

# Coding Reference Guide Measurement Year 2024

## Use of Opioids at High Dosage (HDO)



### Measure Description

The percentage of Members 18 years of age and older who received two or more prescription opioids at a high dosage (average morphine milligram equivalent [MME] dose  $\geq 90$ ) for  $\geq 15$  days total days covered during 2024.

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### Calculations and Definitions

#### Calculating Number of Days Covered

##### Step 1:

- Identify dispensing events where multiple prescriptions for the same medication are dispensed with overlapping days' supply (i.e., dispensed on the same day or dispensed on different days with overlapping days' supply). Add the days' supply for these dispensing events.
- Identify the start and end dates: The start date is the date of service of the earliest dispensing event and the end date is the start date plus the total days' supply minus one. The start date through the end date are considered covered days. For example:
  - If there are three 7-days' supply dispensing events for the same medication on January 1, the start date is January 1 and the end date is January 21. Covered days include January 1–21.
  - If there are two 7-days' supply dispensing events for the same medication on January 1 and January 5, the start date is January 1 and the end date is January 14. Covered days include January 1–14.
  - If there are three 7-days' supply dispensing events for the same medication on January 1, a 7-days' supply dispensing event on January 20, and a 7-days' supply dispensing event on January 28, the start date is January 1 and the end date is February 4. Covered days include January 1–February 4.

**Step 2:** For all other dispensing events (i.e., multiple prescriptions for the same medication on different days without overlap, and multiple prescriptions for different medications on the same or different days, with or without overlap), identify the start and end dates for each dispensing event individually. The start date through the end date are considered covered days.

**Step 3:** Count the covered days. Consider each calendar day covered by one or more medications to be one covered day.

#### Identifying Same or Different Drugs

To identify “same” or “different” drugs, use **Table HDO-A**, found below, which identifies the medications lists for the measure. Dispensing events from any of the **Fentanyl medication lists**, even if they are on different rows, are all considered the “same” drug.

### Identifying the Treatment Period

For all dispensing events, identify the start and end dates for each dispensing event individually. The treatment period start date is the start date of the earliest dispensing event during the measurement year. The treatment period end date is the last end date during the measurement year.

**MME:** The dose of oral morphine that is the analgesic equivalent of a given dose of another opioid analgesic.

**Opioid Dosage Unit:** For each dispensing event, use the following calculation to determine the opioid dosage unit.

$$\text{Number of Opioid Dosage Units Per Day} = (\text{opioid quantity dispensed}) / (\text{opioid days' supply})$$

### MME Daily Dose

For each dispensing event, use the following calculation to determine the 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 (refer to **Table HDO-A** for MME conversion factor and strength).

$$\text{MME Daily Dose} = (\# \text{ of opioid dosage units per day}) \times (\text{strength [e.g., mg, mcg]}) \times (\text{MME conversion factor})$$

Example 1: 10 mg oxycodone tablets X (120 tablets / 30 days) x 1.5 = 60 MME/day

Example 2: 25 mcg/hr fentanyl patch X (10 patches / 30 days) x 7.2 = 60 MME/day

**Total Daily MME:** The total sum of the MME daily doses for all opioid dispensing events on day one.

**Average MME:** The average MME for all opioids dispensed during the treatment period. Add the total daily MME for the treatment period and divide by the number of days in the treatment period. Members whose average MME was  $\geq 90$  meet criteria.

### How to Determine Average MME $\geq 90$ :

1. Use all the medication lists in **Table HDO-A** to identify all opioid medication dispensing events during the measurement year.
2. For each member, calculate the MME daily dose for each medication dispensing event.
3. For a single dispensing event, multiply the MME daily dose by the dispensing event's days' supply.  
**For example, a dispensing event with an MME daily dose of 90 and a 5-day supply would have a total MME of 450 for that dispensing event. As multiple dispensing events can overlap on one calendar day, for each day, add the MME daily doses for all dispensing events to determine the total daily MME for that day.**
4. Determine the treatment period.
5. Determine the average MME. Add the total daily MME for the treatment period and divide by the number of days in the treatment period. Members whose average MME was  $\geq 90$  meet the numerator criteria.

Table HDO-A Opioid Medications

| Type of Opioid                                       | Medication  | MME Conv Factor |
|--|---|-----------------|
| Benzhydrocodone                                      | Acetaminophen Benzhydrocodone: 4.08mg, 6.12mg, 8.16mg   | 1.2             |
| Butorphanol  | Butorphanol 10mg/mL   | 7               |
| Codeine  | Codeine Sulfate: 15mg, 30mg, 60mg; Acetaminophen Codeine: 2.4mg/mL, 15mg, 30mg, 60mg  | 0.15            |
|  | Acetaminophen Butalbital Caffeine Codeine: 30mg   |                 |
|  | Aspirin Butalbital Caffeine Codeine: 30mg   |                 |
|  | Aspirin Carisoprodol Codeine: 16mg  |                 |
| Dihydrocodeine                                       | Acetaminophen Caffeine Dihydrocodeine: 16mg   | 0.25            |
| Fentanyl buccal or sub-lingual tablet, lozenge (mcg) | Fentanyl: 100mcg, 200mcg, 300mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg  | 0.13            |
| Fentanyl oral spray (mcg)                            | Fentanyl: 100mcg/spray, 200mcg/spray, 400mcg/spray, 600mcg/spray, 800mcg/spray  | 0.18            |
| Fentanyl nasal spray (mcg)                           | Fentanyl: 100mcg/spray, 300mcg/spray, 400mcg/spray  | 0.16            |
| Fentanyl transdermal film/patch (mcg/hr)             | Fentanyl: 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr                               | 7.2             |
| Hydrocodone  | Hydrocodone: 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg, 120mg   | 1               |
|  | Acetaminophen Hydrocodone: .5mg/mL, .67mg/mL, 2.5mg, 5mg, 7.5mg, 10mg   |                 |
|  | Hydrocodone Ibuprofen: 2.5mg, 5mg, 7.5mg, 10mg  |                 |
| Hydromorphone  | Hydromorphone: 1mg/mL, 2mg, 3mg, 4mg, 8mg, 12mg, 16mg, 32mg   | 4               |
| Levorphanol  | Levorphanol: 2mg, 3mg   | 11              |
| Meperidine   | Meperidine: 10mg/mL, 50mg, 100mg  | 0.1             |
| Methadone  | Methadone: 1mg/mL, 2mg/mL, 5mg, 10mg, 10mg/mL, 40mg   | 3               |
| Morphine   | Morphine: 2mg/mL, 4mg/mL, 5mg, 10mg, 15mg, 20mg/mL, 20mg, 30mg, 40mg, 45mg, 50mg, 60mg, 75mg, 80mg, 90mg, 100mg, 120mg, 200mg | 1               |
|  | Morphine Naltrexone: 20mg, 30mg, 50mg, 60mg, 80mg, 100mg  |                 |
| Opium  | Belladonna Opium: 30mg, 60mg  | 1               |
| Oxycodone  | Oxycodone: 1MGPML, 5mg, 7.5mg, 9mg, 10mg, 13.5mg, 15mg, 18mg, 20mg, 27mg, 30mg, 36mg, 40mg, 60mg, 80mg                        | 1.5             |
| Oxycodone  | Acetaminophen Oxycodone: 1MGPML, 2MGPML, 2.5mg, 5mg, 7.5mg, 10mg  | 1.5             |
| Oxycodone  | Aspirin Oxycodone: 4.84mg   | 1.5             |
| Oxycodone  | Ibuprofen Oxycodone: 5mg  | 1.5             |
| Pentazocine  | Naloxone Pentazocine: 50mg  | 0.37            |
| Tapentadol   | Tapentadol: 50mg, 75mg, 100mg, 150mg, 200mg, 250mg  | 0.4             |
| Tramadol   | Tramadol: 5MGPML, 50mg, 100mg, 150mg, 200mg, 300mg  | 0.1             |
| Tramadol   | Acetaminophen Tramadol: 37.5mg  | 0.1             |

| The following will exclude Members from this measure: |  |
|---|--|
| <b>Hospice Encounter During 2024</b>                  | <b>HCPCS:</b><br>G9473, G9474, G9475, G9476, G9477, G9478, G9479, Q5003, Q5004, Q5005, Q5006, Q5007, Q5008, Q5010, S9126, T2042, T2043, T2044, T2045, T2046  |
|   | <b>SNOMED:</b><br>183919006, 183920000, 183921001, 305336008, 305911006, 385765002   |
|   | <b>UBREV:</b><br>0115, 0125, 0135, 0145, 0155, 0235, 0650, 0651, 0652, 0655, 0656, 0657, 0658, 0659  |
| <b>Hospice Intervention During 2024</b>               | <b>CPT:</b><br>99377, 99378  |
|   | <b>HCPCS:</b><br>G0182   |
|   | <b>SNOMED:</b><br>170935008, 170936009, 385763009  |
| <b>Palliative Care Assessment During 2024</b>         | <b>SNOMED:</b><br>718890006, 718893008, 718895001, 718898004, 718899007, 718901003, 718903000, 718904006, 718957007, 718967002, 718969004, 718971004, 718973001, 718974007, 718975008, 718976009, 761865002, 761866001, 761867005, 457511000124100 |
| <b>Palliative Care Encounter During 2024</b>          | <b>HCPCS:</b><br>G9054, M1017  |
|   | <b>ICD10CM:</b><br>Z51.5<br>Do not include laboratory claims with POS code 81  |
|   | <b>SNOMED:</b><br>305284002, 305381007, 305686008, 305824005, 441874000, 713281006, 4901000124101  |
| <b>Palliative Care Intervention During 2024</b>       | <b>SNOMED:</b><br>103735009, 105402000, 395669003, 395670002, 395694002, 395695001, 443761007, 1841000124106, 433181000124107  |
| <b>Patients who died any time during 2024</b>         |  |

## Tips and Best Practices to Help Improve Performance

- Utilize the monthly Gaps in Care (GIC) report for a list of MVP Members who need preventive care
- Encourage billing staff to use CPT Category II codes which are intended to facilitate the collection of information about the quality of care delivered by coding specific services or test results that support performance measures; CPT-CAT-II codes will lessen the need for record abstraction and chart review and minimize the administrative burden
- Consider utilizing alerts or flags within the electronic health record (EHR)
- Discuss the importance of early detection and encourage preventive care
- Document preventive care in the medical record with specific date and results
- Document medical and surgical history in the medical record and include dates
- Submit all results to your local Regional Health Information Organization (RHIO)
- Use correct diagnosis and procedure codes and submit claims and encounter data in a timely manner
- Stock patient areas and exam rooms with screening educational materials such as those found here:
  - [Healthcare Professionals | Healthcare Professionals | Opioids | CDC](#)
  - [Opioids and Opioid Addiction - MVP Health Care](#)
- The HgbA1C test should be performed yearly at minimum