

# Upper Respiratory Infection (URI)

## Treatment for Children with Upper Respiratory Infection (URI): Avoidance of Inappropriate Use

### Physician Quality Reporting System, 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   |
|---|--------------------------|--------------------------|---|
| <b>Step 1 Is patient eligible for this measure?</b>                                       |                          |                          |   |
|   | <b>Yes</b>               | <b>No</b>                | <b>Code Required on Claim Form</b>  |
| Patient is aged 3 months through 18 years on date of encounter.                           | <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. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below. |
| There is a CPT Code for this visit.   | <input type="checkbox"/> | <input type="checkbox"/> |   |
| If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code. |                          |                          |   |
| <b>Step 2 Does patient meet or have an acceptable reason for not meeting the measure?</b> |                          |                          |   |
| <b>Antibiotic</b>   | <b>Yes</b>               | <b>No</b>                | <b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>  |
| Not prescribed <sup>1</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | 4124F   |
| Prescribed for the following reason:<br>• Medical (eg, antibiotic is indicated)           | <input type="checkbox"/> | <input type="checkbox"/> | 4120F-1P  |
| Document reason here and in medical chart.<br>_____<br>_____                              |                          |                          | If <b>No</b> is checked for <b>all</b> of the above, report 4120F (Antibiotic prescribed or dispensed.)   |

<sup>1</sup>This 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).