HEDIS® 2017 MEASURE: APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)

Children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.

Inclusion into the measure can include the following two events:

▶ Children who were not prescribed or dispensed a prescription for antibiotic medication on or within 3 days after the URI episode date.

▶ Children 3 months-18 years of age who had an outpatient or ED visit with only a diagnosis of upper respiratory infection (URI) during the measurement period.

    – To determine eligibility for inclusion in the denominator, look in **Table 1** below for any of the listed antibiotic drugs in the 30 days prior to the visit with the URI diagnosis. As long as there are no prescriptions for the listed antibiotics during this time period, the patient is eligible for denominator inclusion.

Exclusions:

▶ Claims/encounters with more than one diagnosis code and ED visits or observation visits that result in an inpatient stay.

▶ Episode Dates with evidence of antibiotic medication 30 days prior to the Episode Date.

▶ Episode Dates where the patient had a claim/encounter with a competing diagnosis *on or three days after the Episode Date*.

▶ Members in hospice care are excluded from the eligible population.

HOW TO IMPROVE YOUR HEDIS SCORE:

- Use complete and accurate Value Set Codes.
- Timely submit claims and encounter data.
- Exclude claims/encounters with more than one diagnosis code and ED visits or observation visits that result in an inpatient stay.
- Do not prescribe an antibiotic for a URI diagnosis only.
- If prescribing an antibiotic for a child with a URI—who also has an additional diagnosis other than Pharyngitis—be sure to document the proper diagnosis code on the claim. This will ensure that the member is removed from the non-compliant list (due to having more than 1 diagnosis on the claim other than Pharyngitis) and you won't be inappropriately counted as prescribing an antibiotic for URI.
- Document all elements of the exam including diagnosis, patient counseling, and comfort measures.
- Educate patient on comfort measures (e.g. acetaminophen for fever, rest, extra fluids) and advise parent to call back if symptoms worsen (antibiotic can be prescribed if necessary after 3 days of initial diagnosis).
- Use appropriate testing and symptom documentation to justify antibiotic use.

- Have a "Viral URI Care" (http://www.cdc.gov/getsmart/campaign-materials/pediatric-treatment.html) brochure in your office waiting room and exam rooms to help with talking points.
- Educate patients on the difference between bacterial and viral infections; educate your patients and caregivers that most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment.
- As the patient's primary care physician (PCP), your patient counts in your HEDIS rate even if the patient was seen by your associate, an urgent care center, or in the emergency room.
- Refer to the illness as a "chest cold" or viral upper respiratory infection (URI) and suggest at-home treatments, such as:
    - Using over-the-counter cough medicine and anti-inflammatory medicine.
    - Drinking extra fluids and resting.
    - Using a nasal irrigation device or steamy hot shower for nasal and sinus congestion relief.
- Remind patients that mucus that is yellow or green does not necessarily indicate a bacterial infection.
- If the patient or caregiver insists on an antibiotic:
    - Review the absence of bacterial infection symptoms with the patient and caregiver and educate that antibiotics will not help with viral infections.
    - Discuss the side effects of taking antibiotics.
    - Arrange for an early follow-up visit, either by a phone call or re-examination.

Codes used to identify Upper Respiratory Infection (URI)

Description	ICD-10-CM	HCPCS
URI	J00 (Acute nasopharyngitis), J06.0 (Acute laryngopharyngitis), J06.9 (Acute URI)	
Patient not prescribed or dispensed antibiotic		G8708 (*Performance met)
Patient prescribed or dispensed antibiotic		G8710 (*Performance not met)

Codes used to identify visits

TYPE	CPT	HCPCS
OUTPATIENT	99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456	G0402, G0438, G0439, G0463, T1015
OBSERVATION	99217-99220	
ED	99281-99285	

ELEVATION
HEALTH PARTNERS

Codes used to identify exclusions

Exclusion	ICD-10-CM	HCPCS
Pharyngitis, streptococcal tonsillitis, or acute tonsillitis (competing diagnosis)	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91	
Acute sinusitis (competing diagnosis)	J01.80, J01.90	
Chronic sinusitis (competing diagnosis)	J32.8, J32.9	
Otitis media (competing diagnosis)	H66.009, H66.019, H67.9	
Pneumonia (competing diagnosis)	J13-J18	
MEDICAL DIAGNOSIS EXCLUSION (Patient prescribed or dispensed antibiotic for documented medical reason(s))		G8709
Hospice Services		G9702

Table 1

Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Miscellaneous antibiotics	• Erythromycin-sulfisoxazole	
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	• Sulfisoxazole
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime	• Ceftibuten • Cefditoren • Ceftriaxone