

Appendix E: SCDTDP Measure Specifications

Sickle Cell Treatment Demonstration Program

Meaure Specifications and Codes

Aim 1: Increase the number of providers treating persons with sickle cell disease

Measure 1a: Number of providers in Plan who saw at least one patient younger than 18 years of age with SCD two or more times during the past 12 months

Denominator Population:	Providers who had at least one claim submitted to the plan during the 12 month period ending with the reference month.
Numerator Population:	Providers from the denominator population who saw at least one patient with SCD who was less than 18 years old at the time of the visit for at least two non-emergent outpatient visits (Table 2) during the 12 month period ending with the reference month.
Exclusions:	Patients who also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Measure 1b: Number of providers in Plan who saw at least one adult patient with SCD two or more times during the past 12 months

Denominator Population:	Providers who had at least one claim submitted to the plan during the 12 month period ending with the reference month.
Numerator Population:	Providers from the denominator population who saw at least one patient with SCD who was 18 years of age or older at the time of the visit for at least two non-emergent outpatient visits (Table 2) during the 12 month period ending with the reference month.
Exclusions:	Patients who also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Measure 1c: Number of providers in Plan who saw any patient with SCD two or more times during the past 12 months

Denominator Population:	Providers who had at least one claim submitted to the plan during the 12 month period ending with the reference month.
Numerator Population:	Providers from the denominator population who saw any patient with SCD for at least two non-emergent outpatient visits (Table 2) during the 12 month period ending with the reference month.
Exclusions:	Patients who also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Measure 1d: Number of children in Plan with SCD who had at least 2 outpatient visits in the past 12 months.

Denominator Population:	Patients less than 18 years old as of the end of the reference month who have ever had a diagnosis of sickle cell disease (Table 1) and who had at least one health care event (any claim) during the 12 month period ending with the reference month.
Numerator Population:	Patients from the denominator population who had at least two non-emergent outpatient visits (Table 2) during the 12 month period ending with the reference month.
Exclusions:	Patients who also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Measure 1e: Number of adults in Plan with SCD who had at least 2 outpatient visits in the past 12 months.

Denominator Population:	Patients who were 18 years old or older as of the end of the reference month who have ever had a diagnosis of sickle cell disease (Table 1) and who had at least one health care event (any claim) during the 12 month period ending with the reference month.
Numerator Population:	Patients from the denominator population who had at least two non-emergent outpatient visits (Table 2) during the 12 month period ending with the reference month.
Exclusions:	Patients who also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Aim 2: Increase the number of providers prescribing hydroxyurea

Measure 2a: Number of providers in Plan who prescribed hydroxyurea to a child with SCD at least once during the past 12 months

Denominator Population:	Providers who submitted at least one claim to the plan during the 12 month period ending with the reference month.
Numerator Population:	Providers from the denominator population who had a patient under 18 years old and who have a diagnosis of sickle cell disease (Table 1) and who filled at least one hydroxyurea prescription during the 12 month period ending with the reference month.
Exclusions:	Providers whose patients also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Measure 2b: Number of providers in Plan who prescribed hydroxyurea to an adult with SCD at least once during the past 12 months

Denominator Population:	Providers who submitted at least one claim to the plan during the 12 month period ending with the reference month.
Numerator Population:	Providers from the denominator population who had a patient over 18 years old and who have a diagnosis of sickle cell disease (Table 1) and who filled at least one hydroxyurea prescription during the 12 month period ending with the reference month.
Exclusions:	Providers whose patients also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Measure 2c: Number of providers in Plan who prescribed hydroxyurea at least once during the past 12 months

Denominator Population:	Providers who submitted at least one claim to the plan during the 12 month period ending with the reference month.
Numerator Population:	Providers from the denominator population who had any patient with a diagnosis of sickle cell disease (Table 1) who filled at least one hydroxyurea prescription during the 12 month period ending with the reference month.
Exclusions:	Providers whose patients also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Measure 2d: Number of children with SCD who filled a prescription for hydroxyurea at least once during the past 12 months

Denominator Population:	Patients less than 18 years old as of the end of the reference month who have ever had a diagnosis of sickle cell disease (Table 1) and who had at least one health care event (any claim) during the 12 month period ending with the reference month.
Numerator Population:	Patients from the denominator population who filled at least one hydroxyurea prescription during the 12 month period ending with the reference month.
Exclusions:	Patients who also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Measure 2e: Number of adults with SCD who filled a prescription for hydroxyurea at least once during the past 12 months

Denominator Population:	Patients 18 years of age or older as of the end of the reference month who have ever had a diagnosis of sickle cell disease (Table 1) and who had at least one health care event (any claim) during the 12 month period ending with the reference month.
Numerator Population:	Patients from the denominator population who filled at least one hydroxyurea prescription during the 12 month period ending with the reference month.
Exclusions:	Patients who also have a diagnosis of sickle cell trait (Table 3) only should be excluded.
Reporting Outputs:	Denominator and numerator counts and percent.
Reporting Interval:	Monthly
Comments:	Claims include those paid, suspended, pending or denied.

Table 1: Codes to Identify Sickle Cell Disease

Condition Name	ICD-9	ICD-10
Hb S beta-thalassemia	282.41, 282.42	D57.40, D57.41
Hb SS-disease (sickle cell anemia)	282.6, 282.61, 282.62	D57 Sickle cell disorders D57.0 Sickle cell anemia with crisis D57.1 Sickle cell anemia without crisis
Hb SC-disease	282.63, 282.64	D57.20, D57.21
Hb SD-disease	282.68, 282.69	D57.80, D57.81
Hb SE-disease	282.68, 282.69	D57.80, D57.81

Table 2: Codes to Identify Outpatient Care

Description	CPT	ICD-9
Office or other outpatient services	99201-99205, 99211-99215, 99241-99245	
Preventive medicine	99381-99385, 99391-99395, 99401-99404, 99411-99412, 99420, 99429	
General medical examination		V20.2, V70.0, V70.3, V70.5, V70.6, V70.8

Table 3: Excluded Sickle Cell Related Codes

Condition Name	ICD-9	ICD-10
Hb S (sickle)-carrier (sickle cell trait)		282.5 D57.3

Proprietary Name	Dosage Form name	Application Number	Package Description	Product NDC
HYDROXYUREA	CAPSULE	ANDA075143	30 CAPSULE in 1 BOTTLE, PLASTIC (54868-4773-0)	54868-4773
HYDROXYUREA	CAPSULE	ANDA075143	100 CAPSULE in 1 BOTTLE, PLASTIC (54868-4773-1)	54868-4773
HYDROXYUREA	CAPSULE	ANDA075143	50 CAPSULE in 1 BOTTLE, PLASTIC (54868-4773-2)	54868-4773
HYDROXYUREA	CAPSULE	ANDA075143	60 CAPSULE in 1 BOTTLE, PLASTIC (54868-4773-3)	54868-4773
HYDROXYUREA	CAPSULE	ANDA075143	40 CAPSULE in 1 BOTTLE, PLASTIC (54868-4773-4)	54868-4773
Hydroxyurea	CAPSULE	ANDA075340	100 CAPSULE in 1 BOTTLE (60429-265-01)	60429-265
Hydroxyurea	CAPSULE	ANDA075340	100 BLISTER PACK in 1 BOX, UNIT-DOSE (68084-284-01) > 1 CAPSULE in 1 BLISTER PACK (68084-284-11)	68084-284
HYDREA	CAPSULE	NDA016295	100 CAPSULE in 1 BOTTLE (0003-0830-50)	0003-0830
DROXIA	CAPSULE	NDA016295	60 CAPSULE in 1 BOTTLE (0003-6335-17)	0003-6335
DROXIA	CAPSULE	NDA016295	60 CAPSULE in 1 BOTTLE (0003-6336-17)	0003-6336
DROXIA	CAPSULE	NDA016295	60 CAPSULE in 1 BOTTLE (0003-6337-17)	0003-6337
HYDROXYUREA	CAPSULE	ANDA075143	100 CAPSULE in 1 BOTTLE (0555-0882-02)	0555-0882
HYDROXYUREA	CAPSULE	ANDA075143	100 CAPSULE in 1 BOTTLE (42291-321-01)	42291-321

Hydroxyurea	CAPSULE	ANDA075340	100 CAPSULE in 1 BOTTLE (49884-724- 01)	49884-724
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Strength	Product Type Name	Non-Proprietary Name	Route Name	Market Category Name
500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA
500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA
500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA
500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA
500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA
500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA
500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA
500 mg/1	HUMAN PRESCRIPTION DRUG	HYDROXYUREA	ORAL	NDA
200 mg/1	HUMAN PRESCRIPTION DRUG	HYDROXYUREA	ORAL	NDA
300 mg/1	HUMAN PRESCRIPTION DRUG	HYDROXYUREA	ORAL	NDA
400 mg/1	HUMAN PRESCRIPTION DRUG	HYDROXYUREA	ORAL	NDA
500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA
500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA

500 mg/1	HUMAN PRESCRIPTION DRUG	Hydroxyurea	ORAL	ANDA
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Labeler Name	Substance Name	Pharm Class	DEA	Start date
Physicians Total Care, Inc.	HYDROXYUREA	N/A	N/A	4/11/2003
Physicians Total Care, Inc.	HYDROXYUREA	N/A	N/A	4/11/2003
Physicians Total Care, Inc.	HYDROXYUREA	N/A	N/A	4/11/2003
Physicians Total Care, Inc.	HYDROXYUREA	N/A	N/A	4/11/2003
Physicians Total Care, Inc.	HYDROXYUREA	N/A	N/A	4/11/2003
Golden State Medical Supply, Inc.	HYDROXYUREA	N/A	N/A	2/24/1999
American Health Packaging	HYDROXYUREA	N/A	N/A	8/12/2008
E.R. Squibb & Sons, L.L.C.	HYDROXYUREA	N/A	N/A	6/1/2009
E.R. Squibb & Sons, L.L.C.	HYDROXYUREA	N/A	N/A	6/1/2009
E.R. Squibb & Sons, L.L.C.	HYDROXYUREA	N/A	N/A	6/1/2009
E.R. Squibb & Sons, L.L.C.	HYDROXYUREA	N/A	N/A	6/1/2009
Barr Laboratories Inc.	HYDROXYUREA	N/A	N/A	10/19/1998
AvKARE, Inc.	HYDROXYUREA	N/A	N/A	7/19/2013

Par Pharmaceutical, Inc.	HYDROXYUREA	N/A	N/A	2/24/1999
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N/A