

HEDIS tips — Asthma Medication Ratio

To continue improving HEDIS® scores for the Asthma Medication Ratio (AMR), we have identified two areas that can greatly affect scores:

1. **Ensure proper coding** — Often, asthma-like symptoms are present, and they do not warrant an asthma diagnosis (for example, wheezing during an upper viral respiratory infection or acute bronchitis).
2. **Educate your patients** with asthma about the difference between long-acting or controller versus the quick-relief or rescue medications. An Healthy Blue survey revealed members do not understand the difference between the two medications.

Quick reminders

Measure description

The percentage of patients 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.

Patients are in the measure if they met at least one of the following during both the measurement year and the year prior:

- At least one ED visit with asthma as the principal diagnosis.
- At least one acute inpatient claim/encounter, with asthma as the principal diagnosis.
- At least one acute inpatient discharge with a principal diagnosis of asthma.
- At least four outpatient or observation visits with asthma as one of the diagnoses and at least two asthma medication dispensing events for any controller medication or reliever medication. Only three of the four visits may be a telehealth visit, a telephone visit or an online assessment.
- At least four asthma medication-dispensing events for any controller or reliever medication.

Correct billing codes

These are ICD-10-CM codes that will identify that a patient has asthma.

Description	ICD-10-CM code
Asthma	J45.20 - J45.22
Mild Intermittent Asthma	J45.30 - J45.32
Moderate Persistent Asthma	J45.40 - J45.42
Severe Persistent Asthma	J45.50 - J45.52
Other and Unspecified Asthma	J45.901, J45.902, J45.909, J45.990, J45.991, J45.998

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Asthma medications that apply to the AMR ratio

Please refer to the formulary for the most currently covered asthma controller and reliever medications. Some medications may require prior authorization or step therapy.

Asthma controller medication

Description	Prescriptions	Route of administration
Anti-asthmatic Combinations	Dyphylline-guaifenesin	Oral
Antibody inhibitors	Omalizumab	Subcutaneous
Anti-interleukin- 5	Benralizumab, Mepolizumab, Reslizumab	Subcutaneous
Inhaled Steroid Combinations	Budesonide-formoterol Fluticasone-salmeterol Fluticasone-vilanterol Formoterol-mometasone	Inhalation
Inhaled Corticosteroid	Beclomethasone Budesonide Ciclesonide Flunisolide Fluticasone Mometasone	Inhalation
Leukotriene Modifiers	Montelukast Zafirlukast Zileuton	Oral
Methylxanthines	Theophylline	Oral

Asthma reliever medications

Description	Prescriptions	Route of administration
Short-acting, inhaled beta-2 agonist	Albuterol Levaluterol	Inhalation

Best practices:

- Ensure proper coding of asthma diagnosis.
- It is important to code for any diagnoses on exclusion list on an annual basis:
 - This includes: emphysema, COPD, obstructive chronic bronchitis, chronic respiratory conditions due to fumes/vapors, cystic fibrosis and acute respiratory failure.
- Discuss daily symptoms related to asthma and assess use of rescue inhaler to identify if patient requires a controller inhaler.
- Discuss with patient if there have been any recent urgent care or ER visits and ask if they filled any rescue inhalers. Assess any need for prescribing controller medication.
- Educate patients on proper use of asthma medications.
- Prescribe a long-term controller medication and provide reminders to your patients to fill controller medications.
- Inform patients to call provider if using more than one rescue inhaler per month.