Community-Acquired Bacterial Pneumonia (CAP)

Overview

This document addresses the management of community-acquired bacterial pneumonia (CAP) in adults, defined as patients 18 years of age and older at the end of the report period. The initial ambulatory or emergency room episode of CAP after the first 60 days but before the last three days of the 12 month report period was identified; intervention measures were then applied to all eligible community acquired pneumonia episodes. A CAP episode was excluded if there was a claim identifying hospitalization or outpatient surgery with any diagnosis during the event. A CAP episode was also excluded if there was evidence of any pneumonia encounter during the time period 60 days through 1 day prior to the initial CAP encounter. Finally, patients were excluded from the community-acquired pneumonia condition if they had any of the following diagnoses: organ transplant, leukemia, cystic fibrosis, immunodeficiencies, HIV/AIDS, malignant neoplasm of the pulmonary system, and pulmonary tuberculosis.

Care Pattern

CP-N 9000001

Adult(s) with community-acquired bacterial pneumonia who have a CXR.

A CXR is recommended for diagnosis of pneumonia (1). In addition, a CXR can distinguish community-acquired bacterial pneumonia from other conditions (1). Patients are adherent to this measure if they have a claim for a CXR during the time period seven days prior to the episode start date through three days after the episode start date. They are also adherent to this measure if, during that same time period, they have a claim for a non-specific radiographic examination where the diagnosis is pneumonia.

Adherence to this measure includes presence of a specific CPT category II code without a modifier that indicates CXR results were documented and reviewed. Use of this CPT category II code with a modifier will generate a result flag assignment of "not applicable" (NA7) for this measure. This is consistent with the American Medical Association (AMA) logic for utilization of CPT category II codes (2).

This EBM Connect measure is consistent with a similar measure developed by the American Medical Association Physician Consortium for Performance Improvement (AMA/PCPI) (3). This AMA/PCPI measure has been enhanced by EBM Connect logic that includes the identification of a CXR based on administrative claims. In addition, this EBM Connect measure differs from the AMA PCPI specification in that it uses episodic logic to identify the initial CAP encounter.

1. *Mandell LA, Wunderink RG, Anzueto A, et al. Infectious Disease Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults. CID 2007; 44 (Suppl 2): S27-72.*
2. *American Medical Association. Alphabetic Index of Performance Measures by Clinical Condition or Topic (Jan. 20, 2009). Accessed December 9, 2009. http://www.ama-assn.org/ama1/pub/upload/mm/370/measures.pdf*
3. *American Medical Association Physician Consortium for Performance Improvement (AMA/PCPI). Clinical Performance Measures: Community-Acquired Bacterial Pneumonia (2006). Accessed December 9, 2009. URL http://www.ama-assn.org/ama1/pub/upload/mm/370/capminiset062007.pdf*