

## Asthma Assessment

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*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 asthma who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms

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

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

- Whether or not you evaluated the frequency of asthma symptoms (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire)<sup>1</sup>

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

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

<sup>1</sup>To be counted in calculations of this measure, symptom frequency must be numerically quantified. Measure may also be met by clinician documentation or patient completion of an asthma assessment tool/survey/questionnaire. Assessment tool may include the Quality Metric Asthma Control Test™, National Asthma Education & Prevention Program (NAEPP) Asthma Symptoms and Peak Flow Diary.

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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
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Patient is aged 5–40.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form. Refer to coding specifications document for list of applicable codes.
Patient has a diagnosis of asthma.	<input type="checkbox"/>	<input type="checkbox"/>	
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.			
<b>Step 2 Does patient meet the measure?</b>			
<b>Asthma Symptom Frequency<sup>1</sup></b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Evaluated	<input type="checkbox"/>	<input type="checkbox"/>	1005F
			If <b>No</b> is checked for the above, report 1005F–8P (Asthma symptoms not evaluated [includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire], reason not otherwise specified.)

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### Coding Specifications

Codes required to document patient has 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 (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 1005F:** Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire)
- **CPT II 1005F-8P:** Asthma symptoms not evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire), reason not otherwise specified

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