

Pharmacologic Therapy

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

Measure 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

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:
 - Persistent¹ (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 prescribed² either the preferred long-term control medication (inhaled corticosteroid [ICS] or inhaled corticosteroid with long-acting inhaled beta₂-agonist [LABA]) OR
- an acceptable alternative treatment (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained-released methylxanthines)³

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, and 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).

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

²"Prescribed" may include prescription given to the patient for 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) at one or more visits in the 12-month period or patient already taking long-term control medication or an acceptable alternative treatment as documented in current medication list.

³In 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.