

Spirometry Evaluation

Coding Specifications

Codes required to document patient has chronic obstructive pulmonary disease (COPD) and a visit occurred:

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

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

COPD ICD-9-CM diagnosis codes

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

AND

CPT codes

- 99201, 99202, 99203, 99204, 99205
- 99212, 99213, 99214, 99215

Quality codes for this measure:

CPT II Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- **CPT II 3023F:** Spirometry results documented and reviewed
- **CPT II 3023F-1P:** Documentation of medical reason(s) for not documenting and reviewing spirometry results (eg, not indicated, contraindicated, other medical reason)
- **CPT II 3023F-2P:** Documentation of patient reason(s) for not documenting and reviewing spirometry results (eg, patient declined, economic, social, religious, other patient reason)
- **CPT II 3023F-3P:** Documentation of system reason(s) for not documenting and reviewing spirometry results (eg, resources to perform the services not available, other reason attributable to health care delivery system)
- **CPT II 3023F-8P:** Spirometry results not documented and reviewed, reason not otherwise specified

Physician Performance Measures (Measures) and related data specifications, developed by the Physician Consortium for Performance Improvement® (the Consortium), are intended to facilitate quality improvement activities by physicians.

These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its Measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

Measures are subject to review and may be revised or rescinded at any time by the Consortium. The Measures may not be altered without the prior written approval of the Consortium. Measures developed by the Consortium, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and American Medical Association, on behalf of the Consortium. Neither the Consortium nor its members shall be responsible for any use of these Measures.

THE MEASURES ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND

© 2005 American Medical Association. All Rights Reserved

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The AMA, the Consortium and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

THE SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

CPT® contained in the Measures specifications is copyright 2010 American Medical Association.

Physician Quality Reporting System 2011 Measure 51, Effective Date 01/01/2011
© 2005 American Medical Association. All Rights Reserved.
CPT® copyright 2010 American Medical Association