

Community-Acquired Bacterial Pneumonia

Vital Signs

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 on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item 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 E/M Service Code for this visit. <i>If reporting CPT E/M Service 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?			
Vital Signs (temperature, pulse, respiratory rate, and blood pressure)	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Documented and reviewed ¹	<input type="checkbox"/>	<input type="checkbox"/>	2010F
			If No is checked for the above, report 2010F-8P (Vital signs [temperature, pulse, respiratory rate, and blood pressure] not documented and reviewed, reason not otherwise specified.)

¹Medical record may include one of the following: clinician documentation that vital signs were reviewed, dictation by the clinician including vital signs, clinician initials in the chart that vital signs were reviewed, or other indication that vital signs had been acknowledged by the clinician.