

## Assessment of Oxygen Saturation

*This measure is to be reported once for **each occurrence**<sup>1</sup> of community-acquired bacterial pneumonia during the reporting period for all patients aged 18 years and older.*

### Measure description

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

### 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 reviewed oxygen saturation results<sup>2</sup>

### 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, insurance coverage/payer-related limitations, 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.)

<sup>1</sup>Each 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.

<sup>2</sup>Medical record 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.