

Spirometry Evaluation

*This measure is to be reported for all patients aged 18 years and older with chronic obstructive pulmonary disease (COPD) — a minimum of **once** per reporting period.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of COPD who had spirometry evaluation results documented

What will you need to report for each patient with COPD for this measure?

If you select this measure for reporting, you will report:

- Whether or not you reviewed and documented the spirometry evaluation results¹

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to review and document the spirometry evaluation results, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
- System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions).

¹Look for most recent documentation of spirometry evaluation results (FEV₁ and FEV₁/FVC) in the medical record; do not limit the search to the reporting period.

Chronic Obstructive Pulmonary Disease (COPD)

Spirometry Evaluation

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information			Billing Information
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of COPD.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
Spirometry Results¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Reviewed and documented	<input type="checkbox"/>	<input type="checkbox"/>	3023F
Not reviewed and documented for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3023F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	3023F-2P
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	3023F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3023F-8P (Spirometry results not documented and reviewed, reason not otherwise specified.)

¹Spirometry results: FEV₁ and FEV₁/FVC

Spirometry Evaluation

Coding Specifications

Codes required to document patient has COPD and a visit occurred:

An ICD-9 diagnosis code for COPD and a CPT E/M service code are required to identify patients to be included in this measure.

COPD ICD-9 diagnosis codes

- 491.0, 491.1, 491.8, 491.9 (chronic bronchitis),
- 491.20, 491.21, 491.22 (obstructive chronic bronchitis),
- 492.0, 492.8 (emphysema),
- 496 (chronic airway obstruction, not elsewhere classified)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99385, 99386, 99387 (preventive medicine services — new patient),
- 99395, 99396, 99397 (preventive medicine services — established patient),
- 99401, 99402, 99403, 99404 (preventive medicine services — individual counseling)

Quality codes for this measure (one of the following for every eligible patient):

CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 3023F:** Spirometry results documented and reviewed
- **CPT II 3023F-1P:** Documentation of medical reason(s) for not documenting and reviewing spirometry results
- **CPT II 3023F-2P:** Documentation of patient reason(s) for not documenting and reviewing spirometry results
- **CPT II 3023F-3P:** Documentation of system reason(s) for not documenting and reviewing spirometry results
- **CPT II 3023F-8P:** Spirometry results not documented and reviewed, reason not otherwise specified

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