

MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA



Members 5 to 64 years of age who were identified as having persistent asthma and were dispensed appropriate medications on which they remained during the treatment period within the past year.

RATES
Medication Compliance 50%: Patients who were covered by one asthma control medication for at least 50% of the treatment period
Medication Compliance 75%: Patients who were covered by one asthma control medication for at least 75% of the treatment period

Asthma Controller Medications

DESCRIPTION	PRESCRIPTIONS
Antiasthmatic combinations	• Dyphylline-guaifenesin • Guaifenesin-theophylline
Antibody inhibitors	• Omalizumab
Anti-interleukin-5	• Mepolizumab • Reslizumab
Inhaled steroid combinations	• Budesonide-formoterol • Fluticasone-vilanterol • Fluticasone-salmeterol • Mometasone-formoterol
Inhaled corticosteroids	• Beclomethasone • Flunisolide • Budesonide • Fluticasone CFC free • Ciclesonide • Mometasone
Leukotriene modifiers	• Montelukast • Zafirlukast • Zileuton
Methylxanthines	• Dyphylline • Theophylline

Asthma Reliever Medications

DESCRIPTION	PRESCRIPTIONS
Short-acting, inhaled beta-2 agonists	• Albuterol • Levalbuterol • Pirbuterol

ASTHMA MEDICATION RATIO

Members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

To improve HEDIS scores:

- Members 5 and older with persistent asthma should be prescribed and remain on an asthma controller and be provided with an asthma action plan.
- If a sample medication is given, document the following in the medical record: name of sample, date sample was given and quantity.
- Ensure members referred for asthma keep their appointment.
- Keep list of member medications current to include medications from other providers
- Call in prescriptions to the pharmacy

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Children 3–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (e.g., appropriate testing). Ensure any secondary diagnoses indicating the need for an antibiotic are submitted on the claim. Rapid strep tests in the office are acceptable and should be billed.

CPT CODES
87070, 87071, 87081, 87430, 87650-87652, 87880

To improve HEDIS scores:

- Use Rapid strep test in office – [plan] providers reimbursement providers for this test (87880)
- “Prescribe” OTC symptom reliever and call in an antibiotic if strep test is positive

PHARMACOTHERAPY MANAGEMENT OF COPD EXACERBATION

The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

To improve HEDIS scores:

- Ensure members identified as recently discharged from an inpatient or ED visit receive the appropriate corticosteroid and bronchodilator treatment and education within the appropriate timeframe.

USE OF SPIROMETRY TESTING IN THE ASSESSMENT AND DIAGNOSIS OF COPD

Evaluates the percentage of members age 40 and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis. Spirometry testing should be completed within 6 months of the new diagnosis or exacerbation.

CPT CODES
94010, 94014-94016, 94060, 94070, 94375, 94620

To improve HEDIS scores:

- Refer member to a specialist if unable to perform test in the office.
- Ensure that results of specialist testing are kept in the member’s medical record.
- Ensure claims capture services rendered within the appropriate timeframe.