Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

HEDIS® Measurement Year 2020 & 2021 Measures

Measure Description: This measure captures the percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Confirming Diagnosis

For members in the measure population, their first diagnosis of COPD occurs in a 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. This is known as the Intake Period.

During the intake period the earliest date of service for an eligible visit (outpatient, telephone visits, e-visits, virtual check-ins, ED or acute inpatient) during the Intake Period with any diagnosis of COPD is captured as the new COPD diagnosis. This is known as the Index Episode Start Date (IESD).

- For an outpatient, observation or ED visit, the IESD is the date of service.
- For an acute inpatient encounter identified only by a professional claim (where the discharge date cannot be determined), the IESD is the date of service.
- For an acute inpatient discharge, the IESD is the date of discharge.

Members must have Negative Diagnosis History (no COPD diagnosis codes captured on claims) of 730 days (2 years) prior to the IESD to be included in the measure population.

For an acute inpatient discharge IESD, use the IESD date of admission to determine the 730 days prior to the IESD.

Determining Measure Compliance

At least one claim/encounter for spirometry during the 730 days (2 years) prior to the IESD through 180 days (6 months) after the IESD (December 31 of the measurement year).

Numerator Codes

There is a large list of approved NCQA codes used to identify the services included in the SPR measure.

The following are just a few of the approved codes. For a complete list please refer to the NCQA website at NCQA.org.

Code Class	Codes	Description
CPT	94010; 94014-94016; 94060; 94070; 94620	Spirometry

Spirometry testing is more accurate in confirming diagnosis of COPD than relying on patient symptoms alone. Relying on symptoms alone can lead to misdiagnosis.

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Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

Strategies for Increasing the Use of Spirometry Testing In Patients

- Advise patients that spirometry is safe and noninvasive
  - The spirometer will measure how much air that is inhaled, and then how much and how forcefully the patient can exhale that air back out in a set matter of seconds.
  - Normal symptoms experienced during testing can include cough, lightheadedness, shortness of breath.
- To encourage testing- advise patients that they can still be at risk for COPD due to environmental factors besides having a former or current smoking history.
  - Environmental exposure to grain dust, mold, or other inhaled particles
  - Exposure to chemicals used in farming or hairdressing
  - Exposures from professions such as mining or logging
  - Exposure to wood fire stoves
- Ask patients if activities of daily living have been affected at all
  - Some patients may have gotten used to being short of breath, so they compensate by slowing down activities or stopping activities all together. If the answer is yes, then encourage spirometry testing.
- Once testing begins, advise patients continued testing might be needed in confirmed COPD diagnosis and disease progression will need monitored
  - Is the patient's condition getting better, worse, staying the same?
  - Helps to determine effectiveness of current treatment
- Ensure your staff is properly trained on using spirometry testing on patients.
  CDC Training Course
  American Lung Association