

## HEDIS spotlight — Respiratory Conditions Appropriate Testing for Pharyngitis and Pharmacotherapy Management of COPD Exacerbation

### Appropriate Testing for Pharyngitis (CWP)

HEDIS® definition	
<p>The percentage of episodes for members 3 years and older, where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode</p> <p><b>Intake period:</b> a 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year</p> <p><b>Episode date:</b> The date of service for any outpatient, telephone, observation, or emergency department (ED) visit, e-visit, or virtual check-in during the <b>intake period</b> with a diagnosis of pharyngitis</p>	
<b>Requirements</b>	<ul style="list-style-type: none"> <li>• <b>Negative medication history</b> — a period of 30 days prior to the episode date when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug, or no prescriptions dispensed more than 30 days prior to the episode date that are active on the episode date</li> <li>• <b>Negative comorbid condition history</b> — a period of 12 months prior to and including the episode date when the member had no claims/encounters with any diagnosis for a comorbid condition</li> <li>• <b>Negative competing diagnosis</b> — the episode date and three days following the episode date when the member had no claims/encounters with a competing diagnosis</li> </ul>
<b>Exclusion</b>	<ul style="list-style-type: none"> <li>• Do not include visits that result in an inpatient stay.</li> <li>• Members in hospice or using hospice services anytime during the measurement year.</li> </ul>
<b>Record your efforts</b>	<ul style="list-style-type: none"> <li>• Document results of all strep tests or refusal for testing in medical record.</li> <li>• If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.</li> <li>• If a patient tests negative for group A strep, but insists on an antibiotic:                         <ul style="list-style-type: none"> <li>○ Refer to the illness as a sore throat due to a cold; members tend to associate the label with a less-frequent need for antibiotics.</li> <li>○ Write a prescription for symptom relief, such as over-the-counter medications.</li> </ul> </li> </ul>

The codes and measure tips listed are informational only, not clinical guidelines or standards of medical care, and do not guarantee reimbursement. All member care and related decisions of treatment are the sole responsibility of the provider. This information does not dictate or control your clinical decisions regarding the appropriate care of members. Your state/provider contract(s), Medicaid, member benefits and several other guidelines determine reimbursement for the applicable codes. Proper coding and providing appropriate care decrease the need for high volume of medical record review requests and provider audits. It also helps us review your performance on the quality of care that is provided to our members and meet the HEDIS measure for quality reporting based on the care you provide our members. Please note: The information provided is based on HEDIS My 2022 technical specifications and is subject to change based on guidance given by the National Committee for Quality Assurance (NCQA), the Centers for Medicare & Medicaid Services (CMS) and state recommendations. Please refer to the appropriate agency for additional guidance.

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	<ul style="list-style-type: none"> <li>• Educate members on the difference between bacterial and viral infections. This is the key point in the success of this measure. Use CDC handouts or education tools as needed.</li> <li>• Discuss with members ways to treat symptoms: <ul style="list-style-type: none"> <li>○ Get extra rest.</li> <li>○ Drink plenty of fluids.</li> <li>○ Use over-the-counter medications.</li> <li>○ Use the cool-mist vaporizer and nasal spray for congestion.</li> <li>○ Eat ice chips or use throat spray/lozenges for sore throats.</li> </ul> </li> <li>• Educate members and their parents or caregivers that they can prevent infection by: <ul style="list-style-type: none"> <li>○ Washing hands frequently.</li> <li>○ Disinfecting toys.</li> <li>○ Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved.</li> </ul> </li> <li>• If utilizing an electronic medical records (EMR) system, consider electronic data sharing with Amerigroup Washington, Inc. to capture all coded elements. Contact your Provider Experience representative for additional details and questions.</li> </ul>
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Description	CPT®/HCPCS/ICD-10/ LOINC
<b>Pharyngitis</b>	<b>ICD-10:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
<b>Group A streptococcal tests</b>	<b>CPT:</b> 87070, 87071, 87081, 87430, 87650-87652, 87880 <b>LOINC:</b> 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2
<b>Online assessments</b>	<b>CPT:</b> 98970, 98971, 98972, 99421, 99422, 99423, 99457 <b>HCPCS:</b> G0071, G2010, G2012
<b>Telephone visits</b>	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443

## Pharmacotherapy Management of COPD Exacerbation (PCE)

HEDIS definition
<p>The percentage of chronic obstructive pulmonary disease (COPD) exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year, and who were dispensed appropriate medications — Two rates are reported:</p> <ol style="list-style-type: none"> <li>1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</li> <li>2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.</li> </ol>

## Systemic corticosteroid medications

Glucocorticoids
<ul style="list-style-type: none"> <li>• Cortisone</li> <li>• Hydrocortisone</li> <li>• Prednisolone</li> <li>• Dexamethasone</li> <li>• Methylprednisolone</li> <li>• Prednisone</li> </ul>

## Bronchodilator medications

<b>Anticholinergic agents</b>	<ul style="list-style-type: none"> <li>• Acclidinium bromide</li> <li>• Ipratropium</li> <li>• Tiotropium</li> <li>• Umeclidinium</li> </ul>
<b>Beta 2-agonists</b>	<ul style="list-style-type: none"> <li>• Albuterol</li> <li>• Arformoterol</li> <li>• Formoterol</li> <li>• Indacaterol</li> <li>• Levalbuterol</li> <li>• Metaproterenol</li> <li>• Olodaterol</li> <li>• Salmeterol</li> </ul>
<b>Bronchodilator combinations</b>	<ul style="list-style-type: none"> <li>• Albuterol-ipratropium</li> <li>• Budesonide-formoterol</li> <li>• Fluticasone-salmeterol</li> <li>• Fluticasone-vilanterol</li> <li>• Fluticasone furoate-umeclidinium-vilanterol</li> <li>• Formoterol-acclidinium</li> <li>• Formoterol-glycopyrrolate</li> <li>• Formoterol-mometasone</li> <li>• Glycopyrrolate-indacaterol</li> <li>• Olodaterol-tiotropium</li> <li>• Umeclidinium-vilanterol</li> </ul>

Measure tips	
<b>Best practices</b>	<ul style="list-style-type: none"> <li>• Provide members with a prescription for a bronchodilator and systemic corticosteroid following an emergency department visit or inpatient discharge for COPD.</li> <li>• Follow up with members to make sure any new prescriptions are filled post-discharge.</li> <li>• Educate members on the importance of getting their prescriptions filled and remaining compliant.</li> <li>• Members with active prescriptions for these medications are administratively compliant with the measure.</li> <li>• An active prescription is one that's noted as having available medication left in the "days' supply" through the episode date or further.</li> <li>• The "episode date" for an acute inpatient stay is the admission date.</li> <li>• The "episode date" for the emergency department visit is the date of service.</li> </ul>



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