

**SPECIFICATION FOR MEASURES GROUP REPORTING ONLY**

**ASTHMA MEASURES GROUP OVERVIEW**

**2013 PQRS OPTIONS FOR MEASURES GROUPS:**  
**CLAIMS, REGISTRY**

**2013 PQRS MEASURES IN ASTHMA MEASURES GROUP:**

- #53. Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting
- #64. Asthma: Assessment of Asthma Control – Ambulatory Care Setting
- #231. Asthma: Tobacco use: Screening – Ambulatory Care Setting
- #232. Asthma: Tobacco Use: Intervention – Ambulatory Care Setting

**INSTRUCTIONS FOR REPORTING: (These instructions apply to both Claims and Registry reporting, unless otherwise specified.)**

- Indicate your intention to report the Asthma Measures Group by submitting the measures group-specific intent G-code at least once during the reporting period when billing a patient claim for the 20 Patient Sample Method. It is not necessary to submit the measures group-specific intent G-code on more than one claim. It is not necessary to submit the measures group-specific intent G-code for registry-based submissions.

**G8645:** I intend to report the Asthma Measures Group

- Select patient sample method:  
**20 Patient Sample Method via claims:** 20 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group.  
**OR**  
**20 Patient Sample Method via registries:** 20 unique patients (a majority of which must be Medicare Part B FFS patients) meeting patient sample criteria for the measures group during the reporting period (January 1 through December 31, 2013 **OR** July 1 through December 31, 2013).
- Patient sample criteria for the Asthma Measures Group are patients aged 5 through 50 years with a specific diagnosis of Asthma accompanied by a specific patient encounter:

**Diagnosis for asthma**

**ICD-9-CM:** 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

**ICD-10-CM [Reference ONLY/Not Reportable]:** J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

**Accompanied by**

**One of the following patient encounter codes:** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

- Report quality-data codes (QDCs) on **all applicable** measures within the Asthma Measures Group for each patient within the sample.
- Instructions for quality-data code reporting for each of the measures within the Asthma Measures Group are displayed on the next several pages. If all quality actions for the patient have been performed for all the measures within the group, the following composite G-code may be reported in lieu of the individual quality-data codes for each of the measures within the group. It is not necessary to submit the following composite G-code for registry-based submissions.

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**Composite G-code G8646:** All quality actions for the applicable measures in the Asthma Measures Group have been performed for this patient

- To report satisfactorily the Asthma Measures Group requires **all applicable** measures for each patient within the eligible professional's patient sample to be reported a minimum of once during the reporting period.
- Measures groups containing a measure with a 0% performance rate will not be counted as satisfactorily reporting the measures group. The recommended clinical quality action must be performed on at least one patient for each measure within the measures group reported by the eligible professional. Performance exclusion quality-data codes are not counted in the performance denominator. If the eligible professional submits all performance exclusion quality-data codes, the performance rate would be 0/0 and would be considered satisfactorily reporting.
- When using the 20 Patient Sample Method via claims, report all measures for the 20 unique Medicare Part B FFS patients seen. When using the 20 Patient Sample Method via registries, report all measures for the 20 unique patients seen, a majority of which must be Medicare Part B FFS patients.
- For claims-based submissions, the Carrier/MAC remittance advice notice sent to the practice will show a denial remark code (N365) for the line item on the claim containing **G8485** (and **G8494** if reported) as well as all other line items containing QDCs. N365 indicates the code is not payable and is used for reporting/informational purposes only. Other services/codes on the claim will not be affected by the addition of a measures group-specific intent G-code or other QDCs. The N365 remark code does NOT indicate whether the QDC is accurate for that claim or for the measure the eligible professional is attempting to report, but does indicate that the QDC was processed and transmitted to the NCH.

*NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document "2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting for Individual Measures" available for download from the CMS PQRS website.*

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**☐ Measure #53 (NQF 0047): Asthma: Pharmacologic Therapy for Persistent Asthma – Ambulatory Care Setting**

**DESCRIPTION:**

Percentage of patients aged 5 through 50 years with a diagnosis of persistent asthma and at least one medical encounter for asthma during the measurement year who were prescribed long-term control medication

**NUMERATOR:**

Patients who were prescribed long-term control medication

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

**Definitions:**

**Long-Term Control Medication Includes:**

Patients prescribed inhaled corticosteroids (the preferred long-term control medication at any step of asthma pharmacological therapy).

**OR**

Patients prescribed alternative long-term control medications (inhaled steroid combinations, anti-asthmatic combinations, antibody inhibitor, leukotriene modifiers, mast cell stabilizers, methylxanthines).

**Prescribed** – May include prescription given to the patient for inhaled corticosteroid OR an acceptable alternative long-term control medication at one or more visits in the 12-month period OR patient already taking inhaled corticosteroid OR an acceptable alternative long-term control medication as documented in current medication list.

**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 Quality-Data Coding Options for Reporting Satisfactorily:**

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

*(Two CPT II codes [1038F & 414xF] are required on the claim form to submit this numerator option)*

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

**AND**

**CPT II 4140F:** Inhaled corticosteroids prescribed

**OR**

**CPT II 4144F:** Alternative long-term control medication prescribed

**OR**

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

*(Two CPT II codes [4140F-2P & 1038F] are required on the claim form to submit this numerator option)*

Append a modifier (**2P**) to CPT Category II code **4140F** to report documented circumstances that appropriately exclude patients from the denominator.

**4140F with 2P:** Documentation of patient reason(s) for not prescribing inhaled corticosteroids (eg, patient declined, other patient reason)

**AND**

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

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**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 numerator option)*

**CPT II 1039F:** Intermittent asthma

**OR**

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

*(Two CPT II codes [4140F-8P & 1038F] are required on the claim form to submit this numerator option)*

Append a reporting modifier (**8P**) to CPT Category II code **4140F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**4140F with 8P:** Inhaled corticosteroids **not** prescribed, reason not otherwise specified

**AND**

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

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**☐ Measure #64 (NQF 0001): Asthma: Assessment of Asthma Control – Ambulatory Care Setting**

**DESCRIPTION:**

Percentage of patients aged 5 through 50 years with a diagnosis of asthma who were evaluated at least once for asthma control (comprising asthma impairment and asthma risk)

**NUMERATOR:**

Patients who were evaluated at least once during the measurement period for asthma control

**Numerator Instructions:** Completion of a validated questionnaire will also meet the numerator requirement for this component of the measure. Validated questionnaires for asthma assessment include, but are not limited to the Asthma Therapy Assessment Questionnaire [ATAQ], the Asthma Control Questionnaire [ACQ], or the Asthma Control Test [ACT]

The specifications of this numerator enable documentation for the impairment and risk components separately to facilitate quality improvement. Evaluation of asthma impairment and asthma risk must occur during the same medical encounter.

**Definition:**

**Evaluation of Asthma Control** - Documentation of an evaluation of asthma impairment which must include: daytime symptoms AND nighttime awakenings AND interference with normal activity AND short-acting beta<sub>2</sub>-agonist use for symptom control.

**AND**

Documentation of asthma risk which must include the number of asthma exacerbations requiring oral systemic corticosteroids in the prior 12 months

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Asthma Control Evaluated**

*(Two CPT II codes [2015F & 2016F] are required on the claim form to submit this numerator option)*

CPT II 2015F: Asthma impairment assessed

**AND**

CPT II 2016F: Asthma risk assessed

**OR**

**Asthma Control not Evaluated, Reason not Otherwise Specified**

*(One CPT II code [2015F-8P or 2016F-8P] is required on the claim form to submit this numerator option)*

Append a reporting modifier (8P) to CPT Category II code 2015F OR 2016F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

2015F **with** 8P: Asthma impairment **not** assessed, reason not otherwise specified

**OR**

2016F **with** 8P: Asthma risk **not** assessed, reason not otherwise specified

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**☐ Measure #231: Asthma: Tobacco Use: Screening - Ambulatory Care Setting**

**DESCRIPTION:**

Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma who were queried about tobacco use and exposure to second hand smoke within their home environment at least once during the one-year measurement period

**NUMERATOR:**

Patients (or their primary caregiver) who were queried about tobacco use and exposure to second hand smoke within their home environment at least once

**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.

**NUMERATOR NOTE:** For the purpose of this measure, "tobacco user" refers to tobacco smokers and "tobacco non-user" refers to non-smokers (including smokeless tobacco users e.g., chew, snuff).

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Tobacco Use Assessed, Including Exposure to Second Hand Smoke**

CPT II 1031F: Smoking status and exposure to second hand smoke in the home assessed

**OR**

**Tobacco Use, Including Exposure to Second Hand Smoke not Assessed, Reason not Otherwise Specified**

Append a reporting modifier (**8P**) to CPT Category II code **1031F** to report circumstances when the action described in the numerator is **not** performed and the reason is not otherwise specified.

**1031F with 8P:** Smoking status and exposure to second hand smoke in the home **not** assessed, reason not otherwise specified

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**☐ Measure #232: Asthma: Tobacco Use: Intervention - Ambulatory Care Setting**

**DESCRIPTION:**

Percentage of patients (or their primary caregiver) aged 5 through 50 years with a diagnosis of asthma who were identified as tobacco users (patients who currently use tobacco AND patients who do not currently use tobacco, but are exposed to second hand smoke in their home environment) who received tobacco cessation intervention at least once during the one-year measurement period

**NUMERATOR:**

Patients (or their primary caregiver) who received tobacco use cessation intervention

**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.

**Definitions:**

**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.

**Tobacco Use Cessation Intervention** – May include brief counseling (3 minutes or less) and/or pharmacotherapy.

**NUMERATOR NOTE:** For the purpose of this measure, "tobacco user" refers to tobacco smokers and "tobacco non-user" refers to non-smokers (including smokeless tobacco users e.g., chew, snuff).

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**

**Patients who Received Tobacco Use Cessation Intervention**

*(Two CPT II codes [40xxF & 1032F] are required on the claim form to submit this numerator option)*

**CPT II 4000F:** Tobacco use cessation intervention, counseling

**OR**

**CPT II 4001F:** Tobacco use cessation intervention, pharmacologic therapy

**AND**

**Current Tobacco Smoker OR Current Exposure to Second Hand Smoke**

**CPT II 1032F:** Current tobacco smoker OR currently exposed to second hand smoke

**OR**

**If patient is not eligible for this measure because patient is a non-tobacco user AND has no exposure to second hand smoke, report:**

*(One CPT II code [1033F] is required on the claim form to submit this numerator option)*

**CPT II 1033F:** Current tobacco non-smoker AND not currently exposed to second hand smoke

**OR**

**Tobacco Use, not Assessed, Reason Not Given**

*(One G-code [G8751] is required on the claim form to submit this numerator option)*

**G8751:** Smoking status and exposure to second hand smoke in the home **not** assessed, reason not given

**OR**

**Tobacco Use Cessation Intervention not Performed, Reason not Otherwise Specified**

Append a reporting modifier (8P) to CPT Category II code 4000F OR 4001F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**SPECIFICATION FOR MEASURES GROUP REPORTING ONLY**

*(Two CPT II codes [400xF-8P & 1032F] are required on the claim form to submit this numerator option)*

**4000F with 8P:** Tobacco use cessation intervention, counseling, **not** performed, reason not otherwise specified

**OR**

**4001F with 8P:** Tobacco use cessation intervention, pharmacologic therapy, **not** performed, reason not otherwise specified

**AND**

**Current Tobacco Smoker OR Currently Exposed to Second Hand Smoke**

**CPT II 1032F:** Current tobacco smoker OR currently exposed to second hand smoke

*NOTE: The detailed instructions in this specification apply exclusively to the reporting and analysis of the included measures under the measures groups option. For all other claims-based or registry-based reporting options, please see the measures' full specifications in the document "2013 Physician Quality Reporting System (PQRS) Measure Specifications Manual for Claims and Registry Reporting for Individual Measures" available for download from the CMS PQRS website.*