

**Timing of Antibiotic Prophylaxis — Ordering Physician**

**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 years and older on date of encounter.   | <input type="checkbox"/> | <input type="checkbox"/> | Verify date of birth on claim form.  |
| There is a CPT Procedure Code for a surgical procedure with the indications for prophylactic antibiotics.              | <input type="checkbox"/> | <input type="checkbox"/> | Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.  |
| 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>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>   |
| <b>Prophylactic Antibiotic Within Timeframe<sup>1</sup></b>  |                          |                          |  |
| Ordered <sup>2</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | 4047F  |
| Given <sup>3</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | 4048F  |
| Not ordered or given for the following reason:<br>• Medical (eg, not indicated, contraindicated, other medical reason) | <input type="checkbox"/> | <input type="checkbox"/> | 4047F-1P   |
| Document reason here and in medical chart.<br>_____<br>_____   |                          |                          | If <b>No</b> is checked for <b>all</b> of the above, report 4047F-8P (Antibiotics were neither ordered nor given within one hour [if fluoroquinolone or vancomycin, two hours] prior to the surgical incision [or start of procedure when no incision is required], reason not otherwise specified.) |

<sup>1</sup>To be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required). Refer to measure description sheet for list of medications.

<sup>2</sup>Written, verbal, or standing order/protocol in chart specifying approved prophylactic antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)

<sup>3</sup>Documentation specifying administration of approved prophylactic antibiotic within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required). In the event surgery is delayed, as long as the patient is redosed (if clinically appropriate) the numerator coding should be applied.