

**\*Measure #30 (NQF 0269): Perioperative Care: Timely Administration of Prophylactic Parenteral Antibiotics**

**2013 PQRS OPTIONS FOR INDIVIDUAL MEASURES:**  
**CLAIMS, REGISTRY**

**DESCRIPTION:**

Percentage of surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures with the indications for prophylactic parenteral antibiotics for whom administration of the prophylactic parenteral antibiotic ordered has been initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required)

**INSTRUCTIONS:**

This measure is to be reported **each time** an anesthesia service in the denominator is provided for surgical patients during the reporting period. There is no diagnosis associated with this measure. It is anticipated that **clinicians who provide anesthesia services, as specified in the denominator coding\***, will submit this measure - reporting on the timeliness of parenteral antibiotic administration. The clinician providing anesthesia services does not need to be the clinician who ordered the prophylactic parenteral antibiotic.

\* The anesthesia services included in the denominator are associated with some surgical procedures for which prophylactic parenteral antibiotics may not be indicated. As a result, clinicians should report **4047F-8P** for those instances in which anesthesia services are provided but not associated with surgical procedures for which prophylactic parenteral antibiotics are indicated.

If the clinician providing anesthesia services orders AND administers the prophylactic parenteral antibiotic within the appropriate timeframe, report quality-data code **CPT II 4048F**. Report **CPT II 4048F** with the **1P** modifier in circumstances where the prophylactic parenteral antibiotic was not given for medical reasons (e.g., contraindicated, patient already receiving antibiotics).

**Measure Reporting via Claims:**

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed CPT codes, and the appropriate CPT Category II code **OR** the appropriate CPT Category II code **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter as the denominator codes.

**Measure Reporting via Registry:**

CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**

All surgical patients aged 18 years and older who receive an anesthetic when undergoing procedures\* with the indications for prophylactic parenteral antibiotics

