

Provider update

HEDIS spotlight: Pharyngitis, respiratory conditions, and access to EX Program for tobacco cessation

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>Intake period: 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>Episode date: The date of service for any outpatient, telephone, observation, or emergency department (ED) visit, e-visit, or virtual check-in during the intake period with a diagnosis of pharyngitis.</p>	
Requirements	<ul style="list-style-type: none"> • Negative medication history — 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 • Negative comorbid condition history — 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 • Negative competing diagnosis — the episode date and three days following the episode date when the member had no claims/encounters with a competing diagnosis
Exclusions	<ul style="list-style-type: none"> • Do not include visits that result in an inpatient stay. • Members in hospice or using hospice services anytime during the measurement year. • Members who died during the measurement year.
Record your efforts	<ul style="list-style-type: none"> • Document results of all strep tests or refusal for testing in medical record. • If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis. • If a patient tests negative for group A strep, but insists on an antibiotic: <ul style="list-style-type: none"> ○ 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. ○ Write a prescription for symptom relief, such as over-the-counter medications.

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<https://provider.amerigroup.com/WA>

	<ul style="list-style-type: none"> • 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. • Discuss with members ways to treat symptoms: <ul style="list-style-type: none"> ○ Get extra rest. ○ Drink plenty of fluids. ○ Use over-the-counter medications. ○ Use the cool-mist vaporizer and nasal spray for congestion. ○ Eat ice chips or use throat spray/lozenges for sore throats. • Educate members and their parents or caregivers that they can prevent infection by: <ul style="list-style-type: none"> ○ Washing hands frequently. ○ Disinfecting toys. ○ Keeping the child out of school or day care for at least 24 hours until antibiotics have been taken and symptoms have improved. • If using an electronic medical records system, consider electronic data sharing with Amerigroup Washington, Inc. to capture all coded elements. Contact your Network Relations consultant for additional details and questions.
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Description	CPT®/HCPCS/ICD-10CM
Pharyngitis	ICD-10-CM: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Group A streptococcal tests	CPT: 87070, 87071, 87081, 87430, 87650-87652, 87880 LOINC: 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
Online assessments	CPT: 98970, 98971, 98972, 99421, 99422, 99423, 99457, 99458 HCPCS: G0071, G2010, G2012, G2250, G2251, G2252
Telephone visits	CPT: 98966, 98967, 98968, 99441, 99442, 99443

* The codes listed are for informational purposes only and are not intended to suggest or guide reimbursement. If applicable, refer to your provider contract or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at ama-assn.org.

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"> 1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event 2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event

Systemic corticosteroid medications

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

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

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

	<ul style="list-style-type: none"> • The episode date for an acute inpatient stay is the admission date. • The episode date for the emergency department visit is the date of service.
Exclusions	<ul style="list-style-type: none"> • Members in hospice or using hospice services any time during the measurement year • Members who died any time during the measurement year

The EX Program: Tobacco cessation program from Amerigroup

The EX Program is a personalized and convenient digital quit-tobacco program built in collaboration with the Mayo Clinic that helps members beat their addiction and live tobacco-free, whether they smoke, vape, dip, or chew.

Amerigroup adult members can sign up [here](#).

Members have access to:

- Online videos, exercises, and self-guided tools on any device.
- Live-chat coaching from experts and personalized texts and emails.
- Active online community to lean on for advice, tips, and motivation.
- Nicotine patches, gum, or lozenges delivered to the member’s home.

This is Quitting: Helping teens and young adults quit vaping

You play an influential role in helping young patients overcome nicotine addiction early, and we can help you make an even bigger impact.

In your tobacco-use assessment with young patients, inform all patients that they have access to a free vaping cessation program. Encourage young people to share information about this program with friends, even if they themselves don’t use e-cigarettes.

This is Quitting by Truth Initiative® is a free, confidential, text-message based program specifically designed to help young people ages 13 to 24 quit vaping. This is an excellent resource available to help patients quit for good and see their future without relying on nicotine. More than 600,000 young people have enrolled in *This is Quitting* since it launched in 2019.

To sign up, a young person can text **KEYWORD** to 88709. All they have to do is text back their age, and they’ll start receiving messages.

The program is:

- Free to each user.
- Completely anonymous — No data about any one user is shared.
- Entirely automated, and text-message based.
- Peer-to-peer: Many messages are skills or coping tools shared from other *This is Quitting* users to help a participant know they’re not alone.
- Interactive and inquisitive to get to know the user better.
- Supportive, like texting with a friend who is helping them quit.
- Tailored based on age and device used.

Young people tend to prefer discretion when it comes to quitting vaping or letting others know they have been vaping at all. Try to have these discussions in private, away from a parent if possible.

Thank you for helping young people live healthier lives free from an addiction as tenacious as nicotine. We're committed to active involvement with our care provider partners and going beyond the contract to create a real impact on the health of our communities.



Email is the quickest and most direct way to receive important information from Amerigroup Washington, Inc.

To start receiving email from us (including some sent in lieu of fax or mail), submit your information using the QR code to the right or via our online form (amerigroup.ly/Wamp).

