Informational Episode of Care:
Urinary Tract Infection (EOC-I-UTI)
Episode Design Summary
April 2019

Health Care Innovation
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URINARY TRACT INFECTION (UTI) INFORMATIONAL EPISODE DESIGN

EPISODE DEFINITION

EPISODE SUBTYPES

There are no subtypes for this episode type.

EPISODE TRIGGER(S)

A UTI Episode is triggered by the following:

- An Emergency Department (ED) visit where the primary diagnosis is related to Urinary Tract Infection (e.g., cystitis, urethritis and pyelonephritis).

  See the Appendix for a list of triggering codes.

EPISODE DURATION

- Episode begins on the date of admission to the ED.
- Episode ends 14 days after discharge from ED.

EPISODE SERVICES

The episode will include the following services rendered within the duration of the episode:

- During the trigger event: All diagnostic and treatment services beginning with, and during, the ED admission.
- All cause readmissions from facility discharge day 1 through day 3.
- Relevant complications from day 4 through day 14.
- Within 14 days post-discharge: Related services (i.e., outpatient facility services, professional services, related medications, treatment for complications.)

PRINCIPAL ACCOUNTABLE PROVIDER

- The Principal Accountable Provider (PAP) for a UTI episode is the facility where the UTI is diagnosed.
EPISODE EXCLUSIONS

Episodes meeting any of the following criteria will be excluded:

GLOBAL EXCLUSIONS

- Medicaid and Medicare dual enrollment (i.e., “dual-eligible”) during the episode.
- Beneficiaries who do not have continuous Medicaid enrollment for the duration of the episode.
- Beneficiaries with Third Party Liability.
- Beneficiaries with select comorbid conditions.
- Beneficiaries leaving against medical advice.
- Beneficiaries expiring during the episode duration.
- Beneficiaries admitted to hospice care.
- Episodes that are a result from trauma.
- Beneficiaries who are pregnant during episode duration.

EPISODE SPECIFIC EXCLUSIONS

- Beneficiaries who are less than the age of 6 months or greater than or equal to the age of 65 on the date of the trigger.
- Beneficiaries with one or more of the following comorbidities within 365 days prior to the urinary tract infection:
  - Spina bifida
  - Coma
  - Partial or complete paralysis
  - Tuberculosis of urinary tract
  - Sexually transmitted infections of the urinary tract
  - Cerebral palsy
  - Significant urinary tract diseases (e.g., renal abscess, urinary tract calculus, vesicoureteral reflux, hydro nephrosis)
  - Bladder dysfunction
  - Multiple sclerosis
  - Beneficiaries aged 4 and over with prescriptions filled for diapers
  - Beneficiaries using catheters
  - Genitourinary Cancer
EPISODE ADJUSTMENTS

For the purposes of determining a PAP’s performance, the total reimbursement attributable to the PAP for a UTI Episode is adjusted based on:

- Diabetes
- Urinary retention
- Pyelonephritis

EPISODE METRICS

QUALITY MEASURES (INFORMATIONAL)

The following quality measures are tracked for informational/reporting purposes:

- Percent of valid episodes in which clinically inappropriate antibiotics (Ampicillin, 3rd generation Cephalosporins, Quinolones) are prescribed.
- Percent of episodes including a CBC (complete blood count.)
- Percent of episodes including a urine culture.
- Rate of abdominal CT Scans.

Note: All metrics are based on paid Medicaid claims data.
## APPENDIX

### EPISODE TRIGGERING DIAGNOSIS CODES

<table>
<thead>
<tr>
<th>ICD-10-DX Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>N10</td>
<td>ACUTE PYELONEPHRITIS</td>
</tr>
<tr>
<td>N110</td>
<td>Nonobstructive reflux-associated chronic pyelonephritis</td>
</tr>
<tr>
<td>N111</td>
<td>Chronic obstructive pyelonephritis</td>
</tr>
<tr>
<td>N118</td>
<td>Other chronic tubulo-interstitial nephritis</td>
</tr>
<tr>
<td>N119</td>
<td>Chronic tubulo-interstitial nephritis, unspecified</td>
</tr>
<tr>
<td>N12</td>
<td>Tubulo-interstitial nephritis, not specified as acute or chronic</td>
</tr>
<tr>
<td>N136</td>
<td>Pyonephrosis</td>
</tr>
<tr>
<td>N159</td>
<td>Renal tubulo-interstitial disease, unspecified</td>
</tr>
<tr>
<td>N16</td>
<td>Renal tubulo-interstitial disorders in diseases classified elsewhere</td>
</tr>
<tr>
<td>N3000</td>
<td>Acute cystitis without hematuria</td>
</tr>
<tr>
<td>N3001</td>
<td>Acute cystitis with hematuria</td>
</tr>
<tr>
<td>N3030</td>
<td>Trigonitis without hematuria</td>
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<tr>
<td>N3031</td>
<td>Trigonitis with hematuria</td>
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<tr>
<td>N3090</td>
<td>Cystitis, unspecified without hematuria</td>
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<tr>
<td>N3091</td>
<td>Cystitis, unspecified with hematuria</td>
</tr>
<tr>
<td>N341</td>
<td>Nonspecific urethritis</td>
</tr>
<tr>
<td>N342</td>
<td>Other urethritis</td>
</tr>
<tr>
<td>N343</td>
<td>Urethral syndrome, unspecified</td>
</tr>
<tr>
<td>N390</td>
<td>Urinary tract infection, site not specified</td>
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