

Community-Acquired Bacterial Pneumonia

Assessment of Mental Status

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. <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 No is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet the measure?			Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Mental Status	Yes	No	
Assessed ¹	<input type="checkbox"/>	<input type="checkbox"/>	2014F
			If No is checked for the above, report 2014F-8P (Mental status not assessed, reason not otherwise specified.)

¹Assessed may include documentation by clinician that patient's mental status was noted (eg, patient is oriented or disoriented).