

## Pharmacologic Therapy

*This measure is to be reported for all patients aged 5-40 years with asthma — a minimum of **once** per reporting period.*

### Measure description

Percentage of patients aged 5–40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment

### What will you need to report for each patient with asthma for this measure?

If you select this measure for reporting, you will report:

- The patient's type of asthma:
  - Persistent<sup>1</sup> (mild, moderate, or severe) OR
  - Intermittent

If the patient has mild, moderate or severe persistent asthma, you will then need to report:

- Whether or not you prescribed either the preferred long-term control medication (inhaled corticosteroid [ICS] or inhaled corticosteroid with long-acting inhaled beta<sub>2</sub>-agonist [LABA]) OR an acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines)<sup>2</sup>

### What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to prescribe either the preferred long-term control medication OR an acceptable alternative treatment, due to:

- Patient reasons (eg, patient declined, economic, social, religious, other patient reason)

In these cases, you will need to indicate that the patient reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

<sup>1</sup>Documentation of persistent asthma must be present. One method of identifying persistent asthma is at least daily use of short-acting bronchodilators.

<sup>2</sup>In patients with moderate or severe persistent asthma, strong evidence indicates that use of LABA in combination with ICS leads to improvements in lung function and symptoms, and reduced supplemental bronchodilator use. LABA is not recommended for use as monotherapy.

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### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 5–40.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of asthma.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Does patient have persistent asthma <sup>1</sup> (mild, moderate or severe)?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> (ie, patient has intermittent asthma), report 1039F and STOP. If <b>Yes</b> , report 1038F and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Preferred Long-Term Control Medication or Acceptable Alternative Treatment <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	4015F
Not prescribed for the following reason: • Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4015F–2P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4015F–8P (Persistent asthma, preferred long term control medication or acceptable treatment not prescribed, reason not otherwise specified.)

<sup>1</sup>Documentation of persistent asthma must be present. One method of identifying persistent asthma is at least daily use of short-acting bronchodilators.

<sup>2</sup>Preferred long-term control medication: inhaled corticosteroid [ICS] or inhaled corticosteroid with long-acting inhaled beta2-agonist [LABA]; Acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines). In patients with moderate or severe persistent asthma, strong evidence indicates that use of LABA in combination with ICS leads to improvements in lung function and symptoms, and reduced supplemental bronchodilator use. LABA is not recommended for use as monotherapy.

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### Coding Specifications

Codes required to document patient has mild, moderate, or severe persistent asthma and a visit occurred:

An ICD-9 diagnosis code for asthma and a CPT E/M service code are required to identify patients to be included in this measure.

#### Asthma ICD-9 diagnosis codes

- 493.00, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.92 (asthma excluding wheezing)
- 493.01 (asthma with status asthmaticus)
- 493.02 (asthma with (acute) exacerbation)

#### AND

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99383, 99384, 99385, 99386 (preventive medicine services — new patient)
- 99393, 99394, 99395, 99396 (preventive medicine services — established patient)
- 99401, 99402, 99403, 99404 (preventive medicine services — individual counseling)

Quality codes for this measure (at least one of the following for every eligible patient):

#### CPT II Code descriptors

(Data collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 1039F:** Intermittent Asthma
- **CPT II 1038F:** Persistent asthma (mild, moderate or severe)
- **CPT II 4015F:** Persistent asthma, preferred long term control medication or acceptable alternative treatment prescribed
- **CPT II 4015F-2P:** Documentation of patient reason(s) for not prescribing either the preferred long-term control medication or an acceptable alternative treatment
- **CPT II 4015F-8P:** Persistent asthma, preferred long term control medication or acceptable alternative treatment not prescribed, reason not otherwise specified

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