Chronic Obstructive Pulmonary Disease (COPD)

Bronchodilator Therapy

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 and who have an ${\rm FEV_1/FVC}$ less than 70% and have symptoms who were prescribed an inhaled bronchodilator

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

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

- The presence of COPD symptoms and spirometry test results for every patient with COPD:
 - Patient has COPD symptoms (dyspnea or cough/sputum or wheezing) with spirometry test results demonstrating FEV,/FVC < 70% OR
 - Patient does not have COPD symptoms or spirometry test results demonstrate FEV₁/FVC ≥ 70%

If the patient has COPD symptoms with spirometry test results demonstrating FEV₁/FVC < 70%, you will then need to report:

 Whether or not you prescribed an inhaled bronchodilator for the patient

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

There may be times when it is not appropriate to prescribe an inhaled bronchodilator for the patient with COPD symptoms whose spirometry test results demonstrate $\text{FEV}_1/\text{FVC} < 70\%$, 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).

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| PQRI Data Collection Sheet | | | |
|---|-----|----|---|
| | | | / / □ Male □ Female |
| Patient's Name Practice Medical Record Number (MRN) | | | Birth Date (mm/dd/yyyy) Gender |
| National Provider Identifier (NPI) | | | Date of Service |
| | | | Pillian Life and the |
| 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. | | | Verify date of birth on claim form. |
| Patient has diagnosis of COPD. | | | Refer to coding specifications document for list of applicable codes. |
| There is a CPT E/M Service Code for this visit. | | | |
| If No is checked for any of the above, STOP. Do not report a CPT category II code. | | | |
| Step 2 Does patient also have the other requirements for this measure? | | | |
| | Yes | No | Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form) |
| Does patient have COPD symptoms (dyspnea or cough/sputum or wheezing) with spirometry test results demonstrating $\text{FEV}_1/\text{FVC} < 70\%$? | | | If No (ie, patient does not have COPD symptoms or spirometry tests results demonstrate $FEV_1/FVC \ge 70\%$), report 3027F and STOP. |
| | | | If Yes, report 3025F and proceed to Step 3. |
| | | | If spirometry test results not performed or documented, report 3025F–8P and STOP. |
| Step 3 Does patient meet or have an acceptable reason for not meeting the measure? | | | |
| Inhaled Bronchodilator Therapy | Yes | No | Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form) |
| Prescribed | | | 4025F |
| Not prescribed for one of the following reasons: • Medical (eg, not indicated, contraindicated, other medical reason) | | | 4025F-1P |
| Patient (eg, patient declined, economic, social, religious, other patient reason) | | | 4025F-2P |
| System (eg, resources to perform the services not available, other reason attributable to health care delivery system) | | | 4025F-3P |
| Document reason here and in medical chart. | | | If No is checked for all of the above, report 4025F–8P (Inhaled bronchodilator not prescribed, reason not otherwise specified.) |

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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 (at least 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 3025F: Spirometry test results demonstrate FEV₁/ FVC < 70% with COPD symptoms (e.g., dyspnea, cough/ sputum, wheezing)
- CPT II 3027F: Spirometry test results demonstrate FEV₁/
 FVC ≥ 70% or patient does not have COPD symptoms
- *CPT II 3025F–8P*: Spirometry test results not performed or documented, reason not otherwise specified
- *CPT II 4025F:* Inhaled bronchodilator prescribed
- *CPT II 4025F-1P:* Documentation of medical reason(s) for not prescribing an inhaled bronchodilator
- *CPT II 4025F-2P:* Documentation of patient reason(s) for not prescribing an inhaled bronchodilator
- *CPT II 4025F-3P:* Documentation of system reason(s) for not prescribing an inhaled bronchodilator
- *CPT II 4025F-8P*: Inhaled bronchodilator not prescribed, reason not otherwise specified

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