

Asthma Measures Group

Physician Quality Reporting System Data Collection Sheet*

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

Step 1 Preliminary reporting requirements

You must identify your intent to report the Asthma Measures Group by submitting the measures group-specific G-code on the first patient claim (G8645: I intend to report the Asthma Measures Group). You do not need to resubmit the measures group-specific G-code on more than one claim.

Step 2 Determine patient eligibility

(Codes determining a patient's eligibility must be reported on the **same claim** as the quality code(s) identified in Step 2 below.)

	Yes	No	
Patient is aged 5 through 50 on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to date of birth listed above or on claim form.
Patient has a diagnosis of Asthma.	<input type="checkbox"/>	<input type="checkbox"/>	493.00, 493.02, 493.10, 493.12, 493.20, 493.22, 493.82, 493.90, 493.92
There is a CPT Code for an office visit (including new and established patients).	<input type="checkbox"/>	<input type="checkbox"/>	99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

If **No** is checked for any of the above, STOP. This patient is not eligible for reporting on this measures group. Do not report a CPT category II code or a G-code.

Step 3 Complete individual measures

Asthma Assessment	Report one code for Asthma symptoms evaluated OR one code for symptoms NOT evaluated
Physician Quality Reporting System Measure #64 <ul style="list-style-type: none"> Reporting frequency: a minimum of once in the 12-month period Numerator Instructions: To be counted in calculation 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. 	Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) <input type="checkbox"/> 1005F
OR	
(Report one of the following options)	
	Asthma symptoms not evaluated, reason not otherwise specified <input type="checkbox"/> 1005F-8P

continued on next page

*For additional information on the Physician Quality Reporting System program and reporting on measures groups, please visit the CMS Web site at <http://www.cms.hhs.gov/pqri>.

continued from previous page

Pharmacologic Therapy		Report two codes, for persistent Asthma AND preferred long-term control medication (or acceptable alternative treatment) prescribed OR report two codes, for persistent Asthma AND preferred long-term control medication or acceptable alternative treatment not prescribed			
<p>Physician Quality Reporting System Measure #53</p> <ul style="list-style-type: none"> • <i>Reporting frequency: a minimum of once in the 12-month period</i> • <i>Numerator Instructions: Documentation of persistent asthma must be present. One method of identifying persistent asthma is at least daily use of short-acting bronchodilators.</i> • <i>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.</i> 	<p>Preferred long term control medication or acceptable alternative treatment prescribed</p>	<p>Persistent asthma, preferred long term control medication or acceptable alternative treatment prescribed</p> <p>AND</p> <p>Persistent asthma (mild, moderate or severe)</p>	<p><input type="checkbox"/> 4015F</p> <p>AND</p> <p><input type="checkbox"/> 1038F</p>		
		<p>Documentation of patient reason for patient 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)</p> <p>AND</p> <p>Persistent asthma (mild, moderate or severe)</p>	<p><input type="checkbox"/> 4015F-2P</p> <p>AND</p> <p><input type="checkbox"/> 1038F</p>		
		<p>OR (Report one of the following options)</p>		<p>Clinician documented that patient is not eligible for the measure, patient has intermittent asthma</p>	<p><input type="checkbox"/> 1039F</p>
		<p>Preferred Long-Term Control Medication or Acceptable Alternative Treatment not Prescribed, Reason not Specified</p> <p>AND</p> <p>Persistent asthma (mild, moderate or severe)</p>	<p><input type="checkbox"/> 4015F-8P</p> <p>AND</p> <p><input type="checkbox"/> 1038F</p>		
Tobacco Use: Screening — Ambulatory Care Setting		Report one code for Tobacco Use Assessed OR report one code for Tobacco Use NOT Assessed			
<p>Physician Quality Reporting System Measure #231</p> <ul style="list-style-type: none"> • <i>reporting frequency: a minimum of once in the 12-month period</i> • <i>Numerator Instructions: Information regarding tobacco exposure for patients under 18 obtained from a parent or guardian is valid for reporting the numerator. In order to meet the measure, there must be a note in the medical record documenting that the patient was queried about both smoking status AND exposure to environmental smoke in the home environment.</i> • <i>NUMERATOR NOTE: For the purpose of this measure, "tobacco user" refers to tobacco smokers and "tobacco non-user" refers to non-smokers (including non-smoker tobacco users e.g. chew, snuff).</i> 		<p>Currently a Tobacco Smoker OR Current Exposure to Secondhand Smoke</p>	<p><input type="checkbox"/> G8686</p>		
		<p>Currently a Tobacco Non-User AND No Exposure to Secondhand Smoke</p>	<p><input type="checkbox"/> G8687</p>		
		<p>OR</p>		<p>Tobacco Use not assessed, reason not otherwise specified</p>	<p><input type="checkbox"/> G8689</p>

continued on next page

continued from previous page

Tobacco Use: Intervention — Ambulatory Care Setting		Report two codes, for current tobacco user OR current exposure to secondhand smoke AND EITHER counseling or pharmacologic therapy	
Physician Quality Reporting System Measure #232 <ul style="list-style-type: none"> • <i>reporting frequency: a minimum of once in the 12-month period</i> • <i>Numerator Instructions: Practitioners providing tobacco cessation interventions to a pediatric patient's primary caregiver are still numerator compliant even if the primary caregiver is not the source of second hand smoke in the home.</i> • <i>Tobacco Users — Tobacco users include patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment.</i> • <i>Tobacco Use Cessation Intervention — May include brief counseling (3 minutes or less) and/or pharmacotherapy.</i> • <i>NUMERATOR NOTE: For the purpose of this measure, "tobacco user" refers to tobacco smokers and "tobacco non-user" refers to non-smokers (including non-smoker tobacco users e.g. chew, snuff).</i> 	Cessation Intervention	Currently a Tobacco Smoker OR Current Exposure to Secondhand Smoke AND Tobacco Use Cessation Intervention, Counseling	<input type="checkbox"/> G8690 AND <input type="checkbox"/> 4000F
		Currently a Tobacco Smoker OR Current Exposure to Secondhand Smoke AND Tobacco Use Cessation Intervention, Pharmacologic Therapy	<input type="checkbox"/> G8690 AND <input type="checkbox"/> 4001F
		OR <i>(Report one of the following options)</i>	
		If patient is not eligible for this measure because patient is a non tobacco user AND has no exposure to secondhand smoke	<input type="checkbox"/> G8691
		Tobacco use not assessed, reason not specified	<input type="checkbox"/> G8693
		Currently a Tobacco Smoker OR Current Exposure to Secondhand Smoke AND Tobacco use cessation intervention, counseling, not performed, reason not otherwise specified	<input type="checkbox"/> G8690 AND <input type="checkbox"/> 4000F-8P
Currently a Tobacco Smoker OR Current Exposure to Secondhand Smoke AND Tobacco use cessation intervention, pharmacologic therapy, not performed, reason not otherwise specified	<input type="checkbox"/> G8690 AND <input type="checkbox"/> 4001F-8P		

continued on next page

continued from previous page

Step 4 Reporting Instructions

This measure can be reported for each eligible patient in one of two ways:

1. Report the corresponding CPT category II or G-code(s) as selected above for each of the eight measures in the Asthma Measures Group

OR

2. If **all** quality actions for the patient have been performed for each of the four measures in the Asthma Measures Group, **G8646** may be reported. *Note: If any of the following codes have been selected from above, G8693, G8689, 1039F, or any CPT category II code with the 8P modifier.*
