

Empiric Antibiotic for Community-Acquired Bacterial Pneumonia

*This measure is to be reported once for **each occurrence** of community-acquired bacterial pneumonia during the reporting period for all patients aged 18 years and older.*

Measure description

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

What will you need to report for each occurrence of community-acquired bacterial pneumonia for this measure?

If you select this measure for reporting, you will report:

- Whether or not you prescribed an appropriate empiric antibiotic¹

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is not appropriate to prescribe an empiric antibiotic, due to:

- Medical reasons (eg, not indicated, contraindicated, other medical reason) OR
- Patient reasons (eg, patient declined, economic, social, religious, other patient reason) OR
- System reasons (eg, resources to perform the services not available, insurance coverage/payer-related limitations, other reason attributable to health care delivery system)

In these cases, you will need to indicate which reason applies, specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons (also called exclusions.)

¹Appropriate empiric antibiotic for 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).

Community-Acquired Bacterial Pneumonia

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PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<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.	<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 or have an acceptable reason for not meeting the measure?			
Appropriate Empiric Antibiotic ¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Prescribed	<input type="checkbox"/>	<input type="checkbox"/>	4045F
Not prescribed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	4045F-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	4045F-2P
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	4045F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4045F-8P (Appropriate empiric antibiotic not prescribed, reason not otherwise specified.)

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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.

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)

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 4045F:** Appropriate empiric antibiotic prescribed
- **CPT II 4045F-1P:** Documentation of medical reason(s) for not prescribing appropriate empiric antibiotic
- **CPT II 4045F-2P:** Documentation of patient reason(s) for not prescribing appropriate empiric antibiotic
- **CPT II 4045F-3P:** Documentation of system reason(s) for not prescribing appropriate empiric antibiotic
- **CPT II 4045F-8P:** Appropriate empiric antibiotic not prescribed, reason not otherwise specified

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