

Chronic Obstructive Pulmonary Disease (COPD)

Bronchodilator Therapy

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <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?			Code Required on Claim Form
	Yes	No	
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has 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 also have the other requirements for this measure?			Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
	Yes	No	
Does patient have COPD symptoms (dyspnea or cough/sputum or wheezing) with spirometry test results demonstrating $FEV_1/FVC < 70\%$?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, patient does not have COPD symptoms or spirometry tests results demonstrate $FEV_1/FVC \geq 70\%$), 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?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Inhaled Bronchodilator Therapy	Yes	No	
Prescribed ¹	<input type="checkbox"/>	<input type="checkbox"/>	4025F
Not prescribed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4025F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4025F-2P
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	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.)

¹“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.