

CMS Measure ID 305 (eCQM): Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (CMS137v10)

07/24/2024 12:54 pm EDT

Description:

Percentage of patients 13 years of age and older with a new episode of alcohol or other drug abuse or (AOD) dependence who received the following. Two rates are reported.

- a. Percentage of patients who initiated treatment including either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis
- b. Percentage of patients who engaged in ongoing treatment including two additional interventions or a medication for the treatment of AOD abuse or dependence within 34 days of the initiation visit. For patients who initiated treatment with a medication, at least one of the two engagement events must be a treatment intervention.

Guidance:

The new episode of alcohol and other drug dependence should be the first episode of the measurement period that is not preceded in the 60 days prior by another episode of alcohol or other drug dependence.

Initial Population:

Patients aged 13 years of age and older who were diagnosed with a new episode of alcohol, opioid, or other drug abuse or dependency during a visit between January 1 and November 14 of the measurement period.

Date of Birth information can be entered in DrChrono in the patient chart under the **Demographics** tab with the **Patient's Date of Birth**.

ICD-10 Diagnosis Codes: F10.10, F10.120, F10.121, F10.129, F10.130, F10.131, F10.132, F10.139, F10.14, F10.150, F10.151, F10.159, F10.180, F10.181, F10.182, F10.188, F10.19, F10.20, F10.220, F10.221, F10.229, F10.230, F10.231, F10.232, F10.239, F10.24, F10.250, F10.251, F10.259, F10.26, F10.27, F10.280, F10.281, F10.282, F10.288, F10.29, F11.10, F11.120, F11.121, F11.122, F11.129, F11.13, F11.14, F11.150, F11.151, F11.159, F11.181, F11.182, F11.188, F11.19, F11.20, F11.220, F11.221, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288, F11.29, F12.10, F12.120, F12.121, F12.122, F12.129, F12.13, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.220, F12.221, F12.222, F12.229, F12.23, F12.250, F12.251, F12.259, F12.280, F12.288, F12.29, F13.10, F13.120, F13.121, F13.129, F13.130, F13.131, F13.132, F13.139, F13.14, F13.150, F13.151, F13.159, F13.180, F13.181, F13.182, F13.188, F13.19, F13.20, F13.220, F13.221, F13.229, F13.230, F13.231, F13.232, F13.239, F13.24, , F13.250, F13.251, F13.259, F13.26, F13.27, F13.280, F13.281, F13.282, F13.288, F13.29, F14.10, F14.120, F14.121, F14.122, F14.129, F14.13, F14.14, F14.150, F14.151, F14.159, F14.180, F14.181, F14.182, F14.188, F14.19, F14.20, F14.220, F14.221, F14.222, F14.229, F14.23, F14.24, F14.250, F14.251, F14.259, F14.280, F14.281, F14.282, F14.288, F14.29, F15.10, F15.120, F15.121, F15.122, F15.129, F15.13, F15.14, F15.150, F15.151, F15.159, F15.180, F15.181, F15.182, F15.188, F15.19, F15.20, F15.220, F15.221, F15.222, F15.229, F15.23, F15.24, F15.250, F15.251, F15.259, F15.280, F15.281, F15.282, F15.288,

F15.29, F16.10, F16.120, F16.121, F16.122, F16.129, F16.14, F16.150, F16.151, F16.159, F16.180, F16.183, F16.188, F16.19, F16.20, F16.220, F16.221, F16.229, F16.24, F16.250, F16.251, F16.259, F16.280, F16.283, F16.288, F16.29, F18.10, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.220, F18.221, F18.229, F18.24, F18.250, F18.251, F18.259, F18.27, F18.280, F18.288, F18.29, F19.10, F19.120, F19.121, F19.122, F19.129, F19.130, F19.131, F19.132, F19.139, F19.14, F19.150, F19.151, F19.159, F19.16, F19.17, F19.180, F19.181, F19.182, F19.188, F19.19, F19.20, F19.220, F19.221, F19.222, F19.229, F19.230, F19.231, F19.232, F19.239, F19.24, F19.250, F19.251, F19.259, F19.26, F19.27, F19.280, F19.281, F19.282, F19.288, F19.29

Denominator

Equals Initial Population.

Denominator Exclusions:

Exclude patients with a negative diagnosis history, defined as an encounter or medication treatment for a diagnosis of alcohol, opioid, or other drug abuse or dependence in the 60 days prior to the first episode of alcohol or drug dependence.

Exclude patients who are in hospice care for any part of the measurement period.

Denominator Exceptions:

None

Numerator

Numerator 1: Initiation of treatment includes either an intervention or medication for the treatment of AOD abuse or dependence within 14 days of the diagnosis.

Numerator 2: Engagement in ongoing treatment within 34 days of initiation includes:

1. Patients that initiated treatment with a psychosocial visit, and whose engagement criteria was fulfilled by a dispensed medication.
2. Patients that initiated treatment with a psychosocial visit, and whose engagement criteria was fulfilled by two further psychosocial visits.
3. Patients that initiated treatment with a dispensed medication, and whose engagement criteria was fulfilled by both a further medication dispense and a psychosocial visit.
4. Patients that initiated treatment with a dispensed medication, and whose engagement criteria was fulfilled by two psychosocial visits

Medication Assisted Treatment HCPCS Codes: G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2074, G2075, G2076, G2077, G2080, G2086, G2087, H0020, H0033

Encounter Codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99221, 99222, 99223, 99234, 99235, 99236, 99238, 99239, 99281, 99282, 99283, 99284, 99285

Online Assessments: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99458, G0071, G2010, G2012, G2061, G2062, G2063

Telephone Visit Codes: 98966, 98967, 98968, 99441, 99442, 99443

Psychotherapy Visit Codes: 90832, 90834, 90837

Codes can be entered in the clinical note under the billing section, in the live claims feed, and in the appointment window under the billing tab.

Schedule Appointment x

Appointment
Billing
Eligibility
Vitals
Growthcharts
Flags
Log Comm.
Revisions
Custom Data
MU Helper

Patient SuperBill Clinical Note Billing Details Other Forms

Billing Status

ICD Version

Patient Payment \$

Pre Authorization Approval

Referral #

Payment Profile

Billing Profile

Billing Pick List

Diagnosis Pick List

Credit Card Payment

HCFA Box 10 - Is patient's condition related to:

Employment

Auto Accident

Other Accident

Onset Date Type

Onset Date

Other Date Type

Other Date

Claim Billed: \$145.00 Adjustment: \$0.00 Insurer Paid: \$0.00 Patient Paid: \$0.00

ICD-10 Codes

#	Code	Description
1	F11.120	Opioid abuse with intoxication, uncomplicated

ICD-9 Codes to Convert

#	Code	Description
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NDC Codes

NDC Code	Quantity	Units	Line Item
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Custom Codes

Code	Description	Price (\$)
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CPT Codes

Code	Description	Price (\$)
1 99213	OFFICE O/P EST LOW 20-29 MIN	145.00
2 90832	PSYTX W PT 30 MINUTES	0.00

HCPCS Codes

Code	Description	Price (\$)
1 G2068	Med assist tx bupre oral	0.00

Include note in EDI Billing:

Medications: Opiate Antagonists

- buprenorphine 2 MG / naloxone 0.5 MG Sublingual Film
- buprenorphine 8 MG / naloxone 2 MG Sublingual Film
- buprenorphine 4 MG / naloxone 1 MG Sublingual Film
- buprenorphine 12 MG / naloxone 3 MG Sublingual Film
- buprenorphine 1.4 MG / naloxone 0.36 MG Sublingual Tablet
- buprenorphine 5.7 MG / naloxone 1.4 MG Sublingual Tablet

naltrexone hydrochloride 50 MG Oral Tablet
buprenorphine 2.1 MG / naloxone 0.3 MG Buccal Film
buprenorphine 4.2 MG / naloxone 0.7 MG Buccal Film
buprenorphine 6.3 MG / naloxone 1 MG Buccal Film
12 HR bupropion hydrochloride 90 MG / naltrexone hydrochloride 8 MG Extended
Release Oral Tablet
buprenorphine 11.4 MG / naloxone 2.9 MG Sublingual Tablet
buprenorphine 8.6 MG / naloxone 2.1 MG Sublingual Tablet
1 ML buprenorphine 0.3 MG/ML Cartridge
buprenorphine 2.9 MG / naloxone 0.71 MG Sublingual Tablet
buprenorphine 74.2 MG Drug Implant
buprenorphine 0.7 MG / naloxone 0.18 MG Sublingual Tablet
disulfiram 250 MG Oral Tablet
disulfiram 500 MG Oral Tablet
0.5 ML buprenorphine 200 MG/ML Prefilled Syringe
1.5 ML buprenorphine 200 MG/ML Prefilled Syringe
1 ML buprenorphine 0.3 MG/ML Injection
buprenorphine 2 MG Sublingual Tablet
buprenorphine 8 MG Sublingual Tablet
buprenorphine 2 MG / naloxone 0.5 MG Sublingual Tablet
buprenorphine 8 MG / naloxone 2 MG Sublingual Tablet
naltrexone 380 MG Injection
acamprostate calcium 333 MG Delayed Release Oral Tablet

Medications can be prescribed in the patient's chart in the **Send eRx** tab.

Numerator Exclusions:

None.

[CMS Measure Information](#)
