

Community-Acquired Pneumonia (CAP) Measures Group

This measures group is to be reported for patients aged 18 years and older with community-acquired bacterial pneumonia receiving an office visit (including new and established patients), nursing facility care, domiciliary services (including new and established patients) or emergency department.

You will need to report G-Code G8546 once to indicate your intent to report on the Community-Acquired Pneumonia (CAP) Measures Group. Once you have reported the G-Code, you should begin reporting using one of the patient sample methods listed below.

The following 2011 Physician Quality Reporting System measures are included in the Community-Acquired Pneumonia (CAP) Measures Group:

#56. Community-Acquired Pneumonia (CAP): Vital Signs

Measure Description

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

#57. Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

Measure Description

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

#58. Community-Acquired Pneumonia (CAP): Assessment of Mental Status

Measure Description

Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia with mental status assessed

#59. Community-Acquired Pneumonia (CAP): Empiric Antibiotic

Measure Description

Percentage of patients aged 18 years and older with a diagnosis of community-acquired pneumonia with an appropriate empiric antibiotic prescribed

This measures group can be reported by one of the following patient sample methods:

- **30 Patient Sample Method** — 30 unique Medicare Part B FFS (fee for service) patients meeting patient sample criteria for the measures group.
- **50% Patient Sample Method via Claims or 80% Patient Sample Method via Registry** — All patients meeting patient sample criteria for the measure group during the entire reporting period (January 1 through December 31, 2011 OR July 1 through December 31, 2011). For the 12-month reporting period, a minimum of 15 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory. For the 6-month reporting period, a minimum of 8 Medicare Part B FFS patients must meet the measures group patient sample criteria to report satisfactory.

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Physician Quality Reporting System 2011 Community-Acquired Pneumonia (CAP) Measures Group, Effective Date 01/01/2011
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