

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

2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

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

INSTRUCTIONS:

This measure is to be reported a minimum of **once per reporting period** for patients with asthma seen during the measurement period. This measure is intended to reflect the quality of services provided for the primary management of patients with asthma.

Measure Reporting via Claims:

ICD-9-CM diagnosis codes, CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measures.

When reporting the measure via claims, submit the listed ICD-9-CM diagnosis codes, CPT codes, and the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The reporting modifier allowed for this measure is: 8P- reason not otherwise specified. There are no allowable performance exclusions for this measure. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

ICD-9-CM diagnosis codes, CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:

All patients aged 5 through 50 years with a diagnosis of asthma during the one-year measurement period

Denominator Criteria (Eligible Cases):

Patients aged 5 through 50 years of age on date of encounter

AND

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

Diagnosis for asthma (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

AND

Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

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

RATIONALE:

Patients with asthma who smoke or are exposed to second hand smoke are at greater risk for experiencing increased frequency in asthma symptoms, a decrease in lung function, and an increased use of health services. (Sippel JM 1999; Eisner MD 2007) By identifying patients who are tobacco users or who are exposed to second hand smoke, intervention can be offered, resulting in the possibility of decreasing the adverse effects.

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted verbatim from the referenced clinical guidelines.

The Expert Panel recommends that clinicians advise persons who have asthma not to smoke or be exposed to environmental tobacco smoke (ETS). (Evidence C) (NHLBI August 2007)

Query patients about their smoking status and specifically consider referring to smoking cessation programs adults who smoke and have young children who have asthma in the household. (Evidence B) (NHLBI August 2007)

All patients should be asked if they use tobacco and should have their tobacco-use status documented on a regular basis. Evidence has shown that clinic screening systems, such as expanding the vital signs to include tobacco status or the use of other reminder systems such as chart stickers or computer prompts, significantly increase rates of clinician intervention. (Strength of Evidence = A) (Fiore, Jaen et al. 2008)