

## Asthma Medication Ratio (AMR)

### Patient Profile for Asthma Medication Ratio (AMR)

MVP members 5–64 years of age who have been identified as having persistent asthma, and had a ratio of controller medications to total asthma medications of 50% or greater during the current calendar year.



### How to Implement Best Practices and Improve Performance

Any visits with an asthma diagnosis can be an outpatient telehealth visit, phone visit, e-visit, or virtual check-in when identifying the event/diagnosis.

Members identified as having persistent asthma must meet one of the following criteria during the current calendar year and the year prior:

1. At least one ED visit with a principal diagnosis of asthma.
2. At least one acute inpatient encounter with a principal diagnosis of asthma.
3. At least four outpatient visits, observation visits, telephone visits, or online assessments on different dates of service with any Dx of asthma and at least two asthma medication dispensing events for any controller or reliever medication.
4. At least four asthma medication dispensing events for any controller or reliever medication.
  - Consider the use of an **Asthma Flow Sheet** for centralized Asthma Care Documentation and efficiency during each visit.
  - Consider the use of an **Asthma Action Plan** for clear and concise documentation for the patient, family members, caretakers, and school or work health personnel who may need to take action during an acute asthma attack.
5. At least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed.

Instruct MVP members that MVP provides health and wellness information on our website along with a health library that they can access for further education on asthma. <https://www.mvphealthcare.com/members/health-and-wellness/>

MVP also produces a health management program newsletter with information about asthma twice a year and if they don't receive a copy have them call the number on the back of their MVP Member ID card to inquire. The **Asthma Flow Sheet** and **Asthma Action Plan** are available by visiting [mvphealthcare.com](https://www.mvphealthcare.com) and selecting *Providers* then *Reference Library*.

Consider a pulmonology referral for difficult to control or severe asthma patients.

*Information related to all 2021 HEDIS measures has been extracted from the NCQA 2021 HEDIS Technical Specifications Volume 2.*

The medication list below is used when evaluating the measure criteria noted above. For information on medications covered by MVP, see the *MVP Medicaid Drug Formulary* available by visiting [mvphealthcare.com](http://mvphealthcare.com) and selecting *Providers*, then *Pharmacy*, then *MVP Formularies*.

## Appropriate Asthma Medications

Visit [ncqa.org](http://ncqa.org) for a comprehensive list of Asthma Medications.

### Asthma Controller Medications

Description	Prescription	Medication Lists	Route
<b>Antiasthmatic Combinations</b>	Dyphylline-guaifenesin	Dyphylline Guaifenesin Medications List	Oral
<b>Antibody inhibitors</b>	Omalizumab	Omalizumab Medications List	Subcutaneous
<b>Anti-interleukin-4</b>	Dupilumab	Dupilumab Medications List	Subcutaneous
<b>Anti-interleukin-5</b>	Benralizumab	Benralizumab Medications List	Subcutaneous
<b>Anti-interleukin-5</b>	Mepolizumab	Mepolizumab Medications List	Subcutaneous
<b>Anti-interleukin-5</b>	Reslizumab	Reslizumab Medications List	Intravenous
<b>Inhaled steroid combinations</b>	Budesonide-formoterol	Budesonide Formoterol Medications List	Inhalation
<b>Inhaled steroid combinations</b>	Fluticasone-salmeterol	Fluticasone Salmeterol Medications List	Inhalation
<b>Inhaled steroid combinations</b>	Fluticasone-vilanterol	Fluticasone Vilanterol Medications List	Inhalation
<b>Inhaled steroid combinations</b>	Formoterol-mometasone	Formoterol Mometasone Medications List	Inhalation
<b>Inhaled corticosteroids</b>	Beclomethasone	Beclomethasone Medications List	Inhalation
<b>Inhaled corticosteroids</b>	Budesonide	Budesonide Medications List	Inhalation
<b>Inhaled corticosteroids</b>	Ciclesonide	Ciclesonide Medications List	Inhalation
<b>Inhaled corticosteroids</b>	Flunisolide	Flunisolide Medications List	Inhalation
<b>Inhaled corticosteroids</b>	Fluticasone	Fluticasone Medications List	Inhalation
<b>Inhaled corticosteroids</b>	Mometasone	Mometasone Medications List	Inhalation
<b>Leukotriene modifiers</b>	Montelukast	Montelukast Medications List	Oral
<b>Leukotriene modifiers</b>	Zafirlukast	Zafirlukast Medications List	Oral
<b>Leukotriene modifiers</b>	Zileuton	Zileuton Medications List	Oral
<b>Methylxanthines</b>	Theophylline	Theophylline Medications List	Oral

### Asthma Reliever Medications

Description	Prescription	Medication Lists	Route
<b>Short-acting, inhaled beta-2 agonists</b>	Albuterol	Albuterol Medications List	Inhalation
<b>Short-acting, inhaled beta-2 agonists</b>	Levalbuterol	Levalbuterol Medications List	Inhalation

Use of drugs listed here will score the measure as compliant. Remember to reference the MVP Formulary to learn which of these medications are covered by the member's plan.

2021 Coding for Asthma Medication Ratio (AMR)	
Codes for AMR	Use of these codes will make the member a pass for AMR
Acute Inpatient	<b>CPT:</b> 99221-99223, 99231-99233, 99238-99239, 99251-99255, 99291 these codes will make the member a pass for AMR
	<b>SNOMED CT US:</b> Multiple codes including but not limited to 417005, 1505002, 2252009, 4563007, 5161006, 8715000, 15584006, 25986004, 32485007, 45702004, 52748007, 60059000, 76193006, 82942009, 112689000, 183450002, 235313004, 304566005, 373113001, 405614004, 699124006, 3241000175106, 448851000124103
Asthma	<b>ICD-10 CM:</b> ICD-10 CM: 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
	<b>SNOMED CT US:</b> Multiple codes including but not limited to 19849005, 34015007, 41553006, 55570000, 85761009, 195949008, 233687002, 370221004, 442025000, 707444001, 786836003, 401000119107, 901000119100, 1751000119100, 5281000124103, 99031000119107, 103781000119103, 124991000119109, 2360001000004109, 10674711000119105, 16584951000119101
ED	<b>CPT:</b> 99281-99285
	<b>SNOMED CT US:</b> 4525004
	<b>UB Rev:</b> 0450-0452, 0456, 0459, 0981
Inpatient Stay	<b>UB Rev:</b> 0100-0101, 0110-0114, 0116-0124, 0126-0134, 0136-0144, 0146-0154, 0156-0160, 0164, 0167, 0169-0174, 0179, 0190-0194, 0199-0204, 0206-0214, 0219, 1000-1002
Non-acute Inpatient Stay	<b>UB Rev:</b> 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524-0525, 0550-0552, 0559, 0660-0663, 0669, 1000-1002
Observation	<b>CPT:</b> 99217-99220
Online Assessments	<b>CPT:</b> 98969-98972, 99421-99423, 99444, 99457
	<b>HCPCS:</b> G0071, G2010, G2012, G2061-G2063
Outpatient	<b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99420, 99429, 99455-99456, 99483
	<b>HCPCS:</b> G0402, G0438-G0439, G0463, T1015
	<b>SNOMED CT US:</b> 30346009, 37894004, 77406008, 84251009, 185463005, 185464004, 185465003, 281036007, 439740005, 3391000175108, 444971000124105
	<b>UB Rev:</b> 0510-0517, 0519-0523, 0526-0529, 0982-0983
Telehealth Modifier	<b>CPT Modifier:</b> 95, GT
Telehealth POS	<b>POS:</b> 02
Telephone Visits	<b>CPT:</b> 98966-98968, 99441-99443
	<b>SNOMED CT US:</b> 185317003, 314849005, 386472008, 386473003, 401267002
Exclusion from AMR	Use of these codes will exclude member from a pass for AMR
Acute Respiratory Failure	<b>ICD-10 CM:</b> J96.00-J96.02, J96.20-J96.22
Chronic Respiratory Conditions Due to Fumes/Vapors	<b>ICD-10 CM:</b> J68.4
	<b>SNOMED CT US:</b> 15908004, 31803008, 32544004, 43098002, 61233003, 66110007, 69454006, 72163003, 74800004, 196025000, 196026004, 308905009
COPD	<b>ICD-10 CM:</b> J44.0-J44.1, J44.9
	<b>SNOMED CT US:</b> 13645005, 135836000, 195951007, 196001008, 285381006, 313296004, 313297008, 313299006, 1751000119100, 106001000119101
Cystic Fibrosis	<b>ICD-10 CM:</b> E84.0, E84.11, E84.19, E84.8-E84.9
	<b>SNOMED CT US:</b> 81423003, 86092005, 86555001, 190905008, 190909002, 235978006, 720401009, 762269004, 762270003, 762271004

**2021 Coding for Asthma Medication Ratio (AMR)**

<b>Emphysema</b>	<b>ICD-10 CM:</b> J43.0-J43.2, J43.8-J43.9
	<b>SNOMED CT US:</b> Multiple codes including but not limited to 2912004, 4981000, 16003001, 23958009, 31898008, 45145000, 57686001, 60805002, 87433001, 195957006, 266356006, 708030004
<b>Hospice Encounter</b>	<b>HCPCS:</b> G9474-79, Q5003-8, Q5010, S9126, T2042-46
	<b>SNOMED CT US:</b> 183919006, 183920000, 183921001, 305336008, 305911006
	<b>UB Rev:</b> 0115, 0125, 0135, 0145, 0155, 0235, 0650-52, 0655-59
<b>Hospice Intervention</b>	<b>CPT:</b> 99377-78
	<b>HCPCS:</b> G08182
	<b>SNOMED CT US:</b> 170935008, 170936009, 385763009
<b>Non-Acute Inpatient Stay</b>	<b>UB Rev:</b> 0022, 0024, 0118, 0128, 0138, 0148, 0158, 0190-0194, 0199, 0524-0525, 0550-0552, 0559, 0660-0663, 0669, 1000-1002
	<b>UBTOB:</b> Multiple codes including but not limited to 0180-0188, 0210-0215, 0217, 0218, 0220-0225, 0227, 0228, 0280-0285, 0287-0289, 0650-0655, 0657, 0658, 0660-0665, 0667, 0668, 0860-0865, 0867, 0868, 018F-018K, 018M, 018O, 018X-018Z, 021F-021K, 021M, 021O, 021X-021Z, 022F-022K, 022M, 022O, 022X-022Z, 028F-028K, 028M, 028O, 028X-028Z, 065F-065K, 065M, 065O, 065X-065Z, 066F-066K, 066M, 066O, 066X-066Z, 086F-086K, 086M, 086O, 086X-086Z
	<b>SNOMED CT US:</b> 185086009, 293241000119100
<b>Obstructive Chronic Bronchitis</b>	<b>SNOMED CT US:</b> 185086009, 293241000119100
<b>Other Emphysema</b>	<b>ICD-10 CM:</b> J98.2-J98.3
	<b>SNOMED CT US:</b> 33325001, 77690003