

Prevention of Ventilator-Associated Pneumonia — Head Elevation

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.
There is a CPT Critical Care Service code for this visit.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
If No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Is patient receiving care in the ICU and receiving ventilation for less than 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	If No (ie, patient not receiving ICU care or not receiving mechanical ventilation), report only 4169F and STOP. If Yes , report 4168F and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Head of Bed Elevation (35–40 degrees) on First Ventilator Day	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Ordered	<input type="checkbox"/>	<input type="checkbox"/>	4167F
Not ordered for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4167F–1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4167F–8P (Head of bed elevation not ordered on first ventilator day, reason not otherwise specified.)