Asthma Medication Ratio (AMR)
HEDIS® Measurement Year 2022

Measure description: This measure captures 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.

Eligible Population

Members between the ages of 5 and 64 with medical and pharmacy benefits during the measurement year and the year prior. The following age stratifications are reported:

- 5-11 years
- 12-18 years
- 19-50 years
- 51-64 years
- Total

Strategies for Managing Asthma and Medication Adherence

- Develop asthma action plans with patients and education on reduction of asthma triggers
- Ask the patient about their health goals and preferences.
- Collaborate with the patient and customize the treatment to meet these goals.
- Providing simple and clear instructions as low health literacy can impact a patient's health
- Simplify treatment regimen
- Involve family in treatment planning if patient needs additional support
- Advise patients to incorporate inhalers in to daily routine – i.e., keep inhalers in the bathroom and utilize medication during morning routine.
- Offer assistance with utilizing inhalers when first prescribed
- Educate on potential side effects of controller
- medications and how to manage side effects

Measure Adherence

Adherence for the AMR measure is determined by the member remaining on their prescribed asthma medications and maintaining a controller ratio of at least 0.50 during the measurement year. This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription). The medications the NCQA lists in the HEDIS specifications are below. This is a general list and should not replace the advice or care you provide your patients regarding what is optimal to meet their healthcare needs.

Asthma Controller Medications

Description	Prescriptions	Route
Antiasthmatic combinations	Dyphylline-guaifenesin	Oral
Antibody inhibitors	Omalizumab	Injection
Anti-interleukin-4	Dupilumab	Injection
Anti-interleukin-5	Benralizumab	Injection
Anti-interleukin-5	Mepolizumab	Injection
Anti-interleukin-5	Reslizumab	Injection
Inhaled steroid combinations	Budesonide-formoterol	Inhalation
Inhaled steroid combinations	Fluticasone-salmeterol	Inhalation
Inhaled steroid combinations	Fluticasone-vilanterol	Inhalation
Inhaled steroid combinations	Formoterol-mometasone	Inhalation
Inhaled corticosteroids	Beclomethasone	Inhalation
Inhaled corticosteroids	Budesonide	Inhalation
Inhaled corticosteroids	Ciclesonide	Inhalation
Inhaled corticosteroids	Flunisolide	Inhalation
Inhaled corticosteroids	Fluticasone	Inhalation
Inhaled corticosteroids	Mometasone	Inhalation
Leukotriene modifiers	Montelukast	Oral
Leukotriene modifiers	Zafirlukast	Oral
Leukotriene modifiers	Zileuton	Oral
Methylxanthines	Theophylline	Oral

Asthma Reliever Medications

Description	Prescriptions	Route
Short-acting, inhaled beta-2 agonists	Albuterol	Inhalation
Short-acting, inhaled beta-2 agonists	Levalbuterol	Inhalation

What You Can Do – Coding for Telehealth:

Synchronous telehealth visits: Requires real-time interactive audio and video tele-communications. A measure specification that is silent about telehealth includes synchronous telehealth. This is because tele-health is billed using standard CPT and HCPCS codes for professional services in conjunction with a telehealth modifier and/or a telehealth POS code.

Telephone visits: A measure will indicate when telephone visits are eligible for use by referencing the Telephone Visits Value Set.

Asynchronous e-visits: Sometimes referred to as an e-visit or virtual check-in, is not "real-time" but still requires two-way interaction between the member and provider.

Codes

Telehealth Modifier: 95, GT Telehealth POS: 02
Telephone Visit CPT: 98966-98968, 99441-99443
Online Assessment CPT: 989-98972, 99421-99423, 99444, 99458
Online Assessment HCPCS: G2010, G2012, G2061-G2063