

Community-Acquired Pneumonia (CAP) Measures Group

Physician Quality Reporting System Data Collection Sheet*

/ / Male Female

Patient's Name Practice Medical Record Number (MRN) Birth Date (mm/dd/yyyy)

National Provider Identifier (NPI) Date of Encounter

Step 1 Preliminary reporting requirements

You must identify your intent to report the Community-Acquired Pneumonia (CAP) Measures Group by submitting the G-code specified for this measures group on the first patient claim (G8546: I intend to report the Community-Acquired Pneumonia (CAP) Measures Group). You do not need to resubmit the measures group-specific G-code on more than one claim.

Step 2 Determine patient eligibility

(Codes determining a patient's eligibility must be reported on the **same claim** as the quality code(s) identified in Step 3 below.)

	Yes	No	
Patient is aged 18 and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to date of birth listed above or on claim form.
Patient has a diagnosis of Community-Acquired Pneumonia (CAP).	<input type="checkbox"/>	<input type="checkbox"/>	481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.42, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0
There is a CPT Code for an office visit (including new and established patients), nursing facility care, domiciliary services (including new and established patients) or emergency department.	<input type="checkbox"/>	<input type="checkbox"/>	99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 99291*, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 *Clinicians utilizing the critical care code (99291) must indicate the emergency department place of service (23) on the Part B claim form in order to report this measure.

If **No** is checked for any of the above, STOP. This patient is not eligible for reporting on this measures group. Do not report a CPT category II code.

Step 3 Complete individual measures

Vital Signs ¹	Report one code for vital signs documented and reviewed OR NOT documented and reviewed? ²	
Physician Quality Reporting System Measure #56 <ul style="list-style-type: none"> reporting frequency: Vital signs must be documented in the medical record and reviewed once during each unique occurrence Each unique occurrence is defined as a 45-day period from onset of community-acquired bacterial pneumonia Medical 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 	Vital Signs	Vital signs (temperature, pulse, respiratory rate and blood pressure) documented and reviewed <input type="checkbox"/> 2010F
		OR
		Vital signs (temperature, pulse, respiratory rate and blood pressure) NOT documented and reviewed <input type="checkbox"/> 2010F-8P

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¹Vital signs are defined as temperature, pulse, respiratory rate, and blood pressure.

²Documented and reviewed 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.

*For additional information on the Physician Quality Reporting System program and reporting on measures groups, please visit the CMS Web site at <http://www.cms.hhs.gov/pqri>.

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Assessment of Oxygen Saturation		Report one of the following Assessment of Oxygen Saturation codes OR NOT documented and reviewed. ²	
Physician Quality Reporting System Measure #57 <ul style="list-style-type: none"> reporting frequency: Oxygen Saturation¹ should be documented in the medical record and reviewed once during each unique occurrence Each unique occurrence is defined as a 45-day period from onset of community-acquired bacterial pneumonia 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 	Oxygen Saturation	Oxygen saturation results documented and reviewed ² (includes assessment through pulse oximetry or arterial blood gas measurement)	<input type="checkbox"/> 3028F
		Documentation of medical reason(s) for not documenting and reviewing oxygen saturation	<input type="checkbox"/> 3028F-1P
		Documentation of patient reason(s) for not documenting and reviewing oxygen saturation	<input type="checkbox"/> 3028F-2P
		Documentation of system reason(s) for not documenting and reviewing oxygen saturation	<input type="checkbox"/> 3028F-3P
		OR	
		Oxygen saturation results NOT documented and reviewed	<input type="checkbox"/> 3028F-8P
Assessment of Mental Status		Report one code for mental status assessed OR NOT assessed.	
Physician Quality Reporting System Measure #58 <ul style="list-style-type: none"> reporting frequency: Mental status should be assessed³ once during each unique occurrence Each unique occurrence is defined as a 45-day period from onset of community-acquired bacterial pneumonia Note: Medical Record — May include: Documentation by clinician that patient's mental status was noted (eg, patient is oriented or disoriented)	Mental Status	Mental status assessed	<input type="checkbox"/> 2014F
		Mental status NOT assessed	<input type="checkbox"/> 2014F-8P
Empiric Antibiotic		Report one code for appropriate empiric antibiotic prescribed OR one code for appropriate empiric antibiotic NOT prescribed.	
Physician Quality Reporting System Measure #59 <ul style="list-style-type: none"> reporting frequency: Appropriate Empiric Antibiotic⁴ should be prescribed⁵ once at each unique occurrence Each unique occurrence is defined as a 45-day period from onset of community-acquired bacterial pneumonia 	Empiric Antibiotic	Appropriate empiric antibiotic prescribed	<input type="checkbox"/> 4045F
		Documentation of medical reason(s) for not prescribing appropriate empiric antibiotic	<input type="checkbox"/> 4045F-1P
		Documentation of patient reason(s) for not prescribing appropriate empiric antibiotic	<input type="checkbox"/> 4045F-2P
		Documentation of system reason(s) for not prescribing appropriate empiric antibiotic	<input type="checkbox"/> 4045F-3P
		OR	
		Appropriate Empiric Antibiotic NOT prescribed	<input type="checkbox"/> 4045F-8P

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¹Oxygen Saturation includes assessment through pulse oximetry or arterial blood gas.

²Documented and reviewed 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.

³Assessed may include documentation by clinician that patient's mental status was noted (eg, patient is oriented or disoriented).

⁴For treatment of community-acquired bacterial pneumonia (CAP) should include any medication from one of the following four drug classes: Fluoroquinolones, Macrolides, Doxycycline, Beta Lactam with Macrolide or Doxycycline (as defined by current ATS/IDSA guidelines).

⁵Includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.

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Step 4 Reporting Instructions

This measure can be reported for each eligible patient in one of two ways:

1. Indicate your intention to report the Community-Acquired Pneumonia (CAP) Measures Group by submitting the measures group-specific intent G-code at least once during the reporting period when billing a patient claim for both the 30 Patient Sample and 80% Patient Sample Methods. It is not necessary to submit the measures group-specific intent G-code on more than one claim. It is not necessary to submit the measures group-specific intent G-code for registry-based submissions.
 2. If **all** quality actions for the patient have been performed for each of the four measures in the Community-Acquired Pneumonia (CAP) Measures Group, **G8550** may be reported. *Note: If any of the following codes have been selected from above, G8550 is not appropriate for this patient: any CPT category II code with the 8P modifier.*
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