# HEDIS® Tip Sheet Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)

### **Measure Description**

The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Report each of the following three rates separately and as a total rate:

**Rate 1**: A **history of accidental falls** or hip fracture (*note: hip fractures are used as a proxy for identifying accidental falls*) and a prescription for antiepileptics, antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs).

*Rate 1 Required Exclusion*: Members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, or seizure disorder on or between January 1 of the year prior to the measurement year and December 1 of the measurement year. Do not include laboratory claims (POS: 81).

**Rate 2: Dementia** and a prescription for antipsychotics, benzodiazepines, nonbenzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents.

*Rate 2 Required Exclusions*: Members with a diagnosis of psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder on or between January 1 of the year prior to the measurement year and December 1 of the measurement year. Do not include laboratory claims (POS: 81)

Rate 3: Chronic kidney disease and prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs.

*Rate 3 Required Exclusions*: For ESRD or stage 4 chronic kidney disease, do not include laboratory claims (POS: 81).

**Note:** Members with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify). A lower rate indicates better performance for all rates.

Product Line: Medicare

# Codes Included in the Current HEDIS® Measure

Description	Code
Falls	ICD-10: W01.0Xxx, W01.10xx, W01.11xx, W06.XXxx-W08.XXxx, W10.0Xxx, W18.00xx,
	W19.XXxx
Hip Fractures*	ICD-10: M97.01xx, S72.00xx, S72.01xx-S72.06xx, S72.09xx-S72.116xx, S72.121xx-
	S72.126xx, S72.131x-S72.136x, S72.141x-S72.146x, S72.21xx-S72.26xx

\*Hip fractures are used as a proxy for identifying accidental falls.

#### Codes to Identify Dementia

Description	Code
Dementia	ICD-10: F01.50-F01.54, F01.Axx, F01.Bxx, F01.Cxx, F02.80-F02.84, F02.Axx, F02.Bxx,
	F02.Cxxx, F03.90-F03.94, F03.Axx, F03.Bxx, F03.Cxx, F04, F10.27, F10.97, F13.27, F13.97,
	F18.17, F18.27, F18.97, F19.17, F19.27, F19.97, G30.0-G30.1, G30.8-G30.9, G31.83



Description Code **ESRD** Diagnosis ICD-10: N18.5, N18.6, Z99.2 **Dialysis Procedure** CPT: 90935, 90937, 90945, 90947, 90997, 90999, 99512 HCPCS: G0257, S9339 CKD Stage 4 ICD-10: N18.4 **Total Nephrectomy** ICD-10: 0TT00ZZ, 0TT04ZG, 0TT04ZZ, 0TT10ZZ, 0TT14ZG, 0TT14ZZ, 0TT20ZZ, 0TT24ZG, 0TT24ZZ CPT: 50220, 50225, 50230, 50234, 50236, 50340, 50370, 50543, 50545, 50546, 50548 **Kidney Transplant** ICD-10: 0TY00Z0, 0TY00Z1, 0TY00Z2, 0TY10Z0, 0TY10Z1, 0TY10Z2 CPT: 50360, 50365, 50380 HCPCS: S2065

#### Codes to Identify Chronic Kidney Disease

### **Medications**

Rate 1 - Potentially Harmful Drugs – History of Falls Medication

Description	Prescription
Anticholinergic agents,	Prochlorperazine, Promethazine
antiemetics	
Anticholinergic agents,	Brompheniramine, Chlorpheniramine, Cyproheptadine, Dimenhydrinate,
antihistamines	Diphenhydramine, Doxylamine, Hydroxyzine, Meclizine, Triprolidine
Anticholinergic agents, antimuscarinics (oral)	Darifenacin, Fesoterodine, Flavoxate, Oxybutynin, Solifenacin, Tolterodine, Trospium
Anticholinergic agents,	Benztropine, Trihexyphenidyl
anti-Parkinson agents	Cuelebonzonning, Ornhonodning
Anticholinergic agents, skeletal muscle relaxants	Cyclobenzaprine, Orphenadrine
Anticholinergic agents,	Atropine, Chlordiazepoxide-clidinium, Dicyclomine, Homatropine, Hyoscyamine,
antispasmodics	Scopolamine
Antiepileptics	Carbamazepine, Clobazam, Divalproex sodium, Ethosuximide, Ethotoin, Felbamate,
	Fosphenytoin, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Methsuximide,
	Oxcarbazepine, Phenobarbital, Phenytoin, Pregabalin, Primidone, Rufinamide, Tiagabine
	HCL, Topiramate, Valproic acid, Vigabatrin, Zonisamide
SNRIs	Desvenlafaxine, Duloxetine, Levomilnacipran, Venlafaxine
SSRIs	Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline

#### Rate 1 & 2 - Potentially Harmful Drugs – History of Falls and Dementia Medication

Description	Prescription
Antipsychotics	Aripiprazole, Aripiprazole lauroxil, Asenapine, Brexpiprazole, Cariprazine,
	Chlorpromazine, Clozapine, Fluphenazine, Haloperidol, Iloperidone, Loxapine,
	Lurasidone, Molindone, Olanzapine, Paliperidone, Perphenazine, Pimozide, Quetiapine,
	Risperidone, Thioridazine, Thiothixene, Trifluoperazine, Ziprasidone
Benzodiazepines	Alprazolam, Chlordiazepoxide, Clonazepam, Clorazepate, Diazepam, Estazolam,
	Flurazepam, Lorazepam, Midazolam, Oxazepam, Quazepam, Temazepam, Triazolam
Nonbenzodiazepine	Eszopiclone, Zaleplon, Zolpidem
Hypnotics	
Tricyclic Antidepressants	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin (>6 mg), Imipramine,
	Nortriptyline, Protriptyline, Trimipramine



#### Rate 2 - Dementia Medication

Description	Prescription
Cholinesterase Inhibitors	Donepezil, Galantamine, Rivastigmine
Miscellaneous Central	Memantine
Nervous System Agents	
Dementia Combinations	Donepezil-Memantine

#### Rate 2 - Potentially Harmful Drugs - Dementia Medication

Description	Prescription
Antiemetics	Prochlorperazine, Promethazine
Antihistamines	Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine,
	Dexbrompheniramine, Dexchlorpheniramine, Dimenhydrinate, Diphenhydramine,
	Doxylamine, Pyrilamine, Triprolidine, Hydroxyzine, Meclizine
Antispasmodics	Atropine, Belladonna Alkaloids, Clidinium-Chlordiazepoxide, Dicyclomine, Homatropine,
	Hyoscyamine, Methscopolamine, Propantheline, Scopolamine
Antimuscarinics (Oral)	Darifenacin, Fesoterodine, Flavoxate, Oxybutynin, Solifenacin, Tolterodine, Trospium
Anti-Parkinson Agents	Benztropine, Trihexyphenidyl
Skeletal Muscle Relaxants	Cyclobenzaprine, Orphenadrine
SSRIs	Paroxetine
Antiarrhythmic	Disopyramide

#### Rate 3 - Cox-2 Selective NSAIDs and Non-aspirin NSAIDs Medication

Description	Prescription
Cox-2 Selective NSAIDs	Celecoxib
Non-aspirin NSAIDs	Diclofenac, Etodolac, Fenoprofen, Flurbiprofen, Ibuprofen, Indomethacin, Ketoprofen, Ketorolac, Meclofenamate, Mefenamic acid, Meloxicam, Nabumetone, Naproxen, Naproxen sodium, Oxaprozin, Piroxicam, Sulindac, Tolmetin

# Ways Providers can Improve HEDIS® Performance

- Documentation of follow-up care on or 30 days after the date of the first positive screen.
- Weigh the risks and benefits of prescribing certain CNS drugs to patients with a history of **accidental fall or hip fracture**, particularly when not documenting a diagnosis such as psychosis, schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, or seizure disorder.
- Weigh the risks and benefits of prescribing certain CNS drugs to patients with a history of dementia or on treatment with cholinesterase inhibitors or memantine, particularly when not documented a diagnosis of psychosis, schizophrenia, schizoaffective disorder, or bipolar disorder.
- Weigh the risk and benefits of prescribing non-steroidal anti-inflammatory drugs (COX-2 selective or non-aspirin NSAID) to patients with a history of **chronic kidney disease** (i.e., ESRD, stage 4 chronic kidney disease, nephrectomy, kidney transplant).

### Ways Health Plans can Improve HEDIS® Performance

- Audit, identify, and educate top 10 providers who have prescribed dangerous medications to members with certain diagnoses.
- Educate members with an underlying disease, condition, or health concern on the risk of taking certain medications.
- Communicate with a member's providers to ensure health information is up to date prior to new prescriptions.
- Provide follow-up care management for older adults with certain diagnoses who are prescribed potentially harmful medications and monitor members for signs of adverse drug effects.



## **Required Exclusions**

- Members who use hospice services or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.
- Members receiving palliative care any time during the measurement year.
- Members who had an encounter for palliative care (ICD-10-CM code Z51.5) any time during the measurement year. Do not include laboratory claims (POS: 81).



All summaries of the measures contained herein are reproduced with permission from HEDIS<sup>®</sup> Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA).

The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can be performed by a qualified medical professional. Molina Healthcare, Inc. does not warrant or represent that the information contained herein is accurate or free from defects.

#### COPYRIGHT NOTICE AND DISCLAIMER

HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA). The HEDIS measures and specifications were developed by and are owned by NCQA. NCQA holds a copyright in these materials and may rescind or alter these materials at any time. Users of the HEDIS measures and specifications shall not have the right to alter, enhance or otherwise modify the HEDIS measures and specifications, and shall not disassemble, recompile or reverse engineer the HEDIS measures and specifications. Anyone desiring to use or reproduce the materials, subject to licensed user restrictions, without modification for an internal non-commercial purpose may do so without obtaining any approval from NCQA. Use of the Rules for Allowable Adjustments of HEDIS to make permitted adjustments of the materials does not constitute a modification. All other uses, including a commercial use (including but not limited to vendors using the measures and specifications with a product or service to calculate measure results), or any external reproduction, distribution and publication of the HEDIS measures or results ("rates") therefrom must be approved by NCQA and are subject to a license at the discretion of NCQA. Any use of the materials to identify records or calculate measure results, for example, requires a custom license and may necessitate certification pursuant to NCQA's Measure Certification Program.

HEDIS measures and specifications are not clinical guidelines, do not establish a standard of medical care and have 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 endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA also makes no representations, warranties or endorsements about the quality of any organization or clinician who uses or reports performance measures. NCQA has no liability to anyone who relies on HEDIS measures and specifications or data reflective of performance under such measures and specifications.

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

CPT<sup>\*</sup> codes, descriptions and other data are copyright 2024 American Medical Association (AMA). All rights reserved. CPT is a trademark of the AMA. 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 the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Health Care Provider Taxonomy Code Set codes copyright 2024 AMA. The codes are published in cooperation with the National Uniform Claim Committee (NUCC) by the AMA. Applicable FARS/DFARS restrictions apply.

The American Hospital Association holds a copyright to the Uniform Billing Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. All uses of the UB Codes may require a license from the AHA. Specifically, anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@aha.org.

The American Dental Association (ADA) holds a copyright to the Current Dental Terminology (CDT) codes contained in certain measure specifications. The CDT codes in the HEDIS specifications are included with the permission of the ADA. All uses of the CDT codes require a license from the ADA. No alteration, amendments, or modifications of the CDT or any portion thereof is allowed. Resale, transmission, or distribution of copies of the CDT or other portions of the CDT is also not allowed. To inquire about licensing, contact CDT-SNODENT@ada.org.

Some measure specifications contain coding from LOINC<sup>®</sup> (<u>https://loinc.org/</u>). 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 © 1995–2024 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/.

"SNOMED" and "SNOMED CT" are registered trademarks of the International Health Terminology Standards Development Organisation (IHTSDO).

The CDC Race and Ethnicity code system was developed by the U.S. Centers for Disease Control and Prevention (CDC). NCQA's use of the code system does not imply endorsement by the CDC of NCQA, or its products or services. The code system is otherwise available on the CDC website at no charge.

Certain NullFlavor codes are owned and copyrighted by Health Level Seven International (HL7<sup>\*</sup>); 2024. "HL7" is a registered trademark of Health Level Seven International.

RadLex copyright 2014, The Radiological Society of North America (RSNA), all rights reserved. Licensed under RadLex License Version 2.0. You may obtain a copy of the license at: http://www.rsna.org/radlexdownloads/ This work is distributed under the above noted license on an "AS IS" basis, WITHOUT WARRANTIES OF ANY KIND, either express or implied. Please see the license for complete terms and conditions.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording or any information storage and retrieval system, without the written permission of NCQA.

© 2024 by the National Committee for Quality Assurance 1100 13th Street NW, Third Floor, Washington, DC 20005



