

Vital Signs for Community-Acquired Bacterial Pneumonia

*This measure is to be reported once for **each occurrence** of community-acquired bacterial pneumonia during the reporting period for all patients aged 18 years and older.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with vital signs documented and reviewed

What will you need to report for each occurrence of community-acquired bacterial pneumonia for this measure?

If you select this measure for reporting, you will report:

- Whether or not you documented and reviewed the vital signs (temperature, pulse, respiratory rate, and blood pressure)¹

What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or non-physician provider to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

¹Medical record may include one of the following: clinician documentation that vital signs were reviewed, dictation by the clinician including vital signs, clinician initials in the chart that vital signs were reviewed, or other indication that vital signs had been acknowledged by the clinician

Community-Acquired Bacterial Pneumonia

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<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 community-acquired bacterial pneumonia.	<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 the measure?			
Vital Signs (temperature, pulse, respiratory rate, and blood pressure)	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented and reviewed ¹	<input type="checkbox"/>	<input type="checkbox"/>	2010F
			If No is checked for the above, report 2010F-8P (Vital signs [temperature, pulse, respiratory rate, and blood pressure] not documented and reviewed, reason not otherwise specified.)

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Coding Specifications

Codes required to document patient has pneumonia and a visit occurred:

An ICD-9 diagnosis code for pneumonia and a CPT E/M service code are required to identify patients to be included in this measure.

Pneumonia ICD-9 diagnosis codes

- 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, (bacterial pneumonia),
- 483.0, 483.1, 483.8 (pneumonia due to other specified organism),
- 485 (bronchopneumonia organism unspecified),
- 486 (pneumonia organism unspecified),
- 487.0 (influenza with pneumonia)

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),
- 99281, 99282, 99283, 99284, 99285 (emergency department visit),
- 99291 (critical care)

Quality codes for this measure (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 2010F:** Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed
- **CPT II 2010F-8P:** Vital signs (temperature, pulse, respiratory rate, and blood pressure) not documented and reviewed, reason not otherwise specified

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