Antihistamines or Decongestants — Avoidance of Inappropriate Use

PQRI Data Collection Sheet

				/ /	🗆 Male 🛛 Female
Patient's Name Practice Medical Record Number (MRN)			Birth Date (mm/dd/yyyy)	Gender	
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 2 months	aged 2 months through 12 years.			Verify date of birth on claim form.	
Patient has a diagnosis of	OME.			Refer to coding specifications document for list of applicable codes.	
There is a CPT E/M Servio	ce Code for this visit.				
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?					
Antihistamines or Deconge	estants	Yes	No	Code to be Reported on Line 24 if <i>Yes</i> (or Service Line 24 of El	
Not prescribed or recomm	nended1			4134F	
Prescribed or recommend	rescribed or recommended for the following reason:				
 Medical (eg, antihistam are indicated) 	ines or decongestants			4133F-1P	
Document reason here and in medical chart.				If No is checked for all of the a 4133F (Antihistamines or decongesta or recommended.)	•

¹This is an overuse measure. For performance, the measure will be calculated as the number of patients for whom antihistamines or decongestants were neither prescribed nor recommended over the number of patients in the denominator (patients aged 2 months through 12 years with a diagnosis of OME). A higher score indicates appropriate treatment of patients with OME (eg, the proportion for whom antihistamines or decongestants were neither prescribed nor recommended).