

Aspirin Therapy in Ischemic Heart Disease and Diabetes PIP 2009 Care Coordinator Refresher Training Q & A

If members do not meet the aspirin PIP criteria, but fall under MSHO and MSC+ populations, can they still use the over-the-counter (OTC) benefit?

- Yes, they are still eligible for the OTC benefit, but are not targeted as part of the aspirin PIP.

Do aspirin compliant members ever come off the monthly risk list?

- If a member develops a contraindication they are removed from the list, but otherwise they need to stay on the list. Please congratulate patients that are compliant and continue to encourage those that are not yet taking aspirin therapy to ask their doctor if aspirin therapy is right for them.

Why does the project stop at age 84?

- There is no supporting evidence that aspirin therapy benefits those older than age 84. (There are very few studies done for the over 84 years population).

Is plavix and aspirin included in this PIP?

- Only aspirin is included in the aspirin PIP.

Should people be taking aspirin with Coumadin?

- They could take aspirin with Coumadin, but at the discretion of their PCP.

How do you obtain a pre-filled Rx for aspirin?

- Talk to the member's pharmacist.

What is the interaction between Tylenol, aspirin, and Plavix?

- GI bleeding can occur when combining aspirin and plavix. Tylenol is often recommended for pain when the patient is taking aspirin or Plavix.

What is a Proton Pump Inhibitor?

- Proton pump inhibitors (PPIs) are a group of medications that decreases the amount of acid in the stomach and intestines. Doctors prescribe PPIs to treat people with GERD, ulcers in the stomach or intestine, or other digestive disorders that may cause excess stomach acid, i.e. Nexium or Prilosec.

Has an aspirin prescription pad for pharmacists been considered?

- Yes, this option was discussed, but with the increasing prevalence of electronic medical records is starting to make prescription pads obsolete.
- Only a PCP should write the aspirin therapy prescription (after they assess if it is appropriate for that patient)

Can we get a list of diagnosis codes used for this PIP and for individuals?

- The PCP (not the CC) is responsible for considering the member's history and diagnoses when determining if aspirin therapy is appropriate for that individual.
- Here is the list of ICD-9 to identify the populations for this project (DRG codes are redundant and no longer used):

Method 1: Diabetes Pharmacy Claims = Members who were dispensed diabetic medications during the measurement year on an ambulatory basis. Cumulative HEDIS Table CDC-A: Prescriptions to Identify Diabetics (NCQA provides an annual list of CDC_A_Denominator NDC Codes for drugs used to identify those with diabetes. Note that each year, the new drugs on the HEDIS NDC list will be added to the existing list used for this project, so that the list of Prescriptions to Identify Diabetics grows cumulatively. The first HEDIS list used was for HEDIS 2007. The Collaborative will update the cumulative NDC list each year.

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Method 2: Diabetes Diagnosis and Encounter Data = Members who had one face-to-face encounter in an outpatient setting or non acute inpatient setting or one face-to-face encounter in an acute inpatient or emergency department (ED) setting during the measurement year with a diagnosis of diabetes. Use the codes in Table CDC-B to identify a diabetes diagnosis and Table CDC-C to identify the visit type.

ICD-9 Codes: 250, 375.2, 362.0, 366.41, 648.0.

CPT Codes: (Outpatient) 92002- 92014, 99201-99205, 99211-99215, 99217-99220, 99245, 99341-99345, 99347, -99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429,99455, 99456,99499 (Non-Acute Inpatient) 99301-99313,99315, 99318, 99321-99328, 99331-99337. (Acute Inpatient) 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291. (ER) 99281-99285.

UB-92 Revenue Codes: (Outpatient) 051x, 0520-0523, 0526-0529, 057x-059x, 077x, 082x-085x, 088x, 0982, 0983. (Non-Acute Inpatient) 0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x. (Acute Inpatient) 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 080x, 0987. (ER) 045x, 0981.

Method 3: AMI, CABG, or PTCA Diagnosis and Encounter Data = Discharged alive for AMI, CABG, or PTCA (Table CMC-A) during the measurement period.

ICD-9 Codes: (AMI Inpatient Only) 410.x1. (PTCA) 00.66, 36.01, 36.02, 36.05, 36.06, 36.07, 36.09. (CABG Inpatient Only) 36.1, 36.2.

CPT Codes: (PTCA) 33140, 92980-92982, 92984, 92995-92996. (CABG Inpatient Only) 33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572.

HCPCS (CABG Inpatient Only) S2205-S2209.

Method 4: IVD Diagnosis and Encounter Data = Identify members as having IVD who had during the measurement period: one outpatient visit with an IVD diagnosis, or one acute inpatient visit with an IVD diagnosis. Note that while the Collaborative voted update the specs to add 414.2 (included in HEDIS), a clinical decision was made not to add codes 434 and 440.4.

ICD-9 Codes: 411, 413, 414.0, 414.2, 414.8, 414.9, 429.2, 433, 440.1, 440.2, 444, 455.

CPT Codes: (Outpatient) 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456, 99499. (Acute Inpatient) 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291.

UB-2 Revenue Codes: (Acute Inpatient) 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 0987.

After the Refresher Training a Care Coordinator suggested a “things to talk to my doctor about” form that she uses to help her patients remember to discuss aspirin with their PCP.

- As the PIP progresses, the Collaborative will consider making this type of tool available. Thank you for the suggestion.
- Please contact your PIP Collaborative representative with other suggestions or tools that may be helpful.