

Chronic Obstructive Pulmonary Disease (COPD)

Spirometry Evaluation

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?			
	Yes	No	Code Required on Claim Form
Patient is aged 18 years and older.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a 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 meet or have an acceptable reason for not meeting the measure?			
Spirometry Results ¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Reviewed and documented	<input type="checkbox"/>	<input type="checkbox"/>	3023F
Not reviewed and documented for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3023F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	3023F-2P
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	3023F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3023F-8P (Spirometry results not documented and reviewed, reason not otherwise specified.)

¹Spirometry results: FEV₁ and FEV₁/FVC