
2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

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

INSTRUCTIONS:
This measure is to be reported a minimum of once per reporting period using the most recent spirometry results in the patient record for all COPD patients seen during the reporting period. Do not limit the search for spirometry results to 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.

Measure Reporting via Claims:
ICD-10-CM diagnosis codes, CPT codes, and patient demographics 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 via claims, submit the listed ICD-10-CM diagnosis code, CPT codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 3P- system reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients aged 18 and older with a diagnosis of COPD

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Diagnosis for COPD (ICD-10-CM): J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J44.0,
J44.1, J44.9
AND
Patient encounter during the reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212,
99213, 99214, 99215

NUMERATOR:
Patients with documented spirometry results in the medical record (FEV₁ and FEV₁/FVC)

Numerator Instructions: Look for most recent documentation of spirometry results in the medical record; do not limit the search to the reporting period.

Numerator Quality-Data Coding Options for Reporting Satisfactorily:
Spirometry Results Documented
Performance Met: CPT II 3023F: Spirometry results documented and reviewed
Spirometry Results not Documented for Medical, Patient, or System Reasons
Append a modifier (1P, 2P or 3P) to CPT Category II code 3023F to report documented circumstances that appropriately exclude patients from the denominator.

**Medical Performance Exclusion: 3023F with 1P:** Documentation of medical reason(s) for not documenting and reviewing spirometry results

**Patient Performance Exclusion: 3023F with 2P:** Documentation of patient reason(s) for not documenting and reviewing spirometry results

**System Performance Exclusion: 3023F with 3P:** Documentation of system reason(s) for not documenting and reviewing spirometry results

Spirometry Results not Documented, Reason not Otherwise Specified
Append a reporting modifier (8P) to CPT Category II code 3023F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

**Performance Not Met: 3023F with 8P:** Spirometry results not documented and reviewed, reason not otherwise specified

**RATIONALE:**
Evaluation of lung function for a patient with COPD is vital to determine what treatments are needed and whether those treatments are effective. COPD is often underdiagnosed and misdiagnosed in the primary care setting. (Tinkelman, 2006) Marked underutilization of spirometry testing has been well documented and is thought to be a contributing factor. (Foster et al., 2007; Yawn et al., 2008; Lee et al., 2006; Damarla et al., 2006) A recent study found that only 32% of patients with a new diagnosis of COPD had undergone spirometry within the previous 2 years to 6 months following diagnosis. (Han et al., 2007) This measure is for patients already diagnosed with COPD, in order to confirm diagnosis.

**CLINICAL RECOMMENDATION STATEMENTS:**
A clinical diagnosis of COPD should be considered in any patient who has dyspnea, chronic cough or sputum production, and a history of exposure to risk factors for the disease. Spirometry is required to make the diagnosis in this clinical context; the presence of a post-bronchodilator FEV$_1$/FVC < 0.70 confirms the presence of persistent airflow limitation and thus of COPD... Whereas spirometry was previously used to support a diagnosis of COPD, spirometry is now required to make a confident diagnosis of COPD. Spirometry is the most reproducible and objective measurement of airflow limitation available. (GOLD 2015)

ACP, ACCP, ATS, and ERS [COPD Guidelines] recommend that spirometry should be obtained to diagnose airflow obstruction in patients with respiratory symptoms (Grade: strong recommendation, moderate-quality evidence)... Spirometry is a pulmonary function test that is useful to identify airflow obstruction in symptomatic patients who may benefit from pharmacotherapy, long-term oxygen, or pulmonary rehabilitation (or all of these strategies). Symptomatic patients with FEV1 less than 60% predicted will benefit from inhaled treatments (anticholinergics, long-acting β-agonists, or corticosteroids). (ACP 2011)

**COPYRIGHT:**
This measure is owned by American Thoracic Society (ATS).
2016 Claims/Registry Individual Measure Flow

PQRS #51 NQF #0091: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation

**Sample Calculations:**

**Reporting Rate** = \( \frac{\text{Performance Met (n=4 patients)} + \text{Performance Exclusion (b)} + \text{Performance Not Met (n=2 patients)}}{\text{Eligible Population / Denominator (n=8 patients)}} \) = 7 patients, = 87.50%

**Performance Rate** = \( \frac{\text{Reporting Numerator (n=4 patients)} + \text{Reporting Not Met (n=2 patients)}}{\text{Reporting Numerator (n=7 patients) - Performance Exclusion (b) = 6 patients}} \) = 6 patients, = 66.67%

*See the posted Measure Specification for specific coding and instructions to report this measure.

**NOTE:** Reporting Frequency – Patient-intermediate
2016 Claims/Registry Individual Measure Flow
PQRS #51 NQF #0091: Chronic Obstructive Pulmonary Disease (COPD): Spirometry Evaluation

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is greater than or equal to 18 years of age on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is greater than or equal to 18 years of age on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of COPD as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of COPD as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

5. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.

6. Start Numerator

7. Check Spirometry Results Documented and Reviewed:
   a. If Spirometry Results Documented and Reviewed equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
   c. If Spirometry Results Documented and Reviewed equals No, proceed to Documentation of Medical Reason(s) for Not Documenting and Reviewing Spirometry Results.

8. Check Documentation of Medical Reason(s) for Not Documenting and Reviewing Spirometry Results:
   a. If Documentation of Medical Reason(s) for Not Documenting and Reviewing Spirometry Results equals Yes, include in Reporting Met and Performance Exclusion.
b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter \( b^1 \) equals 1 patient in the Sample Calculation.

c. If Documentation of Medical Reason(s) for Not Documenting and Reviewing Spirometry Results equals No, proceed to Documentation of Patient Reason(s) for Not Documenting and Reviewing Spirometry Results.

9. Check Documentation of Patient Reason(s) for Not Documenting and Reviewing Spirometry Results:
   a. If Documentation of Patient Reason(s) for Not Documenting and Reviewing Spirometry Results equals Yes, include in Reporting Met and Performance Exclusion.
   b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter \( b^2 \) equals 0 patients in the Sample Calculation.
   c. If Documentation of Patient Reason(s) for Not Documenting and Reviewing Spirometry Results equals No, proceed to Documentation of System Reason(s) for Not Documenting and Reviewing Spirometry Results.

10. Check Documentation of System Reason(s) for Not Documenting and Reviewing Spirometry Results:
    a. If Documentation of System Reason(s) for Not Documenting and Reviewing Spirometry Results equals Yes, include in Reporting Met and Performance Exclusion.
    b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter \( b^3 \) equals 0 patients in the Sample Calculation.
    c. If Documentation of System Reason(s) for Not Documenting and Reviewing Spirometry Results equals No, proceed to Spirometry Results Not Documented and Reviewed, Reason Not Specified.

11. Check Spirometry Results Not Documented and Reviewed, Reason Not Specified:
    a. If Spirometry Results Not Documented and Reviewed, Reason Not Specified equals Yes, include in Reporting Met and Performance Not Met.
    b. Reporting Met and Performance Not Met letter is represented in the Reporting Met in the Sample Calculation listed at the end of document. Letter \( c \) equals 2 patients in the Sample Calculation.
    c. If Spirometry Results Not Documented and Reviewed, Reason Not Specified equals No, include in Reporting Not Met.

12. Check Reporting Not Met
    a. If Reporting Not Met equals No, Quality Data Code or equivalent not reported. 1 patient has been subtracted from the reporting numerator in sample calculation.
### Sample Calculations:

**Reporting Rate**

\[
\text{Performance Met (a=4 patients) + Performance Exclusion (b^1+b^2+b^3=1 patient) + Performance Not Met (c=2 patients)} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%
\]

**Performance Rate**

\[
\frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b^1+b^2+b^3=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%
\]