

Selection of Prophylactic Antibiotic — First OR Second Generation Cephalosporin

Physician Quality Reporting System 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
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/> <input type="checkbox"/>
There is a CPT Code for a surgical procedure with the indications for a first or second generation cephalosporin antibiotic.	<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?	
Cefazolin OR Cefuroxime	Yes
Code Required on Claim Form	No
Ordered or Given ¹	<input type="checkbox"/> <input type="checkbox"/>
Not ordered or given for the following reason: • Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/> <input type="checkbox"/>
Document reason here and in medical chart. _____ _____	
Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)	
4041F	
4041F-1P	
If No is checked for all of the above, report 4041F-8P (Order for cefazolin OR cefuroxime for antimicrobial prophylaxis was not documented, reason not otherwise specified.)	

¹There must be documentation of order (written order, verbal order, or standing order/protocol) for cefazolin or cefuroxime for antimicrobial prophylaxis OR documentation that cefazolin or cefuroxime was given. In the event surgery is delayed, as long as the patient is redosed (if clinically appropriate) the numerator coding should be applied.