225.000 UNCOMPlicated Pediatric Pneumonia (UPP) Episodes

225.100 Episode Definition/Scope of Services

A. **Episode subtypes:**

There are no subtypes for this episode type.

B. **Episode trigger:**

Episode is triggered by an emergency department (ED) visit or inpatient hospital stay where the primary diagnosis is pneumonia.

C. **Episode duration:**

Episode begins on the date of admission to the ED or inpatient facility and ends 30 days after discharge from facility.

D. **Episode services:**

The following services are included in the episode:

1. During the trigger event: all diagnostic and treatment services beginning with, and during, the ED and/or inpatient hospitalization, with primary diagnoses indicating pneumonia.

2. Hospital readmission based on these criteria:

   a. All cause readmissions from facility discharge day 1 through day 3
   b. Relevant complications from day 4 through day 30

3. Within 30 days post-discharge: related services (i.e., outpatient facility services, professional services, related medications, treatment for complications)

225.200 Principal Accountable Provider

For each episode, the Principal Accountable Provider (PAP) is the ED or inpatient facility where the pneumonia is diagnosed.

225.300 Exclusions

Global exclusions from Section 200.300 are applied to this episode.

Episode specific exclusions:

A. Beneficiaries who are less than the age of 6 months or greater than the age of 12 years on the date of the trigger.

B. Beneficiaries with extraordinarily high or low cost episodes.

C. Beneficiaries with one or more of the following comorbidities within 365 days prior to the pneumonia:

   1. Hospital acquired pneumonia
   2. Ventilator acquired pneumonia
   3. Clinically pertinent structural and lung disorders
   4. Clinically pertinent respiratory disorders
5. Clinically pertinent immune disorders
6. Sickle cell anemia
7. Parkinson’s disease
8. Multiple sclerosis
9. Plegias
10. Clinically pertinent congenital anomalies
11. Coma
12. Tracheostomy status

225.400 Adjustments

For the purpose of determining a PAP’s performance, the total reimbursement attributable to the PAP is risk-adjusted for uncomplicated pediatric pneumonia episodes in which patients have comorbidities, including the following related health conditions:

A. Asthma
B. Lung disorders
C. Recurrent pneumonia
D. Respiratory disorders

225.500 Quality Measures

A. Quality measures “to pass”:
   1. This metric addresses inappropriate use of antibiotics in children ages 6 months through 4 years of age. This metric is linked to gain sharing. A PAP must have at least 5 valid episodes of which 3 must be within the age bracket of children ages 6 months through 4 years of age. The maximum threshold is 80%.

B. Quality measures “to track”:
   1. Rate of chest imaging

225.600 Thresholds for Incentive Payments

A. The acceptable threshold is $837.00.
B. The commendable threshold is $539.00.
C. The gain sharing limit is $144.00.
D. The gain sharing percentage is 50%.
E. The risk sharing percentage is 50%.

225.700 Minimum Case Volume

The minimum case volume is 5 valid episodes per 12-month performance period.