

### Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

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*This measure is to be reported at **each visit** of acute bronchitis during the reporting period for all patients aged 18 through 64 years.*

#### Measure description

Percentage of adults aged 18 through 64 years with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service

#### What will you need to report for each visit for patients with acute bronchitis for this measure?

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

- Whether or not you prescribed or dispensed an antibiotic on or within 3 days of the initial date of service<sup>1</sup>

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

There may be times when it is appropriate to prescribe or dispense an antibiotic, due to:

- Medical reasons (eg, antibiotic is indicated)

In these cases, you will need to indicate that the medical reason applies, and 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.

<sup>1</sup>This is an overuse measure. For performance, the measure will be calculated as the number of patients for whom antibiotics were neither prescribed nor dispensed over the number of patients in the denominator (patients aged 18 through 64 years of age with acute bronchitis).

# Acute Bronchitis

## Inappropriate Antibiotic Treatment for Adults with Acute Bronchitis

### 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
<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Patient is aged 18 through 64 years.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of acute bronchitis.	<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 <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
<b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Antibiotic Treatment on or within 3 Days of the Initial Date of Service</b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Not prescribed or dispensed <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	4124F
Prescribed or dispensed for the following reason: • Medical (eg, antibiotic is indicated)	<input type="checkbox"/>	<input type="checkbox"/>	4120F-1P
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 4120F (Antibiotic prescribed or dispensed.)

<sup>1</sup>This is an overuse measure. For performance, the measure will be calculated as the number of patients for whom antibiotics were neither prescribed nor dispensed over the number of patients in the denominator (patients aged 18 through 64 years of age with acute bronchitis).

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### Coding Specifications

Codes required to document patient has acute bronchitis and a visit occurred:

An ICD-9 diagnosis code for acute bronchitis and a CPT E/M service code are required to identify patients to be included in this measure.

#### Acute bronchitis ICD-9 diagnosis codes

- 466.0 (acute bronchitis)

AND

#### CPT E/M service codes

- 99201, 99202, 99203, 99204, 99205 (office — new patient),
- 99211, 99212, 99213, 99214, 99215 (office — established patient),
- 99217 (hospital observation discharge services),
- 99218, 99219, 99220 (initial observation care),
- 99241, 99242, 99243, 99244, 99245 (outpatient consult),
- 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350 (home visit)

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 4124F:** Antibiotic neither prescribed nor dispensed
- **CPT II 4120F-1P:** Documentation of medical reason(s) for prescribing or dispensing antibiotic
- **CPT II 4120F:** Antibiotic prescribed or dispensed

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