

***Measure #57: Assessment of Oxygen Saturation for Community-Acquired Bacterial Pneumonia**

DESCRIPTION:

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

INSTRUCTIONS:

This measure is to be reported once for each occurrence of community-acquired bacterial pneumonia during the reporting period. Each unique occurrence is defined as a 45-day period from onset of community-acquired bacterial pneumonia. Claims data will be analyzed to determine unique occurrences. All patients 18 years and older with a diagnosis of community-acquired bacterial pneumonia would have documentation in the medical record of having oxygen saturation assessed. It is anticipated that clinicians who provide care in the emergency department or office setting will submit this measure. Clinicians utilizing the critical care code must indicate the emergency department place-of-service code in order to be counted in the measure's denominator.

This measure is reported using CPT Category II codes:

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, gender, etc.) are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code OR the CPT Category II code with the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 3P- system reasons, 8P- reasons not otherwise specified. Clinicians utilizing the critical care code must indicate the emergency department place-of-service code in order to be counted in the measure's denominator.

NUMERATOR:

Patients with oxygen saturation documented and reviewed

Definition: 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

Numerator Coding:

Oxygen Saturation Documented and Reviewed

CPT II 3028F: Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement)

OR

Oxygen Saturation not Documented and Reviewed for Medical, Patient, or System Reasons

Append a modifier (**1P**, **2P**, or **3P**) to CPT Category II code **3028F** to report documented circumstances that appropriately exclude patients from the denominator.

- **1P**: Documentation of medical reason(s) for not documenting and reviewing oxygen saturation
- **2P**: Documentation of patient reason(s) for not documenting and reviewing oxygen saturation
- **3P**: Documentation of system reason(s) for not documenting and reviewing oxygen saturation

OR

Oxygen Saturation not Documented and Reviewed, Reason not Specified

Append a reporting modifier (**8P**) to CPT Category II code **3028F** to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

- **8P**: Oxygen saturation results not documented and reviewed, reason not otherwise specified

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia

Denominator Coding:

An ICD-9 diagnosis code for community-acquired bacterial pneumonia and a CPT E/M service code are required to identify patients for denominator inclusion.

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, 483.0, 483.1, 483.8, 485, 486, 487.0

AND

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99291*

** Clinicians utilizing the critical care code must indicate the emergency department place-of-service (23) on the Part B claim form in order to report this measure.*

RATIONALE:

The assessment of oxygenation helps to assess the severity of the illness.

CLINICAL RECOMMENDATION STATEMENTS:

It is necessary to assess the severity of illness. This includes the radiographic findings (multilobar pneumonia or pleural effusion) and physical findings (respiratory rate, systolic and diastolic blood pressure, signs of dehydrations and mental status). For those patients with chronic heart or lung disease, the assessment of oxygenation by pulse oximetry will help identify the need for hospitalization. (ATS) (Level II Evidence)