

Bronchodilator Therapy

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)

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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