

Pharmacotherapy Management of COPD Exacerbation (PCE)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare

MEASURE DESCRIPTION

Percentage of COPD exacerbations for patients 40 years of age and older who had an acute inpatient discharge or emergency department (ED) encounter on January 1 through November 30 of the measurement year and who were dispensed appropriate medications to manage their COPD upon discharge. HEDIS evaluates two separate rates in this measure:

- Rate 1: Patient was dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
- Rate 2: Patient was dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.ⁱ

EXCLUSIONS

Patients are excluded if they:

- Received hospice care or elect to use a hospice benefit any time during the measurement year.
- Died during the measurement year.
- Had an ED visit that resulted in an inpatient stay.
- Had a nonacute inpatient stay.

MEDICAL RECORD

Patient medical records should include the name and date of prescription, or a copy of prescription that was given to the member.

Systemic Corticosteroid Medications

Description/Drug Class	Prescription	
Glucocorticoids	Cortisone-acetate	Prednisolone
	Dexamethasone	Prednisone
	Hydrocortisone	Methylprednisolone

Bronchodilator Medications

Description/Drug Class	Prescription	
Anticholinergic agents	Acclidinium bromide Ipratropium	Tiotropium Umeclidinium
Beta 2-agonists	Albuterol Arformoterol Formoterol Indacaterol	Levalbuterol Metaproterenol Salmeterol
Bronchodilator	Albuterol-ipratropium Budesonide-formoterol Dyphylline-guaifenesin Fluticasone-salmeterol Fluticasone-vilanterol Fluticasone furoate-umeclidinium-vilanterol	Formoterol-acclidinium Formoterol-glycopyrrolate Formoterol-mometasone Indacaterol-glycopyrrolate Olodaterol hydrochloride Olodaterol-tiotropium Umeclidinium-vilanterol

CODING

Type	Code	Description
ICD-10 ⁱⁱ	J41.0, J41.1, J41.8, J42, J43.0–J43.2, J43.8, J43.9, J44.0, J44.1, J44.81, J44.89, J44.9, 491.0, 491.1, 491.20–491.22, 491.8, 491.9, 492.0, 492.8, 493.20–493.22, 496	Chronic Obstructive Pulmonary Diseases

TIPS FOR SUCCESS

Patient Care

- Contact the patient to schedule a follow-up visit 7-14 days after a discharge from the hospital or ED.
- Coordinate care with patient's specialists such as cardiologist and pulmonologist.
- Educate the patient on reducing triggers in their home, school, work, and environment that could exacerbate their condition.
- Provide a COPD action plan for the patient, including daily medications, trigger avoidance, and what to do when flare-ups do occur. Ask the patient if they have any barriers that prevent them from filling their prescriptions.

Documentation and Coding

- Complete documentation of the patient's medication and their response to treatment of their COPD exacerbation.
- Partner with your health plan payers to submit electronic data from your EMR.
- Document medical and surgical history in the medical record with dates in structured fields so your EMR can include these in reporting. This will allow the corresponding code to be included in electronic reporting, including claims, to health plans.
- Code for exclusions.

ⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans (2024), 119-123.

ⁱⁱ ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). WHO-copyright holder.