

Quality ID #414: Evaluation or Interview for Risk of Opioid Misuse – National Quality Strategy  
Domain: Effective Clinical Care

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
REGISTRY ONLY

**MEASURE TYPE:**  
Process

**DESCRIPTION:**

All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g. Opioid Risk Tool, SOAPP-R) or patient interview documented at least once during Opioid Therapy in the medical record

**INSTRUCTIONS:**

This measure is to be submitted **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 eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Submission:**

The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**

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

**Denominator Criteria (Eligible Cases):**

Patients aged  $\geq 18$  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: G9583

**NUMERATOR:**

Patients evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, Opioid Assessment for Patients with Pain, revised (SOAPP-R)) or patient interview at least once during opioid therapy

**Numerator Options:**

***Performance Met:***

Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk Tool, SOAPP-R) or patient interviewed at least once during opioid therapy (**G9584**)

**OR**

***Performance Not Met:***

Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., Opioid Risk

Tool, SOAPP-R) or patient not interviewed at least once during opioid therapy (G9585)

**RATIONALE:**

A thorough history and physical examination, including an assessment of psychosocial factors and family history, is essential for adequate risk stratification. Implicit in the recommendation to conduct a comprehensive benefit-to-harm analysis is the recognition that an opioid trial may not be appropriate. Clinicians should obtain appropriate diagnostic tests to evaluate the underlying pain condition, and should consider whether the pain condition may be treated more effectively with nonopioid therapy rather than with COT.

**CLINICAL RECOMMENDATION STATEMENTS:**

Before initiating COT, clinicians should conduct a history, physical examination and appropriate testing, including an assessment of risk of substance abuse, misuse, or addiction (strong recommendation, low-quality evidence).

Clinicians may consider a trial of COT as an option if chronic noncancer pain (CNCP) is moderate or severe, pain is having an adverse impact on function or quality of life, and potential therapeutic benefits outweigh or are likely to outweigh potential harms (strong recommendation, low-quality evidence).

A benefit-to-harm evaluation including a history, physical examination, and appropriate diagnostic testing, should be performed and documented before and on an ongoing basis during COT (strong recommendation, low-quality evidence) (p. 115).

Tools that appear to have good content, face, and construct validity include the Screener and Opioid Assessment for Patients with Pain (SOAPP) Version 1, the revised SOAPP (SOAPP-R), the Opioid Risk Tool (ORT), and the Diagnosis, Intractability, Risk, Efficacy (DIRE) instrument (p.116).

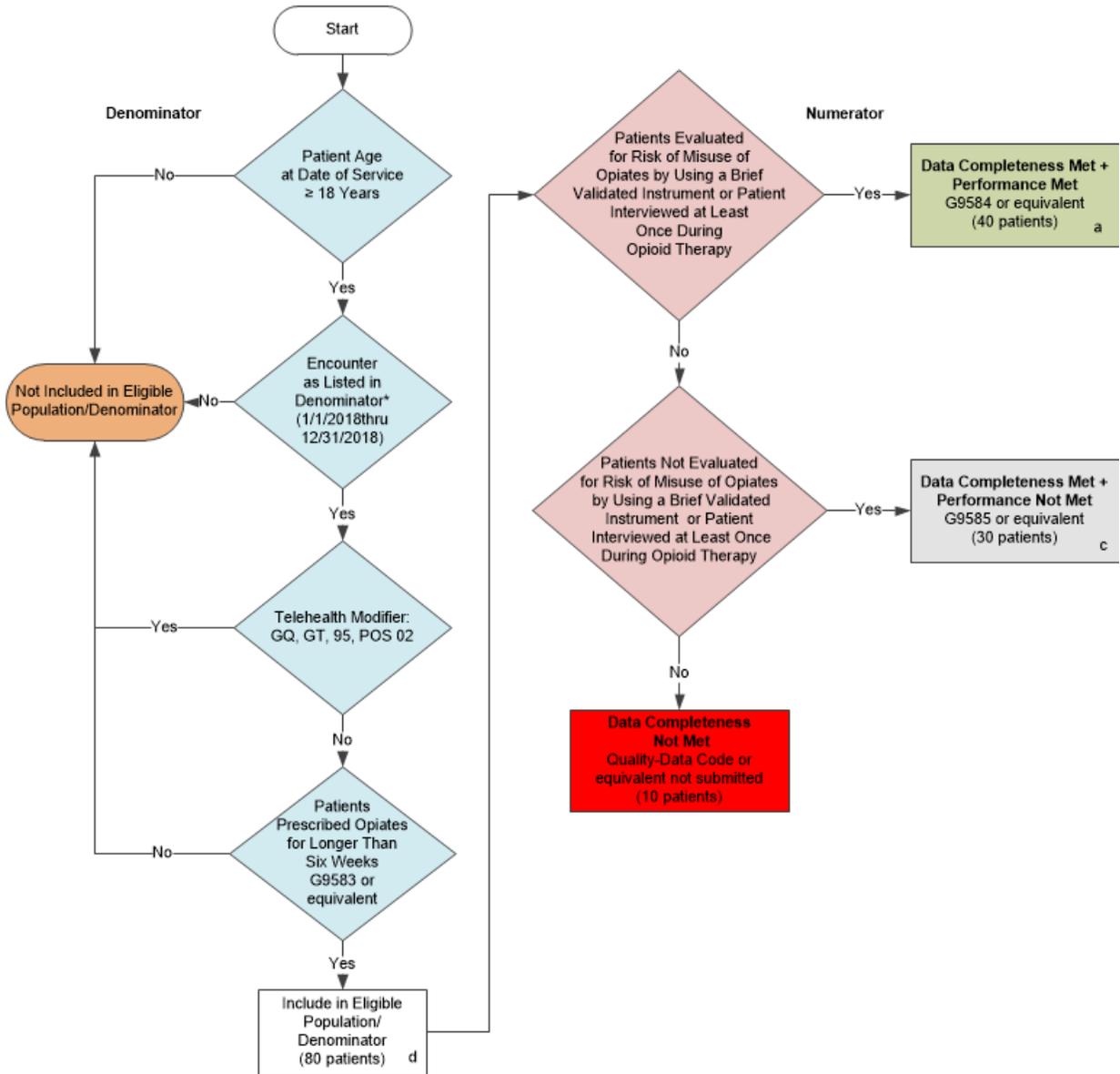
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## 2018 Registry Flow for Quality ID #414: Evaluation or Interview for Risk of Opioid Misuse



### 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=  

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

\* 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.

v2

**2018 Registry Flow for Quality ID  
#414: Evaluation or Interview for Risk of Opioid Misuse**

Please refer to the specific section of the specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry data submission.

1. Start with Denominator
2. Check Patient Age:
  - a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
  - b. If the Age is greater than or equal to 18 years of age on Date of Service and 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 Patient 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 Patient Population. Stop Processing.
  - b. If Telehealth Modifier equals No, proceed to 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 Patient Population. Stop Processing.
  - b. If Patients Prescribed Opiates For Longer Than Six weeks equals Yes, include in Eligible Patient Population.
6. 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.
7. Start Numerator
8. Check Patients Evaluated For Risk of Misuse of Opiates by Using a Brief Validated Instrument or Patient Interviewed at Least Once During Opioid Therapy:
  - a. If Patients Evaluated For Risk of Misuse of Opiates by Using a Brief Validated Instrument or Patient Interviewed at Least Once 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 Evaluated For Risk of Misuse of Opiates by Using a Brief Validated Instrument or Patient Interviewed at Least Once During Opioid Therapy equals No, proceed to Patients Not Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument or Patient Interviewed at Least Once During Opioid Therapy.
9. Check Patients Not Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument or Patient Interviewed at Least Once During Opioid Therapy:
- a. If Patients Not Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument or Patient Interviewed at Least Once 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 Not Evaluated for Risk of Misuse of Opiates by Using a Brief Validated Instrument or Patient Interviewed at Least Once During Opioid Therapy equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**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=**

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