

Assessment of Oxygen Saturation

*This measure is to be reported once for **each occurrence**¹ of community-acquired bacterial pneumonia during the reporting period for all patients aged 18 years and older. It is anticipated that clinicians who provide care in the emergency department or office setting will submit this measure.*

Measure description

Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with oxygen saturation² documented and reviewed³

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 reviewed³ oxygen saturation² results

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, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, and 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.)

¹Each 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.

²Oxygen Saturation — includes assessment through pulse oximetry or arterial blood gas measurement

³Documented and reviewed — 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.