

Asthma Care Coverage Project: Data Collection Methodology

This document outlines the methodology used to collect data on state Medicaid coverage of guidelines-based asthma treatment and services, including potential data sources, processes and how common situations will be addressed.

Defining the Data

All criteria and barriers that are being tracked are defined in the [Asthma Guidelines-Based Care Coverage Project: Benchmarks for Key Aspects of Optimal Coverage](#) document. The American Lung Association developed this document in collaboration with an advisory group that convened in September 2015 and was comprised of representatives from various stakeholder and coalition groups. The advisory group provided key input and guidance to the American Lung Association, which created the Benchmark document.¹ The seven areas of coverage include quick relief and controller medications, medical devices, allergen testing and immunotherapy, home visits, and self-management education. For more information on each of these areas of coverage and associated barriers, please refer to our benchmark document.

Collecting Data

The Lung Association conducts its own primary research to determine state Medicaid program coverage and barriers for comprehensive asthma guidelines-based care. This research includes reviewing Medicaid State Plans and State Plan Amendments (SPA), formularies, preferred drug lists, member handbooks, provider manuals and any other related documents for each state Medicaid program. If the program has managed care plans, the process is repeated for each individual managed care plan and the data from each plan is then combined and interpreted to determine the overall coverage value.

Confirming Data

The Lung Association seeks confirmation of its data findings with each state Medicaid office. Each state Medicaid office is provided with a copy of the coverage data categorized by managed care plan and asked to confirm its accuracy. Any changes to the data must be supplemented with written plan documentation.

Publishing Data

The data is compiled and published on the Lung Association's website (lung.org/asthma-care-coverage), along with a list of publicly available sources used during data collection, and updated annually or when new information is available. For more information on how the data is presented and its interpretation, please refer to the accompanying [Glossary](#).

Medications (Fast-Acting and Controller)

Medication coverage is determined primarily by its inclusion on plan formularies or preferred drug lists.

1. The medication is considered covered if it is listed on the formulary or preferred drug list - it can be either the brand name or the generic medication. The Lung Association is brand neutral, so there is no particular preference of a brand name when determining coverage of medications.
2. The generic or brand name that is available with the fewest barriers associated to its coverage will be used to determine the extent of coverage for that medication. If both a generic and brand name are available with the same number of barriers, then all the barriers between the generic and brand will be considered.

3. If a medication is listed as a “non-preferred” medication, it will be counted as covered with the appropriate barriers.
4. If a medication is not on the formulary or preferred drug list, it will not be considered covered, unless it is specified somewhere else in writing or information is provided by the state Medicaid office in writing.
5. For generic names, the second word of the generic does not necessarily have to be present in order to be considered as a covered generic (i.e., “albuterol sulfate” can be considered as covered if “albuterol” is found in the formulary or preferred drug list).
6. Medications should be in the correct form. For example, medications in ointment or cream form are not considered covered; however, solutions are permissible. Additionally, some medication types are in a specific form. For example, inhaled corticosteroids require the inhaled form, and nasal or spray forms will not be considered as covered.
7. Any final questions or issues are resolved with assistance from the American Lung Association’s senior scientific and/or medical advisors.

Devices

The devices being tracked include nebulizers, peak flow meters and valved-holding chambers. For purposes of data collection, spacers are not considered valved-holding chambers because not all spacers are necessarily valved-holding chambers.

Allergen Testing²

Allergen testing includes both skin testing and in vitro testing and the Lung Association also determines whether both types of testing are covered for all Medicaid enrollees. More information can be found in our [Glossary](#). If using CPT (Current Procedural Terminology) codes to verify data, 95004 or 95024 are the CPT codes for skin testing and 95017, 95027 or 95028 are the CPT codes for in vitro testing. If one of the codes is reimbursed, the testing is considered covered.

Allergy Treatment – Allergen Immunotherapy³

If CPT codes are needed to determine whether coverage exists, the relevant CPT codes are 95115, 95117, 95120, 95125, 95144, 95165, 95170, 95180 and 95199. If one of the listed codes is covered, treatment is considered covered.

Home Visits

To determine if a low-intensity intervention is available to Medicaid enrollees, the criteria listed in the benchmark document is used. Any state Medicaid program offering a moderate or major intensity intervention to at least some part of the population will be noted. Information collected from other organizations, such as [Green and Healthy Homes Initiative](#) or the [National Center for Healthy Housing](#), can also be used to determine the existence of pilot programs in state Medicaid programs.

Self-Management Education

For the purposes of this data collection, wellness programs or disease management programs are not counted as self-management education. The following CPT codes can be used to code for asthma self-management education: 94664, 98960-98962, 99401-99404, 99411-99412 and 99441. If appropriate, CPT codes can be used to determine coverage.

¹ It is important to note that an organization’s participation in the advisory group does not equate to its endorsement of the Benchmark.



² CPT codes: <https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF Documents/Practice Management/PM Resource Guide/Chapter-6-Coding-and-billing-basics.pdf>

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