

HEDIS Provider Guide:

Asthma Medication Ratio (AMR)

Measure Description

The percentage of 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.

*** Persistent asthma is defined as meeting at least one of the following criteria during both the measurement year and the year prior to the measurement year:**

- At least one emergency department (ED) visit or acute inpatient encounter, with a principal diagnosis of asthma.
- At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim.
- At least four outpatient visits, telephone visits or e-visits or virtual check-ins, on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events for any controller or reliever medication.
- At least four asthma medication dispensing events for any controller or reliever medication.

Note: Members who are identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma in the same year as the leukotriene modifier or antibody inhibitor.

Exclusions: Members who had no asthma controller or reliever medications dispensed during the measurement year or members who have respiratory diseases with different treatment approaches than asthma such as the following during their medical history through the measurement year:

- Emphysema
- Chronic obstructive pulmonary disease (COPD)
- Obstructive chronic bronchitis
- Chronic respiratory conditions due to fumes or vapors
- Cystic fibrosis
- Acute respiratory failure

Using Correct Billing Codes

Codes to identify asthma

Description	Coding
Asthma	ICD10CM: J45.21, J45.22, J45.30–J45.32, J45.40–J45.42, J45.50–J45.52, J45.901, J45.902, J45.909, J45.991, J45.998

Exclusions

Respiratory Diseases with Different Treatment Approaches than Asthma	ICD10CM: E84.0, E84.11, E84.19, E84.8, E84.9, J43.0–J43.2, J43.8, J43.9, J44.0, J44.1, J44.81, J44.89, J44.9, J68.4, J96.00–J96.02, J96.20–J96.22, J98.2, J98.3
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Asthma Controller Medications

Description	Prescriptions	Route
Antibody inhibitors	omalizumab	Injection
Anti-interleukin-4	dupilumab	Injection
Anti-interleukin-5	benralizumab, mepolizumab, reslizumab	Injection
Inhaled steroid combinations	budesonide-formoterol, fluticasone-salmeterol, fluticasone-vilanterol, formoterol-mometasone	Inhalation
Inhaled corticosteroids	beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone, mometasone	Inhalation
Leukotriene modifiers	montelukast, zafirlukast, zileuton	Oral
Long-acting beta2-adrenergic agonist (LABA)	fluticasone furoate-umeclidinium-vilanterol, salmeterol	Inhalation
Long-acting muscarinic antagonists (LAMA)	tiotropium	Inhalation
Methylxanthines	theophylline	Oral

Asthma Reliever Medications

Description	Prescriptions	Route
Beta2 adrenergic agonist—corticosteroid combination	albuterol-budesonide	Inhalation
Short-acting, inhaled beta-2 agonists	albuterol, levalbuterol	Inhalation

How to Improve HEDIS® Scores

- Ensure proper coding to avoid coding asthma if not formally diagnosing asthma and only asthma-like symptoms were present (for example, wheezing during a viral URI and acute bronchitis is not asthma).
- Educate patients about taking asthma medications correctly and the difference between controller and reliever “rescue” medications.
- Prescribe a long-term controller medication with 90-day refills.
- Monitor member’s compliance with medication and ensure the member is not using more rescue medications than controller medications.
- If a patient requires a rescue inhaler for multiple locations (e.g., school, home, daycare), prescribe the same medication on the same day. All inhalers of the same medication dispensed on the same day count as one dispensing event.
- Consider developing a written asthma action plan with the patient to increase patients’ ability to manage their condition. Action plans should contain information about proper methods for controlling exacerbations and cover the doses and frequencies of maintenance and rescue medications in response to signs and symptoms.
- If a patient reports the need for physical adaptations to their home to ensure their health, welfare, and safety, submit a community support referral form for asthma remediation services. Asthma remediation services are community support services that focus on physical changes to the home environment to enable functioning at home if acute asthma episodes may result in hospitalization or emergency service use. In the patient’s record, and when completing the community support referral form, please assess and document the need for physical adaptations and the risk of the environmental hazards in the patient’s surroundings to support the referral for asthma remediation services.
- You can find additional information as well as the Community Supports Referral form at blueshieldca.com/en/bsp/providers. From the home page, under “I am interested in policies and guidelines,” select *Forms for authorization, referrals and more* then click on *Referral forms*.

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