

# Asthma Management (2013)

**Benchmark to qualify for bonus payments:** This measurement has separate benchmarks for different age ranges. The bonus will be determined for each age group independently. (The age ranges have changed from previous years to remain consistent with the HEDIS national measurement standards.)

- ages 5-11 years (benchmark 91.59%)
- ages 12-18 years (benchmark 86.96%)
- ages 19-50 years (benchmark 75.53%)
- ages 51-64 years (benchmark 73.81%)

### Measurement Period: Calendar year 2013

**Qualifying Service:** One pharmacy claim for an Asthma Controller Medication (see Table: **Asthma Controller Medication**).Writing a prescription is not a qualifying service. The prescription must be dispensed at least once during the measurement period, based on paid claims data from HFS.

Description		Prescriptions	
Antiasthmatic combinations	Dyphylline-guaifenesin	Guaifenesin-theophylline	
Antibody inhibitor	Omalizumab		
Inhaled steroid combinations	Budesonide-formoterol	• Fluticasone-salmeterol	<ul> <li>Mometasone-formoterol</li> </ul>
Inhaled corticosteroids	<ul><li>Beclomethasone</li><li>Budesonide</li><li>Ciclesonide</li></ul>	<ul><li>Flunisolide</li><li>Fluticasone CFC free</li></ul>	<ul><li>Mometasone</li><li>Triamcinolone</li></ul>
Leukotriene modifiers	<ul> <li>Montelukast</li> </ul>	<ul> <li>Zafirlukast</li> </ul>	<ul> <li>Zileuton</li> </ul>
Mast cell stabilizers	Cromolyn		
Methylxanthines	Aminophylline	Dyphylline	Theophylline

#### Asthma Controller Medications

**Qualifying patient:** Patients with persistent asthma on the PCPs roster on December 1, 2013. Patients are considered to have persistent asthma if they meet any one of the four criteria below during both the measurement year and the year prior to the measurement year (criteria need not be the same across both years).

- At least one ED visit with asthma as the principal diagnosis.
- At least one inpatient admission with asthma as the principal diagnosis.
- At least four outpatient asthma visits on different dates of service (non-ER services with RecordIDCd of 'N' or 'O') with asthma as the primary diagnosis and at least two asthma medication dispensing events.

• At least four asthma medication dispensing events means an asthma medication from the Table: **Asthma Medications** is dispensed on four occasions (see Table: **Asthma Medication**).

Description		Prescriptions	
Antiasthmatic combinations	Dyphylline-guaifenesin	<ul> <li>Guaifenesin-theophylline</li> </ul>	
Antibody inhibitor	Omalizumab		
Inhaled steroid combinations	Budesonide-formoterol	<ul> <li>Fluticasone-salmeterol</li> </ul>	<ul> <li>Mometasone-formoterol</li> </ul>
Inhaled corticosteroids	Beclomethasone	• Flunisolide	Triamcinolone
	Budesonide	• Fluticasone CFC free	
	Ciclesonide	<ul> <li>Mometasone</li> </ul>	
Leukotriene modifiers	Montelukast	<ul> <li>Zafirlukast</li> </ul>	Zileuton
Long-acting, inhaled beta-2 agonists	Arformoterol	Formoterol	Salmeterol
Mast cell stabilizers	Cromolyn		
Methylxanthines	Aminophylline	Dyphylline	Theophylline
Short-acting, inhaled beta-2	Albuterol	<ul> <li>Metaproterenol</li> </ul>	
agonists	Levalbuterol	Pirbuterol	

#### **Asthma Medications**

For a patient identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers were the sole asthma medication dispensed, the member must:

- Meet any of the three other criteria listed above in the same year as the leukotriene modifier, **or** 
  - Have at least one diagnosis of asthma in any setting in the same year as the leukotriene modifier (i.e., measurement year or prior to the measurement year).

Description	СР	UB-92 Revenue
Outpatient/ Office Visit	99201-99205, 99211-99215,	051x, 0520-
	99217-99220, 99241-99245,	0523, 0526-0529,
	99341-99345, 99347-	057x-059x,
	99350,99382-99386, 99392-	0982, 0983
	99396,99401-99404,99411-	
	99412, 99420, 99429	
In-patient	99221-99223, 99231-99233,	0110-0114,
	99238, 99239, 99251-99255,	0119-0124, 0129-0134,
	99291	0139-0144, 0149-0154,
		0159, 010x,016x, 020x,
		021x, 072x,0987
Emergency	99281-99285	045x, 0981
Department		

## **Codes to Identify Visit Type**

Asthma Diagnosis Codes (ICD-9): 493.0, 493.1, 493.8, 493.9.

## **Exclusions**:

Emphysema: 492, 518.1, 518.2 COPD: 491.2, 493.2, 496, 506.4 Cystic Fibrosis: 277.0 Acute Respiratory Failure: 518.81

Reference: <a href="http://www.nhlbi.nih.gov/guidelines/asthma/">http://www.nhlbi.nih.gov/guidelines/asthma/</a>