

## ▲Measure #53: Asthma: Pharmacologic Therapy

### **DESCRIPTION:**

Percentage of patients aged 5 through 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

### **INSTRUCTIONS:**

This measure is to be reported a minimum of once per reporting period for all asthma patients seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

### **This measure is reported using CPT Category II codes:**

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code(s) **OR** the CPT Category II code(s) **with** the modifier. The modifiers allowed for this measure are: 2P- patient reasons, 8P- reasons not otherwise specified.

### **NUMERATOR:**

Patients who were prescribed *either* the preferred long-term control medication (inhaled corticosteroid or inhaled corticosteroid with long-acting inhaled beta<sub>2</sub>-agonist) or an acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines)

**Numerator Instructions:** Documentation of persistent asthma must be present. One method of identifying persistent asthma is at least daily use of short-acting bronchodilators.

**Definition:** "Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

**NUMERATOR NOTE:** *The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

**Numerator Coding:**

**Preferred Long-Term Control Medication or Acceptable Alternative Treatment Prescribed**

*(Two CPT II codes [4015F & 1038F] are required on the claim form to submit this category)*

CPT II 4015F: Persistent asthma, preferred long term control medication or acceptable alternative treatment prescribed

**AND**

CPT II 1038F: Persistent asthma (mild, moderate or severe)

OR

**Preferred Long-Term Control Medication or Acceptable Alternative Treatment not Prescribed for Patient Reasons**

*(Two CPT II codes [4015F-2P & 1038F] are required on the claim form to submit this category)*

Append a modifier (2P) to CPT Category II code 4015F to report documented circumstances that appropriately exclude patients from the denominator.

- **4015F with 2P:** Documentation of patient reason(s) for not prescribing either the preferred long-term control medication (inhaled corticosteroid or inhaled corticosteroid with long-acting inhaled beta2-agonist) or an acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines)

**AND**

CPT II 1038F: Persistent asthma (mild, moderate or severe)

OR

**If patient is not eligible for this measure because patient does not have persistent asthma, report:**

*(One CPT II code [1039F] is required on the claim form to submit this category)*

CPT II 1039F: Intermittent asthma

OR

**Preferred Long-Term Control Medication or Acceptable Alternative Treatment not Prescribed, Reason not Specified**

*(Two CPT II codes [4015F-8P & 1038F] are required on the claim form to submit this category)*

Append a reporting modifier (8P) to CPT Category II code 4015F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **4015F with 8P:** Persistent asthma, preferred long term control medication or acceptable alternative treatment not prescribed, reason not otherwise specified

**AND**

CPT II 1038F: Persistent asthma (mild, moderate or severe)

**DENOMINATOR:**

All patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma

**Denominator Coding:**

An ICD-9 diagnosis code for asthma and a CPT E/M service code are required to identify patients for denominator inclusion.

**ICD-9 diagnosis codes:** 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92

**AND**

**CPT E/M service codes:** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

**RATIONALE:**

Although current guidelines recommend inhaled corticosteroids as the preferred pharmacological treatment for persistent asthma, other long-term control medications are acceptable alternatives. Long Acting-inhaled Beta<sub>2</sub> Agonists (LABA) are recommended in combination with Inhaled Corticosteroids

**CLINICAL RECOMMENDATION STATEMENTS:**

A stepwise approach to therapy is recommended to maintain long-term control:

- Step 1: Mild Intermittent Asthma
- No daily medication needed
- Step 2: Mild Persistent Asthma
- *Preferred treatment:* Low-dose inhaled corticosteroids (ICS)
- *Alternative treatment:* Cromolyn, leukotriene modifier, nedocromil, OR sustained-release theophylline
- Step 3: Moderate Persistent Asthma
- *Preferred treatment:* Low-medium dose ICS + long-acting inhaled beta<sub>2</sub>-agonists (LABA)
- *Alternative treatment:* Increase medium-dose ICS OR low-medium dose ICS and either leukotriene modifier or theophylline (If needed, may increase ICS within medium-dose range in either treatment)
- Step 4: Severe Persistent Asthma
- *Preferred treatment:* High-dose ICS + LABA AND, if needed, corticosteroid tablets or syrup long-term

Studies comparing ICS to cromolyn, nedocromil, theophylline, or leukotriene receptor antagonists are limited, but available evidence shows that none of these long-term control medications appear to be as effective as ICS in improving asthma outcomes.

For quick relief for all patients, a short-acting bronchodilator is recommended as needed for symptoms. (NAEPP/NHLBI)