

# Community-Acquired Bacterial Pneumonia

## Assessment of Oxygen Saturation

### Physician Quality Reporting System 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?   |                          |                          | Code Required on Claim Form   |
|--|--------------------------|--------------------------|---|
|  | Yes                      | No                       |   |
| Patient is aged 18 years and older on date of encounter.   | <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. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below. |
| There is a CPT Code for this visit.<br><i>If reporting CPT code for critical care (99291), place-of-service indicator for emergency department (23) must be present.</i> | <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?   |                          |                          | Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)   |
| Oxygen Saturation <sup>1</sup>   | Yes                      | No                       |   |
| Documented and reviewed <sup>2</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.<br>_____<br>_____   |                          |                          | 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.)                               |

<sup>1</sup>Oxygen Saturation — includes assessment through pulse oximetry or arterial blood gas measurement

<sup>2</sup>Documented 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.