Quality ID #52 (NQF 0102): Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Management of Chronic Conditions

2019 COLLECTION TYPE:
MEDICARE PART B CLAIMS

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients aged 18 years and older with a diagnosis of COPD (FEV1/FVC < 70%) and who have an FEV1 less than 60% predicted and have symptoms who were prescribed a long-acting inhaled bronchodilator

INSTRUCTIONS:
This measure is to be submitted a minimum of **once per performance period** for all COPD patients seen during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians using Medicare Part B claims. The listed denominator criteria are used to identify the intended patient population. The numerator quality-data codes included in this specification are used to submit the quality actions allowed by the measure on the claim form(s). All measure-specific coding should be submitted on the claim(s) representing the denominator eligible encounter and selected numerator option.

DENOMINATOR:
All patients aged 18 years and older with a diagnosis of COPD (FEV1/FVC < 70%), who have an FEV1 < 60% predicted and have symptoms (e.g., dyspnea, cough/sputum, wheezing)

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 performance period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215
WITHOUT
Telehealth Modifier: GQ, GT, 95, POS 02

NUMERATOR:
Patients who were prescribed a long-acting inhaled bronchodilator

Definition:
Prescribed – Includes patients who were prescribed medication at an encounter during the performance period, even if the prescription for that medication was ordered prior to the encounter.

NUMERATOR NOTE: *The correct combination of numerator code(s) must be submitted on the claim form in order to properly submit this measure. The "correct combination" of codes may require the submission of*

multiple numerator codes. Denominator Exception(s) are determined on the date of the denominator eligible encounter.

Numerator Quality-Data Coding Options:

If patient is not eligible for this measure because spirometry results demonstrate FEV1/FVC ≥70%, FEV1 ≥ 60% predicted or patient does not have COPD symptoms, submit:

(One quality-data code [G8925 or G8926] is required on the claim form to submit this numerator option)

Denominator Exclusion: **G8925:** Spirometry test results demonstrate FEV1/FVC ≥ 70%, FEV1 ≥ 60% predicted or patient does not have COPD symptoms

OR

Spirometry Test Not Performed or Documented

Denominator Exclusion: **G8926:** Spirometry test not performed or documented, reason not given

OR

Patient Prescribed Long-Acting Inhaled Bronchodilator Therapy

(Two quality-data codes [G9695 & G8924] are required on the claim form to submit this numerator option)

Performance Met: **G9695:** Long-acting inhaled bronchodilator prescribed

AND

G8924: Spirometry test results demonstrate FEV1/FVC < 70%, FEV1 < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)

OR

Patient Not Documented to have Long-Acting Inhaled Bronchodilator Prescribed for Medical, Patient, or System Reasons

(Two quality-data codes [G9696, G9697, or G9698 & G8924] are required on the claim form to submit this numerator option)

Denominator Exception: **G9696:** Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator

OR

Denominator Exception: **G9697:** Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator

OR

Denominator Exception: **G9698:** Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator

AND

G8924: Spirometry test results demonstrate FEV1/FVC < 70%, FEV1 < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)

OR

Patient not Documented to have Long Acting Inhaled Bronchodilator Prescribed, Reason Not Otherwise Specified

(Two quality-data codes [G9699 & G8924] are required on the claim form to submit this numerator option)

Performance Not Met: **G9699:** Long-Acting inhaled bronchodilator not prescribed, reason not otherwise specified

AND

G8924: Spirometry test results demonstrate FEV1/FVC < 70%, FEV1 < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)

RATIONALE:

Despite major efforts to broadly disseminate the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines and use of COPD performance measures across different specialty societies, management of COPD, and specifically prescription for long-acting inhaled bronchodilators, remains suboptimal. Studies show a wide range of deficiencies in adherence to guidelines regarding long-acting inhaled bronchodilator use across different settings (Asche et al., 2012; CDC, 2012; Fitch, et al., 2011; Nantsupawat et al., 2012; Perez et al., 2011; Sharif, et al., 2013). Underuse of bronchodilators were found related to hospital readmissions and to increased total costs of services when compared to patient care adhering to GOLD guidelines (Asche et al., 2012; Nantsupawat et al., 2012).

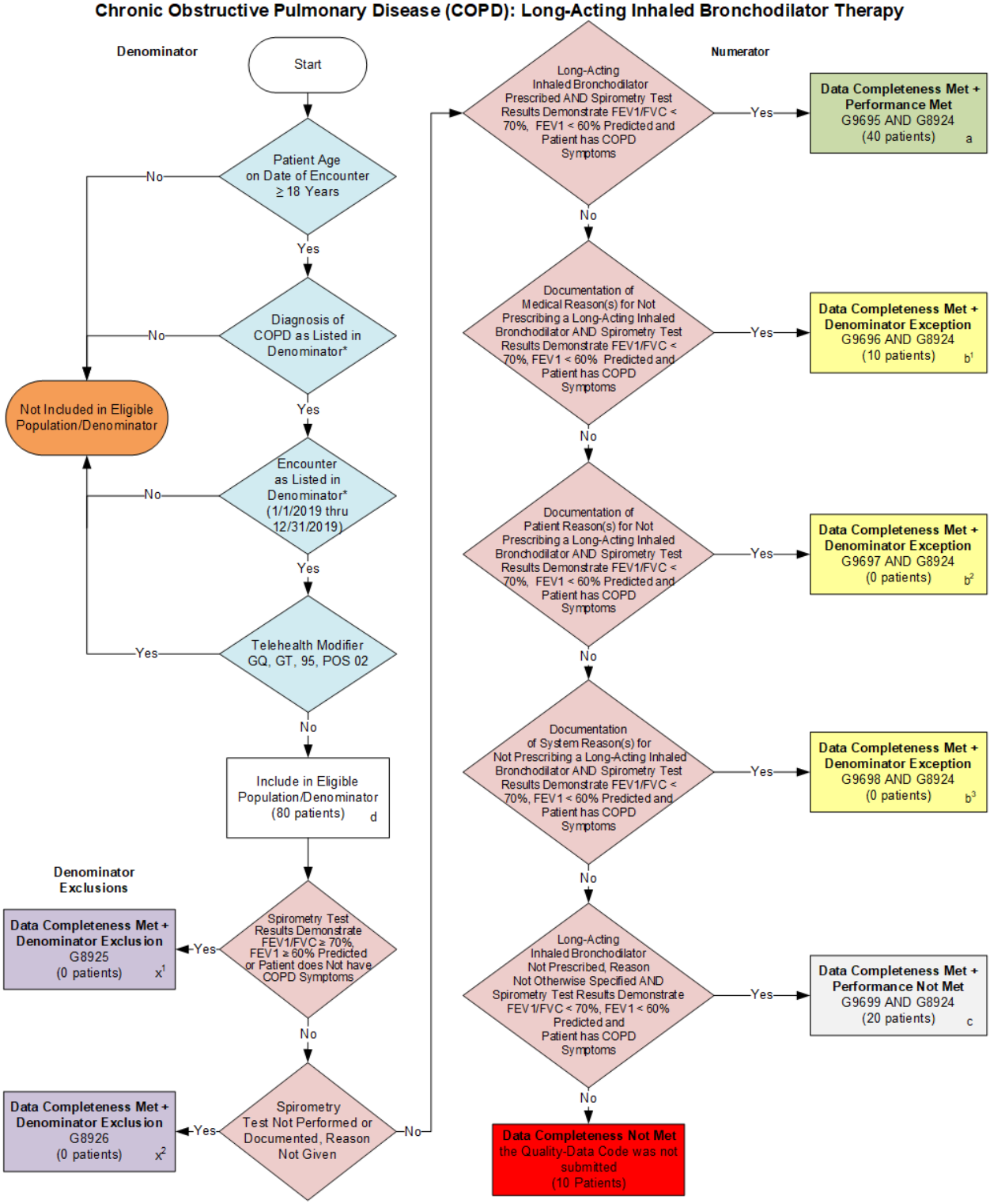
Suboptimal COPD management has implications for severity of illness, disease progression, patient quality of life and health status, exacerbations (and associated costs) and mortality. Improved adherence to COPD management guidelines, specifically appropriate use of long-acting inhaled bronchodilators, has the potential to improve clinical outcomes and cost of care related to COPD. As a result, we believe this measure will continue to increase appropriate long-acting inhaled bronchodilator use, improving patient management and total costs of COPD.

CLINICAL RECOMMENDATION STATEMENTS:

Recommendation 3: For stable COPD patients with respiratory symptoms and FEV1 < 60% predicted, ACP, ACCP, ATS, and ERS recommend treatment with inhaled bronchodilators (Grade: strong recommendation, moderate-quality evidence). Recommendation 4: ACP, ACCP, ATS, and ERS recommend that clinicians prescribe monotherapy using either long-acting inhaled anticholinergics or long-acting inhaled ß-agonists for symptomatic patients with COPD and FEV1 <60% predicted. (Grade: strong recommendation, moderate-quality evidence). Clinicians should base the choice of specific monotherapy on patient preference, cost, and adverse effect profile. Monotherapy with a long-acting inhaled agent (long-acting anticholinergic, long-acting ß-agonist, or corticosteroid) was superior to placebo or short-acting anticholinergic therapy in reducing exacerbations (Qaseem et al, 2011)

Bronchodilator medications are given on either an as-needed basis or a regular basis to reduce or prevent symptoms (Evidence A). Bronchodilator medications are central to symptom management in COPD. Inhaled therapy is preferred. Long-acting inhaled bronchodilators are convenient and more effective at producing maintained symptom relief than short-acting bronchodilators. Based on efficacy and side effects, inhaled bronchodilators are preferred over oral bronchodilators. (Evidence A) (GOLD, 2015)

2019 Medicare Part B Claims Flow for Quality ID #52 NQF #0102: Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy



*See the posted Measure Specifications for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-process

v3

2019 Medicare Part B Claims Calculation for Quality ID #52 NQF #0102: Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy

SAMPLE CALCULATIONS:

Data Completeness=

Denominator Exclusion (x^1+x^2 =0 patients) + Performance Met (a=40 patients) + Denominator Exception ($b^1+b^2+b^3$=10 patients) + Performance Not Met (c=20 patients)=70 patients= **87.50%**
Eligible Population / Denominator (d=80 patients) =80 patients

Performance Rate=

Performance Met a=40 patients) = 40 patients = **66.67%**
Data Completeness Numerator (70 patients) – Denominator Exclusions (x^1+x^2=0 patients) - Denominator Exception ($b^1+b^2+b^3$= 10 patients) = 60 patients

*See the posted Measure Specifications for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-process

v3

2019 Medicare Part B Claims Flow Narrative for Quality ID #52 NQF #0102: Chronic Obstructive Pulmonary Disease (COPD): Long-Acting Inhaled Bronchodilator Therapy

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

1. Start with Denominator
2. Check Patient Age:
    a. If Patient Age is greater than or equal to 18 Years on Date of Encounter equals No during the measurement period, do not include in Eligible Population. Stop Processing.
    b. If Patient Age is greater than or equal to 18 Years on Date of Encounter 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 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 Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
5. Check Telehealth Modifier:
    a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
    b. If Encounter as Listed in the Denominator equals No, include in Eligible Population.
6. 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 80 patients in the Sample Calculation.
7. Start Numerator
8. Check Spirometry Test Results Demonstrate FEV1/FVC ≥ 70%, FEV1 ≥ 60% Predicted or Patient does Not have COPD Symptoms:
    a. If Spirometry Test Results Demonstrate FEV1/FVC ≥ 70%, FEV1 ≥ 60% Predicted or Patient does Not have COPD Symptoms equals Yes, include in Data Completeness Met and Denominator Exclusion.
    b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^1 equals 0 patients in the Sample Calculation.

c. If Spirometry Test Results Demonstrate FEV1/FVC ≥ 70%, FEV1 ≥ 60% Predicted or Patient does Not have COPD Symptoms equals No, proceed to check Spirometry Test Not Performed or Documented, Reason Not Given.

9. Check Spirometry Test Not Performed or Documented, Reason Not Given:

    a. If Spirometry Test Not Performed or Documented, Reason Not Given equals Yes, include in Data Completeness Met and Denominator Exclusion.

    b. Data Completeness Met and Denominator Exclusion letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter x^2 equals 0 patients in the Sample Calculation.

    c. If Spirometry Test Not Performed or Documented, Reason Not Given equals No, proceed to check Long-Acting Inhaled Bronchodilator Therapy Prescribed AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms.

10. Check Long-Acting Inhaled Bronchodilator Therapy Prescribed AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms:

    a. If Long-Acting Inhaled Bronchodilator Therapy Prescribed AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms equals Yes, include in Data Completeness Met and Performance Met.

    b. Data Completeness Met and Performance Met letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

    c. If Long-Acting Inhaled Bronchodilator Therapy Prescribed AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD symptoms equals No, proceed to check Documentation of Medical Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator Therapy AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms.

11. Check Documentation of Medical Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms:

    a. If Documentation of Medical Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b^1 equals 10 patients in the Sample Calculation.

    c. If Documentation of Medical Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms equals No, proceed to check Documentation of Patient Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms.

12. Check Documentation of Patient Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms:

    a. If Documentation of Patient Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness 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 Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms equals No, proceed to check Documentation of System Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms.

13. Check Documentation of System Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms:

    a. If Documentation of System Reason(s) for Not Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms equals Yes, include in Data Completeness Met and Denominator Exception.

    b. Data Completeness Met and Denominator Exception letter is represented in the Data Completeness 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 Prescribing a Long-Acting Inhaled Bronchodilator AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms equals No, proceed to check Long-Acting Inhaled Bronchodilator Not Prescribed, Reason Not Otherwise Specified AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms.

14. Check Long-Acting Inhaled Bronchodilator Not Prescribed, Reason Not Otherwise Specified AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms:

    a. If Long-Acting Inhaled Bronchodilator Not Prescribed, Reason Not Otherwise Specified AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms equals Yes, include in Data Completeness Met and Performance Not Met.

    b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

    c. If Long-Acting Inhaled Bronchodilator Not Prescribed, Reason Not Otherwise Specified AND Spirometry Test Results Demonstrate FEV1/FVC < 70%, FEV1 < 60% Predicted and Patient has COPD Symptoms equals No, proceed to check Data Completeness Not Met.

15. Check Data Completeness Not Met:

a. If Data Completeness Not Met, the Quality Data Code was not submitted. 10 patients have been subtracted from Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

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