

◆Measure #65: Appropriate Treatment for Children with Upper Respiratory Infection (URI)

DESCRIPTION:

Percentage of children aged 3 months through 18 years with a diagnosis of upper respiratory infection (URI) who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service

INSTRUCTIONS:

This measure is to be reported once for each occurrence of upper respiratory infection during the reporting period. Claims data will be analyzed to determine unique occurrences. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

This measure is reported using CPT Category II codes:

ICD-9 diagnosis codes, CPT E/M service codes, and patient demographics (age, etc.) 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, submit the listed ICD-9 diagnosis codes, CPT E/M service codes, and the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The modifier allowed for this measure is: 1P- medical reasons.

NUMERATOR:

Patients who were not dispensed an antibiotic prescription on or within 3 days of the initial date of service

Numerator Instructions: For performance, the measure will be calculated as the number of patients for whom antibiotics were neither prescribed nor dispensed over the number of patients in the denominator (patients aged 3 months through 18 years with URI). A higher score indicates appropriate treatment of patients with URI (e.g., the proportion for whom antibiotics were not prescribed or dispensed).

Numerator Coding:

Antibiotic not Prescribed or Dispensed

CPT II 4124F: Antibiotic neither prescribed nor dispensed

OR

Antibiotic Prescribed or Dispensed for Medical Reasons

Append a modifier (1P) to CPT Category II code 4120F to report documented circumstances that appropriately exclude patients from the denominator.

- 1P: Documentation of medical reason(s) for prescribing or dispensing antibiotic

OR

Antibiotic Prescribed or Dispensed

CPT II 4120F: Antibiotic prescribed or dispensed

DENOMINATOR:

All patients aged 3 months through 18 years with a diagnosis of upper respiratory infection

Denominator Coding:

An ICD-9 diagnosis code for upper respiratory infection (URI) and a CPT E/M service code are required to identify patients for denominator inclusion.

ICD-9 diagnosis codes: 460, 465.0, 465.8, 465.9

AND

CPT E/M service codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245

RATIONALE:

Existing clinical guidelines do not support the use of antibiotics for the common cold/upper respiratory infection.

CLINICAL RECOMMENDATION STATEMENTS:

Recent clinical practice guidelines set out the evidence supporting the recommendations for treating a host of upper respiratory tract infections in pediatrics. The guidelines do not recommend antibiotics for a majority of upper respiratory tract infections, except for conditions with bacterial etiology such as acute otitis media, bacterial sinusitis, mucopurulent rhinitis with prolonged symptoms, i.e., at least 10 days of continual symptoms, and group A streptococcal pharyngitis (but only cases with a confirmatory test for group A strep). The guidelines support targeting treatment of non-specific URI (the common cold) or viral rhinosinusitis with antibiotics as an indicator of inappropriate antibiotic prescribing.