

HEDIS® Measure Description

Appropriate Treatment for Upper Respiratory Infections (URI)

Members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. This measure is reported as an inverted rate. A higher rate indicates appropriate URI treatment (i.e., the proportion for episodes that did not result in an antibiotic-dispensing event).

- ▶ Note: This measure is based on episodes, not on members. (A member may have multiple episodes.)
- ▶ If a member has more than one eligible episode in a 31-day period, only the first eligible episode is included.
- ▶ Visits are identified chronologically, including only one per 31-day period.

Coding & Documentation

URI Codes	
Description	ICD-10
URI	J00, J06.0, J06.9

Visit Type Codes for URI Diagnosis Visits that result in an inpatient stay will not be included.		
Description	CPT®	HCPCS
Outpatient Visits	99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015
ED Visits	99281-99285	
Telephone Visits	98966-98968, 99441-99443	
E-visit or Virtual Check-in (Online Assessments)	98970-98972, 98980, 98981, 99421-99423, 99458	G2012



AAB Antibiotic Medications List

Visits that result in an inpatient stay will **not** be included.

Description	Prescription			
Aminoglycosides	Amikacin	Gentamicin	Streptomycin	Tobramycin
Aminopenicillins	Amoxicillin	Ampicillin		
Beta-lactamase inhibitors	Amoxicillin-clavulanate	Ampicillin-subactam	Piperacillin- tazobactam	
First generation cephalosporins	Cefadroxil	Cephalexin	Cefazolin	
Fourth-generation cephalosporins	Cefepime			
Lincomycin derivatives	Clindamycin	Lincomycin		
Macrolides	Azithromycin	Clarithromycin	Erythromycin	
Miscellaneous antibiotics	Aztreonam Chloramphenicol	Dalfopristin-quinupristin Daptomycin	Linezolid Metronidazole	Vancomycin
Natural penicillins	Penicillin G benzathine Penicillin G benzathine-procaine	Penicillin G potassium Penicillin G procaine	Penicillin G sodium	Penicillin V potassium
Penicillinase-resistant penicillins	Dicloxacillin	Nafcillin	Oxacillin	
Quinolones	Ciprofloxacin Gemifloxacin	Levofloxacin	Moxifloxacin	Ofloxacin
Rifamycin derivatives	Rifampin			
Second generation cephalosporins	Cefaclor Cefoxitin Cefotetan	Cefprozil	Cefuroxime	
Sulfonamides	Sulfamethoxazole-trimethoprim	Sulfadiazine		
Tetracyclines	Doxycycline	Minocycline	Tetracycline	
Urinary anti-infectives	Fosfomycin	Nitrofurantoin	Nitrofurantoin macrocrystals- monohydrate	Trimethoprim
Third-generation cephalosporins	Cefdinir Cefixime	Cefpodoxime	Cefotaxime Ceftazidime	Ceftriaxone



Exclusion Codes

Exclude any member who had a diagnosis for a comorbid condition or a competing diagnosis.

Description	Exclusion		
Pharyngitis	Pharyngitis on or three days after the Episode Date ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91		
Competing Diagnosis	Competing Diagnosis on or three days after the Episode Date use ICD-10 codes		
Malignant Neoplasms	Any Malignant Neoplasm diagnosis listed below use ICD-10 codes • Malignant Neoplasms • Other Malignant Neoplasm of Skin	Malignant Neoplasm or Other Malignant Neoplasm of the Skin during the 12 months prior to or on the Episode Date.	
Emphysema	Emphysema during the 12 months prior to or on the Episode Date		
COPD	COPD during the 12 months prior to or on the Episode Date ICD-10: J41.0, J41.1, J41.8, J42, J43.0–J43.2, J43.8–J44.1 J44.9, J41.0, J41.1, J41.8, J42, J43.0–J43.2, J43.8		
HIV	HIV during the 12 months prior to or on the Episode Date ICD-10: B20, Z21		
Comorbid Conditions	Comorbid Conditions during the 12 months prior to or on the Episode Date		

HEDIS Measure Tips

Discuss Facts	 A majority of upper respiratory infections are caused by viral infections. According to the CDC, an antibiotic will not help the patient get better. Taking antibiotics when not indicated could cause more harm than good. Taking antibiotics will not make you feel better.
Make it Routine	 Obtain a comprehensive medical history. Perform a thorough physical exam. Document all findings in the medical record. Telehealth visits are allowed for this measure. These include telephone visits, e-visits, and virtual-check-ins. Observation and ED visits are also allowed.
Give Information	 Set the expectations by educating on the recovery time for symptoms and comfort measures. Educate on comfort measures to ease symptoms. For patients insisting on an antibiotic, prescribe medication to relieve symptoms as applies. Encourage follow-up after three days if symptoms persist or get worse.



When to Prescribe Antibiotics (Exclusions)	Comorbid Condition History: Emphysema, COPD, Chronic Bronchitis.
	 Competing Diagnosis that requires an antibiotic: Acute Pharyngitis, Acute Sinusitis, Otitis Media are examples.
	Best practice: Do not prescribe/dispense prescription for an antibiotic medication until at least three or more days after the visit of the diagnosis.
	 Don't prescribe antibiotics when treating URI, unless there are co-morbid conditions or competing diagnoses that require antibiotic therapy.
Code and Submit Claims	 If prescribing antibiotics, list all competing or comorbid diagnosis codes on the claim when submitted.
	Submit a claim with each and every service rendered, inclusive of CPT-II codes in a timely and accurate manner.
	Make sure chart documentation reflects all services billed.