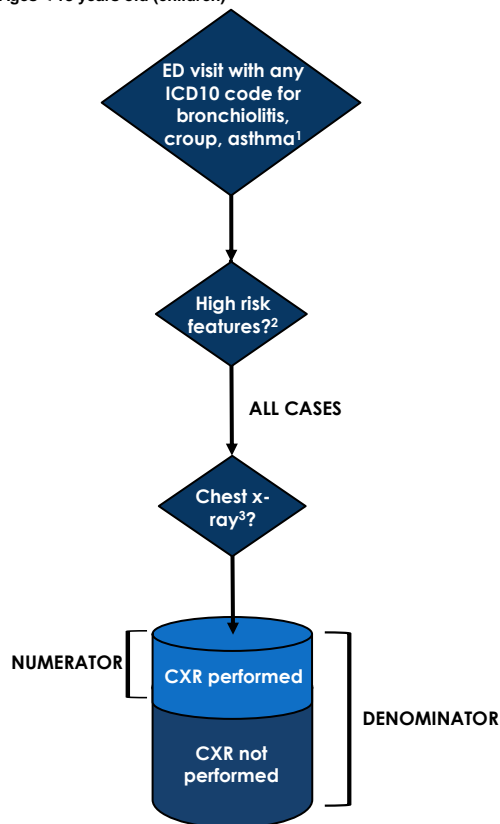


**MEDIC**  
 Pediatric Respiratory Illness Measure Specification Flow Diagram  
 Ages < 18 years old (children)



<sup>1</sup> ED visits with an associated ICD10 diagnostic code for any of the following:

- Bronchiolitis (J21.X)
- Croup (J05.0)
- Asthma (J45.X)

<sup>2</sup> High risk features (abstracted from chart):

- Fever duration >24 hours
- Foreign body ingestion/choking episode within last 2 weeks
- Worsening respiratory status in ED<sup>^</sup>
- Treatment with >1 racemic epinephrine in ED
- Prematurity (<37 weeks)
- Tracheostomy
- History of MEDIC-defined chronic conditions, respiratory devices, or O<sub>2</sub> dependence<sup>\*</sup>

<sup>3</sup> CPT codes\* 71045, 71046, 71047, 71048 (1 view, 2 views, 3 views, 4 views respectively)

$$\% \text{ CXR utilization} = \frac{\# \text{ eligible cases w/ CXR}}{\text{total \# eligible pediatric respiratory cases}}$$

**Chest X-Ray Utilization Measure:**

**Quality initiative measure reported as:** % pediatric respiratory cases with CXR

**Denominator** = ED visits of children with respiratory illness diagnoses

**Numerator** = ED visits of children with respiratory illness diagnoses receiving a CXR (CPT codes 71045, 71046, 71047, 71048)

\*CPT codes for CXR changed in 2018. For this measure, the following CPT codes were used to identify cases with a CXR in 2018 and earlier: 71010 (1 view), 71015 (1 view), 71020 (2 views). Since that change in 2018, the 4 new CPT codes for CXR listed above are used.

<sup>^</sup>Worsening respiratory status includes the following: Continuous beta agonist use in ED, accessory muscle usage, retractions, nasal flaring, grunting, head bobbing, hypoxia <92% on room air after 3 treatments with beta agonist, documentation of lethargy despite treatment, Documentation of >1 racemic epinephrine treatment in the ED, magnesium sulfate, use of high flow O<sub>2</sub>, intubation, CPAP/ BiPAP, child is unable to feed/self-hydrate.

<sup>\*</sup>History of MEDIC-defined chronic conditions, respiratory devices, or O<sub>2</sub> dependence includes: Bronchopulmonary dysplasia, cancer (active treatment), ciliary dyskinesia, congenital heart dx (excluding isolated valve disease and/or patent ductus arteriosus), cystic fibrosis, HIV/AIDS, patient was premature (<37 weeks gestation), sickle cell disease, spinal muscular atrophy (or similar degenerative neuromuscular condition such as muscular dystrophy), tracheostomy, transplantation (solid organ or bone marrow), ventilator dependence (invasive or non-invasive), home supplemental O<sub>2</sub>, other (i.e. conjoined twins or other very rare diseases affecting the respiratory system).

**NOTES:**

- The following are also included in this measure:
  - Cases in which the CPT code for an eligible CXR is missing from a case (i.e. it did not come over as part of the electronic data feed) but the abstractor sees in the chart that a CXR was performed and answers "yes" to the case abstraction question of whether a CXR was performed or not.
  - Cases in which there is a CPT code for an eligible CXR in the electronic data but the abstractor answers "no" to the case abstraction question of whether a CXR was performed or not.
- Cases abstracted between May 2018 - May 2019 also included the abstraction question of "Did the patient have documentation of a respiratory illness treated with antibiotics within the last 1 month?"