

Perioperative Care Measures Group

PQRI Data Collection Sheet*

Male Female

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy)
National Provider Identifier (NPI)	Date of Encounter	

Step 1 Preliminary reporting requirements

You must identify your intent to report the Perioperative Care Measures Group by submitting the G-code specified for this measures group on the first patient claim (G8492: I intend to report the Perioperative Care Measures Group). You do not need to resubmit the measures group-specific G-code on more than one claim.

Step 2 Determine patient eligibility

(Codes determining a patient's eligibility must be reported on the **same claim** as the quality code(s) identified in Step 3 below.)

	Yes	No	
Patient is aged 18 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to date of birth listed above or on claim form.
There is a CPT Code for a surgical procedure with the indications for a prophylactic antibiotic (including first or second generation cephalosporin) and VTE prophylaxis.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to codes below for list of applicable codes.

19260, 19271, 19272, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 19361, 19364, 19366, 19367, 19368, 19369, 22558, 22600, 22612, 22630, 27125, 27130, 27132, 27134, 27137, 27138, 27235, 27236, 27244, 27245, 27269, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 39545, 39561, 43045, 43100, 43101, 43107, 43108, 43112, 43113, 43116, 43117, 43118, 43121, 43122, 43123, 43124, 43130, 43135, 43300, 43305, 43310, 43312, 43313, 43320, 43324, 43325, 43326, 43330, 43331, 43340, 43341, 43350, 43351, 43352, 43352, 43360, 43361, 43400, 43401, 43405, 43410, 43415, 43420, 43425, 43496, 43500, 43501, 43502, 43510, 43520, 43605, 43610, 43611, 43620, 43621, 43622, 43631, 43632, 43633, 43634, 43640, 43641, 43653, 43800, 43810, 43820, 43825, 43830, 43832, 43840, 43843, 43845, 43846, 43847, 43848, 43850, 43855, 43860, 43865, 43870, 44005, 44010, 44020, 44021, 44050, 44055, 44120, 44125, 44126, 44127, 44130, 47420, 47425, 47460, 47480, 47560, 47561, 47570, 47600, 47605, 47610, 47612, 47620, 47700, 47701, 47711, 47712, 47715, 47720, 47721, 47740, 47741, 47760, 47765, 47780, 47785, 47800, 47802, 47900, 48020, 48100, 48120, 48140, 48145, 48146, 48148, 48150, 48152, 48153, 48154, 48155, 48500, 48510, 48520, 48540, 48545, 48547, 48548, 48554, 48556, 49215, 50320, 50340, 50360, 50365, 50370, 50380, 60521, 60522, 61313, 61510, 61512, 61518, 61548, 61697, 61700, 62230, 63015, 63020, 63047, 63056, 63081, 63267, 63276

If **No** is checked for any of the above, STOP. This patient is not eligible for reporting on this measures group. Do not report a CPT category II code or G-code.

Step 3 Complete individual measures

Timing of Prophylactic Antibiotics – Ordering Physician	Report one code for timing of prophylactic parenteral antibiotic ordered or given OR one code for NOT ordered within specified timeframe.	
PQRI Measure #20 • reporting frequency: to be ordered and reported for each eligible procedure • antibiotic is 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) • documentation of order includes written order, verbal order, or standing order/protocol • in the event surgery is delayed, as long as the patient is redosed (if clinically appropriate), the numerator coding (4047F, 4048F, or 4047F-1P) should be applied	Prophylactic parenteral antibiotic ordered to be given within specified timeframe	<input type="checkbox"/> 4047F
	Prophylactic parenteral antibiotic given within specified timeframe	<input type="checkbox"/> 4048F
	Not ordered or given for medical reasons [†] • Document reason in medical chart	<input type="checkbox"/> 4047F-1P
The antimicrobial drugs listed below are considered prophylactic parenteral antibiotics for the purposes of this measure. 4047F-8P should be reported when antibiotics from this table were not ordered. Ampicillin/sulbactam, Aztreonam, Cefazolin, Cefmetazole, Cefotetan, Cefoxitin, Cefuroxime, Ciprofloxacin, Clindamycin, Ertapenem, Erythromycin base, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin, Vancomycin	OR	
	Prophylactic parenteral antibiotic NOT ordered/given within specified timeframe	<input type="checkbox"/> 4047F-8P

*For additional information on the PQRI program and reporting on measures groups, please visit the CMS Web site at <http://www.cms.hhs.gov/pqri>.

[†]Medical reasons (eg, not indicated, contraindicated, other medical reason)

Perioperative Care Measures Group

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Selection of Prophylactic Antibiotic – First OR Second Generation Cephalosporin (cefazolin or cefuroxime)	Report one code for selection of prophylactic antibiotic OR one code for NOT ordered/given.	
PQRI Measure #21 <ul style="list-style-type: none"> reporting frequency: to be ordered/given and reported for each eligible procedure documentation of order includes written order, verbal order, or standing order/protocol. 	Cefazolin OR cefuroxime ordered or given	<input type="checkbox"/> 4041F
	Cefazolin OR cefuroxime not ordered or given for medical reasons [†] • Document reason in medical chart	<input type="checkbox"/> 4041F-1P
	OR	
	Cefazolin or cefuroxime NOT ordered or given	<input type="checkbox"/> 4041F-8P
Discontinuation of Prophylactic Antibiotics	Report one code for timing of prophylactic parenteral antibiotic. If prophylactic parenteral antibiotic given intraoperatively or within 4 hours prior to surgical incision, report one code for discontinuation of prophylactic parenteral antibiotics or one code for NOT ordered to be discontinued.	
PQRI Measure #22 <ul style="list-style-type: none"> reporting frequency: prophylactic antibiotics to be discontinued within 4 hours and reported for each eligible procedure documentation of order includes written order, verbal order, or standing order/protocol 	Prophylactic antibiotics not given intraoperatively or within 4 hours prior to surgical incision	<input type="checkbox"/> 4042F
	Prophylactic antibiotics given intraoperatively or within 4 hours prior to surgical incision AND ordered to be discontinued within 24 hours of surgical end time	<input type="checkbox"/> 4046F AND 4049F
	Prophylactic antibiotics given intraoperatively or within 4 hours prior to surgical incision AND not ordered to be discontinued within 24 hours of surgical end time for medical reasons [†] • Document reason in medical chart	<input type="checkbox"/> 4046F AND 4049F-1P
	OR	
	Prophylactic antibiotics given intraoperatively or within 4 hours prior to surgical incision AND NOT ordered to be discontinued within 24 hours of surgical end time	<input type="checkbox"/> 4046F AND 4049F-8P
Venous Thromboembolism (VTE) Prophylaxis	Report one code for VTE prophylaxis OR one code for NOT ordered or given.	
PQRI Measure #23 <ul style="list-style-type: none"> reporting frequency: to be ordered/given and reported for each eligible procedure VTE prophylaxis is to be given within 24 hours prior to incision time or within 24 hours after surgery end time VTE prophylaxis includes low molecular weight heparin, low-dose unfractionated heparin, adjusted-dose warfarin, fondaparinux or mechanical prophylaxis (excluding TED hose) 	VTE prophylaxis ordered or given within specified timeframe	<input type="checkbox"/> 4044F
	VTE prophylaxis not ordered or given within specified timeframe for medical reasons [†] • Document reason in medical chart	<input type="checkbox"/> 4044F-1P
	OR	
	VTE prophylaxis NOT ordered or given within specified timeframe	<input type="checkbox"/> 4044F-8P

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[†]Medical reasons (eg, not indicated, contraindicated, other medical reason)

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Step 4 Reporting Instructions

This measure can be reported for each eligible patient in one of two ways:

1. Report the corresponding CPT category II code(s) as selected above for each of the four measures in the Perioperative Care Measures Group.

OR

2. If **all** quality actions for the patient have been performed for each of the four measures in the Perioperative Care Measures Group, **G8501** may be reported. *Note: G8501 is not appropriate for this patient if any CPT category II codes with the 8P modifier have been selected from Step 3.*
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