

### Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia

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*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 oxygen saturation 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 oxygen saturation results<sup>1</sup>

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

There may be times when it is not appropriate to document and review oxygen saturation results, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
- System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions.)

<sup>1</sup>Medical record may include one of the following: clinician documentation that oxygen saturation was reviewed, dictation by the clinician including oxygen saturation, clinician initials in the chart that oxygen saturation was reviewed, or other indication that oxygen saturation 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) / /	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 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 <b>No</b> 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?

Oxygen Saturation	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 <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	3028F
Not documented and reviewed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3028F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	3028F-2P
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	3028F-3P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 3028F-8P (Oxygen saturation results 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 3028F:** Oxygen saturation results documented and reviewed
- **CPT II 3028F-1P:** Documentation of medical reason(s) for not documenting and reviewing oxygen saturation
- **CPT II 3028F-2P:** Documentation of patient reason(s) for not documenting and reviewing oxygen saturation
- **CPT II 3028F-3P:** Documentation of system reason(s) for not documenting and reviewing oxygen saturation
- **CPT II 3028F-8P:** Oxygen saturation results not documented and reviewed, reason not otherwise specified

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