## **Community-Acquired Bacterial Pneumonia**

## **Empiric Antibiotic for Community-Acquired Bacterial Pneumonia**

| atient's Name Practice Medical Record N   | ımber (MRN) |                            | / /  |
|---|-------------|----------------------------|--|
| and Tractice Medical Record Ruiliber (MINN)   |             | Bit it Bate (illimadifyff) |  |
| 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.   |             |                            | Verify date of birth on claim form.  |
| Patient has a diagnosis of community-acquired bacterial pneumonia.  |             |                            | Refer to coding specifications document for list of applicable codes.  |
| There is a CPT E/M Service Code for this visit.  If reporting CPT E/M code for critical care (99291),  place-of-service indicator for emergency department  (23) must be present. |             |                            |  |
| If $\mathbf{No}$ is checked for any of the above, STOP. Do not repcategory II code.   | ort a CPT   |                            | -  |
| Step 2 Does patient meet or have an accept for not meeting the measure?   | able reas   | on                         |  |
| Appropriate Empiric Antibiotic <sup>1</sup>   | Yes         | No                         | Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form) |
| Prescribed <sup>2</sup>   |             |                            | 4045F  |
| Not prescribed for one of the following reasons:  • Medical (eg, not indicated, contraindicated,  |             |                            | 4045F-1P   |
| other medical reason)   |             |                            |  |
| other medical reason)   |             |                            | 4045F-2P   |
| other medical reason)     Patient (eg, patient declined, economic,  |             |                            | 4045F–2P<br>4045F–3P   |

<sup>&</sup>lt;sup>1</sup>Appropriate 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).

<sup>&</sup>lt;sup>2</sup>"Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.