

<b>□ Measure #53 (NQF 0047): Asthma: Pharmacologic Therapy for Persistent Asthma - Ambulatory Care Setting</b>
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**2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:**  
**CLAIMS, REGISTRY**

**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

**INSTRUCTIONS:**

This measure is to be reported a minimum of **once per reporting period** for **all** patients with a diagnosis of persistent asthma seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**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 measure.

When reporting the measure via claims, submit the listed ICD-9-CM diagnosis codes, CPT codes, and the appropriate CPT Category II code(s) **AND/OR** the CPT Category II code(s) **with** the modifier. The modifiers allowed for this measure are: 2P- patient reasons, 8P- reason not otherwise specified. 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.

**DENOMINATOR:**

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

**Denominator Criteria (Eligible Cases):**

Patients aged 5 through 50 years 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, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

**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)

**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)

**RATIONALE:**

The following statement is quoted verbatim from the NHLBI/NAEPP guideline (NHLBI August 2007):

"The broad action of ICS on the inflammatory process may account for their efficacy as preventive therapy. Their clinical effects include reduction in severity of symptoms; improvement in asthma control and quality of life; improvement in PEF and spirometry; diminished airway hyper-responsiveness; prevention of exacerbations; reduction in systemic corticosteroid courses; emergency department (ED) care; hospitalizations, and deaths due to asthma; and possibly the attenuation of loss of lung function in adults" (Rafferty P 1985; Haahtela T 1991; Jeffery PK 1992; Van Essesn-Zandvliet EE 1992; Barnes NC 1993; Fabbri L 1993; Gustafsson P 1993; Kamada AK 1996; Suissa S 2000; Pauwels RA 2003; Barnes PJ October 1992)

**CLINICAL RECOMMENDATION STATEMENTS:**

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

The Expert Panel recommends that long-term control medications be taken daily on a long-term basis to achieve and maintain control of persistent asthma. The most effective long-term control medications are those that attenuate the underlying inflammation characteristic of asthma. (Evidence A) (NHLBI, 2007)

The Expert Panel concludes that ICS is the most potent and clinically effective long-term control medication for asthma. (Evidence A) (NHLBI, 2007)

The Expert Panel concludes that ICS is the most effective long-term therapy available for patients who have persistent asthma, and, in general, ICS is well tolerated and safe at the recommended dosages. (Evidence A) (NHLBI, 2007)