleeding and acute kidney injury (Merel et al., 2017). Long-term use of benzodiazepines in older adults has been associated with increased risk of dementia (Zhong et al., 2015; Takada et al., 2016). Additionally, the use of antipsychotics can lead to increased risk of stroke and greater cognitive decline in older adults with dementia (Tampi et al., 2016). Among Medicare beneficiaries it is estimated that the prevalence of PIM use was 77% among long-stay nursing home residents (defined as >101 consecutive days in a nursing home). The most common PIMs were benzodiazepines, antipsychotics, and insulin (Riester et al., 2023).

Older adults receiving inappropriate medications are more likely to report poorer health status at follow-up, compared to those who receive appropriate medications (Lau et al. 2004). A study of the prevalence of potentially inappropriate medication use in older adults found that 40 percent of individuals 65 and older filled at least one prescription for a potentially inappropriate medication and 13 percent filled two or more (Fick et al. 2008). While some adverse drug events (ADEs) are unavoidable, studies estimate that between 30 and 80 percent of ADEs in older adults are preventable (MacKinnon and Hepler 2003). More recently with the onset of the COVID-19 pandemic, several studies have shown an increase in anxiety, insomnia and depression rates, which could result in an increase in the use of high-risk medications in order to treat these conditions (Agrawal, 2020).

Reducing the number of inappropriate prescriptions can lead to improved patient safety and significant cost savings. Conservative estimates of extra costs due to potentially inappropriate medications in older adults average \$7.2 billion a year (Fu et al. 2007). Medication use by older adults will likely increase further as the U.S. population ages, new drugs are developed, and new therapeutic and preventive uses for medications are discovered (Rothberg et al. 2008). The annual direct costs of preventable ADEs in the Medicare population have been estimated to exceed \$800 million (IOM, 2007). By the year 2030, nearly one in five U.S. residents is expected to be aged 65 years or older; this age group is projected to more than double from 38.7 million in 2008 to more than 88.5 million in 2050. Likewise, the population aged 85 years or older is expected to increase almost four-fold, from 5.4 million to 19 million between 2008 and 2050. As the older adult population continues to grow, the number of older adults who present with multiple medical conditions for which several

medications are prescribed will likely continue to increase, resulting in polypharmacy concerns (Gray and Gardner 2009).

CLINICAL RECOMMENDATION STATEMENT:

The measure is based on recommendations from the American Geriatrics Society Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (2023). The criteria were developed through key clinical expert consensus processes by Beers in 1997, Zahn in 2001 and an updated process by Fick in 2003, 2012, 2015 and 2019 and, most recently the American Geriatrics Society Beers Criteria Update Expert Panel in 2023. The Beers Criteria identifies lists of drugs that are potentially inappropriate for all older adults, except for those with certain conditions for which some high-risk medications may be warranted, and drugs that are potentially inappropriate in older adults based on various high-risk factors such as dosage, days' supply and underlying diseases or conditions. NCQA's Geriatric Measurement Advisory Panel recommended a subset of drugs that should be used with caution in older adults for inclusion in the proposed measure based upon the recommendations in the Beers Criteria.

REFERENCE:

MacKinnon, N. J., & Hepler, C. D. (2003). Indicators of preventable drug-related morbidity in older adults: Use within a managed care organization. *Journal of Managed Care & Specialty Pharmacy*, 9(2), 134-141.

Kaufman, M. B., Brodin, K. A., & Sarafian, A. (2005, April/May). Effect of prescriber education on the use of medications contraindicated in older adults in a managed Medicare population. *Journal of Managed Care & Specialty Pharmacy*, 11(3), 211-219.

Hagstrom, K., Nailor, M., Lindberg, M., Hobbs, L., & Sobieraj, D. M. (2015). Association Between Potentially Inappropriate Medication Use in Elderly Adults and Hospital-Related Outcomes. *Journal of the American Geriatrics Society*, 63(1), 185-186.

Lau, D.T., J.D., Kasper, D.E., Potter, & A. Lyles. (2004). Potentially Inappropriate Medication Prescriptions Among Elderly Nursing Home Residents: Their Scope and Associated Resident and Facility Characteristics. *Health Services Research*, 39(5), 1257-1276.

Merel, S.E., & Paauw, D.S. Paauw. (2017). Common Drug Side Effects and Drug-Drug Interactions in Elderly Adults in Primary Care. *Journal of the American Geriatrics Society*, 65(7), 1578-1585.

Zhong, G., Wang, Y., Zhang, Y., & Zhao, Y. (2015). Association between benzodiazepine use and dementia: a meta-analysis. *PLoS One*, 10(5).

Takada, M., M. Fujimoto, & K. Hosomi. (2016). Association between benzodiazepine use and dementia: data mining of different medical databases. *International Journal of Medical Sciences*, 13(11), 825-834.

Tampi, R.R., D.J. Tampi, S. Balachandran, & S. Srinivasan. (2016). Antipsychotic use in dementia: a systematic review of benefits and risks from meta-analyses. *Therapeutic Advances in Chronic Disease*, 7(5), 229-245.

Riester, M. R., Goyal, P., Steinman, M. A., et al. (2023). Prevalence of Potentially Inappropriate Medication Prescribing in US Nursing Homes, 2013–2017. *Journal of General Internal Medicine*, 38(6), 1563-1566.

Fick, D. M., Mion, L. C., Beers, M. H., et al. (2008). Health outcomes associated with potentially inappropriate medication use in older adults. *Research in Nursing & Health*, 31(1), 42-51.

Agrawal, R. (2020). Careful Prescribing of Benzodiazepines during COVID-19 Pandemic: A Review. *Journal of Mental Health & Clinical Psychology*, 4(4). Retrieved from <https://www.mentalhealthjournal.org/articles/careful-prescribing-of-benzodiazepines-during-covid-19-pandemic-a-review.html>

Fu, A. Z., Jiang, J. Z., Reeves, J. H., Fincham, J. E., Liu, G. G., & Perri, M. (2007). Potentially Inappropriate Medication Use and Healthcare Expenditures in the US Community-Dwelling Elderly. *Medical Care*, 45(5), 472-476. Retrieved from <http://www.jstor.org/stable/40221449>.

Rothberg, M. B., Perkow, P. S., Liu, F., et al. (2008). Potentially inappropriate medication use in hospitalized elders. *Journal of Hospital Medicine*, 3(2), 91-102.

Institute of Medicine, Committee on Identifying and Preventing Medication Errors. (2007). Preventing medication errors. Aspden, P., Wolcott, J. A., Bootman, J. L., & Cronenwett, L. R. (Eds.). Washington, DC: National Academy Press. Gray, C. L., & Gardner, C. (2009). Adverse drug events in the elderly: An ongoing problem. *Journal of Managed Care & Specialty Pharmacy*, 15(7), 568-571.

The 2023 American Geriatrics Society Beers Criteria Update Expert Panel. (2023). American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 71(7), 2052-2081.

COPYRIGHT:

This Physician Performance Measure (Measure) and related data specifications are owned and stewarded by the Centers for Medicare & Medicaid Services (CMS). CMS contracted (Contract HHS-500-2011-00079C) with the National Committee for Quality Assurance (NCQA) to develop this electronic measure. NCQA is not responsible for any use of the Measure. The performance Measure is not a clinical guideline and does not establish a standard of medical care, and has not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any third party codes contained in the specifications.

CPT® codes, descriptions and other data are copyright 2004-2025. American Medical Association. All rights reserved. CPT is a trademark of the American Medical Association. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Applicable FARS/DFARS restrictions apply to government use.

The measure specifications contain coding from LOINC® (<http://loinc.org>). The LOINC table, LOINC codes, LOINC panels and form file, LOINC linguistic variants file, LOINC/RSNA Radiology Playbook, and LOINC/IEEE Medical Device Code Mapping Table are copyright 2004-2025 Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee, and are available at no cost under the license at <https://loinc.org/kb/license/>.

This material contains SNOMED Clinical Terms® (SNOMED CT®) copyright 2004-2025 International Health Terminology Standards Development Organisation.

ICD-10 copyright 2025 World Health Organization. All Rights Reserved.

The Measure uses RxNorm, a standardized nomenclature and coding for clinical drugs and drug delivery devices, which is made publicly available courtesy of the U.S. National Library of Medicine (NLM), National Institutes of Health, Department of Health and Human Services. NLM is not responsible for the Measure and does not endorse or recommend this or any other product.

"HL7" is the registered trademark of Health Level Seven International.

**2026 Clinical Quality Measure Flow for Quality ID #238 (CBE 0022):
Use of High-Risk Medications in Older Adults**
INVERSE MEASURE: LOWER SCORE – BETTER
Multiple Performance Rates

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

ACCOUNTABILITY REPORTING IN THE CMS MIPS PROGRAM: SAMPLE CALCULATIONS

Overall Data Completeness (Submission Criteria One)*=

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

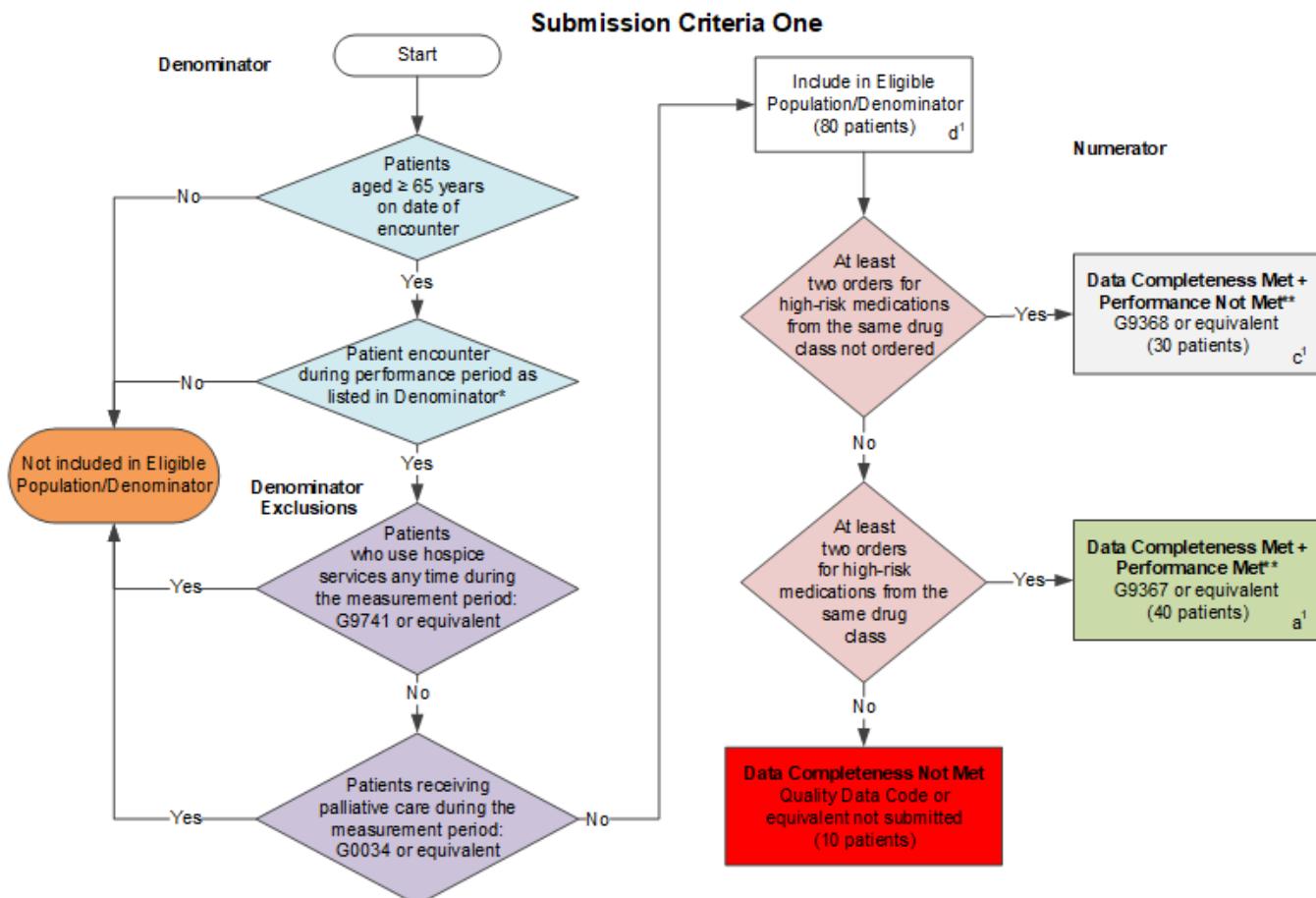
Overall Performance Rate (Submission Criteria One)=**

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

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

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Patient-Process



SAMPLE CALCULATIONS: SUBMISSION CRITERIA ONE

Data Completeness=

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

Performance Rate=

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

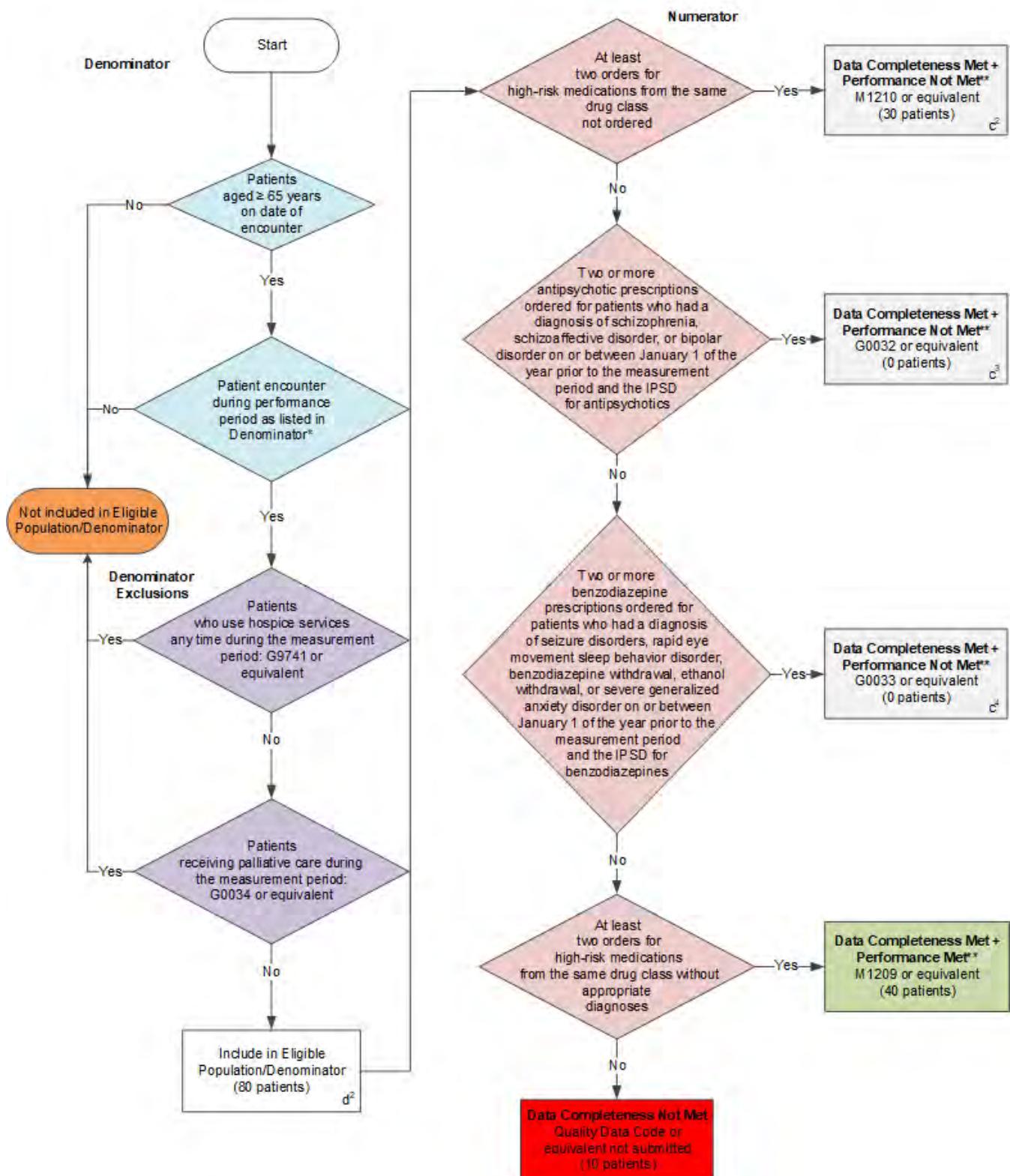
* See the posted measure specification for specific coding and instructions to submit this measure.

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Patient-Process

CPT only copyright 2025 American Medical Association. All rights reserved.
 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.
 v10

Submission Criteria Two



SAMPLE CALCULATIONS: SUBMISSION CRITERIA TWO

Data Completeness=

$$\frac{\text{Performance Met (a}^2\text{=40 patients)} + \text{Performance Not Met (c}^2\text{+c}^3\text{+c}^4\text{=30 patients)}}{\text{Eligible Population / Denominator (d}^2\text{=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a}^2\text{=40 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{40 \text{ patients}}{70 \text{ patients}} = 57.14\%$$

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

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Patient-Process

CPT only copyright 2025 American Medical Association. All rights reserved. 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.

v10

2026 Clinical Quality Measure Flow Narrative for Quality ID #238 (CBE 0022): Use of High-Risk Medications in Older Adults

INVERSE MEASURE: LOWER SCORE – BETTER

Multiple Performance Rates

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

Accountability Reporting in the CMS MIPS Program: Sample Calculations:

Overall Data Completeness (Submission Criteria One)* equals Performance Met (a¹ equals 40 patients) plus Performance Not Met (c¹ equals 30 patients) divided by Eligible Population / Denominator (d¹ equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Overall Performance Rate (Submission Criteria One)** equals Performance Met (a¹ equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

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

**A lower calculation performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Patient-Process

Submission Criteria One:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 65 years on date of encounter*:
 - a. If *Patients aged greater than or equal to 65 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged greater than or equal to 65 years on date of encounter* equals Yes, proceed to check *Patient encounter during performance period as listed in Denominator**
3. Check *Patient encounter during performance period as listed in Denominator**:
 - a. If *Patient encounter during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during performance period as listed in Denominator** equals Yes, proceed to check *Patients who use hospice services any time during the measurement period*.
4. Check *Patients who use hospice services any time during the measurement period*:
 - a. If *Patients who use hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who use hospice services any time during the measurement period* equals No, proceed to check *Patients receiving palliative care during the measurement period*.
5. Check *Patients receiving palliative care during the measurement period*:
 - a. If *Patients receiving palliative care during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients receiving palliative care during the measurement period* equals No, include in *Eligible Population/Denominator*.

6. Denominator Population:

- 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 d¹ equals 80 patients in the Sample Calculation.

7. Start Numerator

8. Check *At least two orders for high-risk medications from the same drug class not ordered*:

- a. If *At least two orders for high-risk medications from the same drug class not ordered* equals Yes, include in *Data Completeness Met and Performance Not Met***.

- *Data Completeness Met and Performance Not Met*** letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c¹ equals 30 patients in the Sample Calculation.

- b. If *At least two orders for high-risk medications from the same drug class not ordered* equals No, proceed to check *At least two orders for high-risk medications from the same drug class*.

9. Check *At least two orders for high-risk medications from the same drug class*:

- a. If *At least two orders for high-risk medications from the same drug class* equals Yes, include in *Data Completeness Met and Performance Met***.

- *Data Completeness Met and Performance Met*** letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a¹ equals 40 patients in Sample Calculation.

- b. If *At least two orders for high-risk medications from the same drug class* equals No, proceed to check *Data Completeness Not Met*.

10. 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 Data Completeness Numerator in the Sample Calculation.

Sample Calculations: Submission Criteria One

Data Completeness equals Performance Met (a¹ equals 40 patients) plus Performance Not Met (c¹ equals 30 patients) divided by Eligible Population / Denominator (d¹ equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a¹ equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

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

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Patient-Process

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.

Submission Criteria Two:

1. Start with Denominator
2. Check *Patients aged greater than or equal to 65 years on date of encounter*:
 - a. If *Patients aged greater than or equal to 65 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients aged greater than or equal to 65 years on date of encounter* equals Yes, proceed to check *Patient encounter during performance period as listed in Denominator**.
3. Check *Patient encounter during performance period as listed in Denominator**:
 - a. If *Patient encounter during performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during performance period as listed in Denominator** equals Yes, proceed to check *Patients who use hospice services any time during the measurement period*.
4. Check *Patients who use hospice services any time during the measurement period*:
 - a. If *Patients who use hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who use hospice services any time during the measurement period* equals No, proceed to check *Patients receiving palliative care during the measurement period*.
5. Check *Patients receiving palliative care during the measurement period*:
 - a. If *Patients receiving palliative care during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients receiving palliative care during the measurement period* equals No, include in *Eligible Population/Denominator*.
6. Denominator Population:
 - 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^2 equals 80 patients in the Sample Calculation.
7. Start Numerator
8. Check *At least two orders for high-risk medications from the same drug class not ordered*:
 - a. If *At least two orders for high-risk medications from the same drug class not ordered* equals Yes, include in *Data Completeness Met and Performance Not Met***.
 - *Data Completeness Met and Performance Not Met*** letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c^2 equals 30 patients in the Sample Calculation.
 - b. If *At least two orders for high-risk medications from the same drug class not ordered* equals No, proceed to check *Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the PSD for antipsychotics*.

9. Check *Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics*:
 - a. If *Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics* equals Yes, include in *Data Completeness Met and Performance Not Met***.
 - *Data Completeness Met and Performance Not Met*** letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c³ equals 0 patients in the Sample Calculation.
 - b. If *Two or more antipsychotic prescriptions ordered for patients who had a diagnosis of schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement period and the IPSD for antipsychotics* equals No, proceed to check *Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines*.
10. Check *Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines*:
 - a. If *Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines* equals Yes, include in *Data Completeness Met and Performance Not Met***.
 - *Data Completeness Met and Performance Not Met*** letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c⁴ equals 0 patients in the Sample Calculation.
 - b. If *Two or more benzodiazepine prescriptions ordered for patients who had a diagnosis of seizure disorders, rapid eye movement sleep behavior disorder, benzodiazepine withdrawal, ethanol withdrawal, or severe generalized anxiety disorder on or between January 1 of the year prior to the measurement period and the IPSD for benzodiazepines* equals No, proceed to check *At least two orders for high-risk medications from the same drug class without appropriate diagnosis*.
11. Check *At least two orders for high-risk medications from the same drug class without appropriate diagnosis*:
 - a. If *At least two orders for high-risk medications from the same drug class without appropriate diagnosis* equals Yes, include in *Data Completeness Met and Performance Met***.
 - i. *Data Completeness Met and Performance Met*** letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a² equals 40 patients in Sample Calculation.
 - b. If *At least two orders for high-risk medications from the same drug class without appropriate diagnosis* equals No, proceed to check *Data Completeness Not Met*.
12. 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 Data Completeness Numerator in the Sample Calculation.

Sample Calculations: Submission Criteria Two

Data Completeness equals Performance Met (a^2 equals 40 patients) plus Performance Not Met (c^2 plus c^3 plus c^4 equals 30 patients) divided by Eligible Population / Denominator (d^2 equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a^2 equals 40 patients) divided by Data Completeness Numerator (70 patients). All equals 40 patients divided by 70 patients. All equals 57.14 percent.

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

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Patient-Process

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.