

Upper Respiratory Infection (URI)

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

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
Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 3 months through 18 years.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of URI.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT E/M Service Code for this visit.	<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?			
Antibiotic	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Not prescribed ¹	<input type="checkbox"/>	<input type="checkbox"/>	4124F
Prescribed for the following reason: • Medical (eg, antibiotic is indicated)	<input type="checkbox"/>	<input type="checkbox"/>	4120F-1P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 4120F (Antibiotic prescribed or dispensed.)

¹This is an overuse measure. 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 (eg, the proportion for whom antibiotics *were not* prescribed or dispensed).