

Vital Signs for Community-Acquired Bacterial Pneumonia

Coding Specifications

Codes required to document patient has pneumonia and a visit occurred:

An ICD-9 diagnosis code for pneumonia and a CPT E/M service code are required to identify patients to be included in this measure. A place-of-service indicator for emergency department is required if using the critical care CPT E/M code to identify the patient for the measure.

Pneumonia ICD-9 diagnosis codes

- 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, (bacterial pneumonia),
- 483.0, 483.1, 483.8 (pneumonia due to other specified organism),
- 485 (bronchopneumonia organism unspecified),
- 486 (pneumonia organism unspecified),
- 487.0 (influenza with pneumonia)

AND

CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99212, 99213, 99214, 99215 (office — established patient),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99281, 99282, 99283, 99284, 99285 (emergency department visit),
- 99291 (critical care)

AND

- Place-of-service indicator: 23 (emergency department), if reporting 99291

Quality codes for this measure (one of the following for every eligible patient):

CPT II Code descriptors

(Data Collection sheet should be used to determine appropriate combination of codes.)

- **CPT II 2010F:** Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed
- **CPT II 2010F-8P:** Vital signs (temperature, pulse, respiratory rate, and blood pressure) not documented and reviewed, reason not otherwise specified

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