

▲Measure #52: Chronic Obstructive Pulmonary Disease (COPD): Bronchodilator Therapy

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of COPD and who have an FEV₁/FVC less than 70% and have symptoms who were prescribed an inhaled bronchodilator

INSTRUCTIONS:

This measure is to be reported a minimum of once per reporting period for all COPD patients seen during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

This measure is reported using CPT Category II codes:

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code(s) **OR** the CPT Category II code(s) **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 3P- system reasons, 8P- reasons not otherwise specified.

NUMERATOR:

Patients who were prescribed an inhaled bronchodilator

Definition: "Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

***NUMERATOR NOTE:** The correct combination of numerator code(s) must be reported on the claim form in order to properly report this measure. The "correct combination" of codes may require the submission of multiple numerator codes.*

Numerator Coding:

Patient Prescribed Inhaled Bronchodilator Therapy

(Two CPT II codes [4025F & 3025F] are required on the claim form to submit this category)

CPT II 4025F: Inhaled bronchodilator prescribed

AND

CPT II 3025F: Spirometry test results demonstrate FEV₁/FVC < 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing)

OR

Patient not Documented to have Inhaled Bronchodilator Prescribed for Medical, Patient, or System Reasons

(Two CPT II codes [4025F-XP & 3025F] are required on the claim form to submit this category)

Append a modifier (**1P**, **2P**, or **3P**) to CPT Category II code **4025F** to report documented circumstances that appropriately exclude patients from the denominator.

- **4025F with 1P**: Documentation of medical reason(s) for not prescribing an inhaled bronchodilator
- **4025F with 2P**: Documentation of patient reason(s) for not prescribing an inhaled bronchodilator
- **4025F with 3P**: Documentation of system reason(s) for not prescribing an inhaled bronchodilator

AND

CPT II 3025F: Spirometry test results demonstrate FEV₁/FVC < 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing)

OR

**If patient is not eligible for this measure because spirometry results demonstrate FEV₁/FVC ≥ 70% or patient does not have COPD symptoms, report:
Spirometry Results Demonstrate FEV₁/FVC ≥ 70% or Patient Does not Have COPD Symptoms**

(One CPT II code [3027F] is required on the claim form to submit this category)

CPT II 3027F: Spirometry test results demonstrate FEV₁/FVC ≥ 70% or patient does not have COPD symptoms

OR

Spirometry Test not Performed or Documented

(One CPT II code [3025F-8P] is required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II code **3025F** to report circumstances when the patient is not eligible for the measure.

- **3025F with 8P**: Spirometry test not performed or documented

OR

Patient not Documented to have Inhaled Bronchodilator Prescribed, Reason not Specified

(Two CPT II codes [4025F-8P & 3025F] are required on the claim form to submit this category)

Append a reporting modifier (**8P**) to CPT Category II code **4025F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **4025F with 8P**: Inhaled bronchodilator not prescribed, reason not otherwise specified

AND

CPT II 3025F: Spirometry test results demonstrate FEV₁/FVC < 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing)

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of COPD, who have an FEV₁/FVC <70 % and have symptoms (e.g., dyspnea, cough/sputum, wheezing)

Denominator Coding:

An ICD-9 diagnosis code for COPD and a CPT E/M service code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes: 491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9, 492.0, 492.8, 496

AND

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245

RATIONALE:

Inhaled bronchodilator therapy is effective in treating and managing the symptoms of COPD, particularly, for those patients with moderate to very severe COPD, and improving a patient's quality of life.

CLINICAL RECOMMENDATION STATEMENTS:

Short-acting bronchodilators can increase exercise tolerance acutely in COPD. (ATS and ERS)

Bronchodilator medications are central to the symptomatic management of COPD. (Evidence A) (NHLBI/WHO)

A combination of a short-acting β_2 -agonist and an anticholinergic produces greater and more sustained improvements in FEV₁ than either alone and does not produce evidence of tachyphylaxis over 90 days of treatment. (Evidence A) (NHLBI/WHO)

In patients with Stage II: Moderate COPD to Stage IV: Very Severe COPD whose symptoms are not adequately controlled with as-needed short-acting bronchodilators, adding regular treatment with a long-acting inhaled bronchodilator is recommended. (Evidence A) NHLBI/WHO)

Regular treatment with long-acting bronchodilators is more effective and convenient than treatment with short-acting bronchodilators, but more expensive. (Evidence A) (NHLBI/WHO)