

Community-Acquired Bacterial Pneumonia

Assessment of Mental Status for Community-Acquired Bacterial Pneumonia

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.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of community-acquired bacterial pneumonia.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
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?			
Mental Status	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Assessed ¹	<input type="checkbox"/>	<input type="checkbox"/>	2014F
			If No is checked for the above, report 2014F-8P (Mental status not assessed, reason not otherwise specified.)

¹Medical record may include documentation by clinician that patient's mental status was noted (eg, patient is oriented or disoriented).