

Appropriate Treatment for Upper Respiratory Infection (URI)

APPLICABLE LINES OF BUSINESS

- Commercial
- Medicare Advantage

MEASURE DESCRIPTION

Percentage of episodes for patients three months of age and older with a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.ⁱ

Prescriptions include:

| Description/ Drug Class | Prescription | |
|-------------------------------------|---|---|
| Aminoglycosides | Amikacin Gentamicin | Streptomycin Tobramycin |
| Aminopenicillins | Amoxicillin | Ampicillin |
| Beta-lactamase inhibitors | Amoxicillin-clavulanate Ampicillin-sulbactam | Piperacillin-tazobactam |
| First-generation cephalosporins | Cefadroxil Cefazolin | Cephalexin |
| Fourth-generation cephalosporins | Cefepime | |
| Ketolides | Telithromycin | |
| Lincomycin derivatives | Clindamycin | Lincomycin |
| Macrolides | Azithromycin Clarithromycin Erythromycin | Erythromycin ethylsuccinate Erythromycin lactobionate Erythromycin stearate |
| Miscellaneous antibiotics | Aztreonam Chloramphenicol Dalfopristin-quinupristin Daptomycin | Linezolid Metronidazole Vancomycin |
| Natural penicillins | Penicillin G benzathine-procaine Penicillin G potassium Penicillin G procaine | Penicillin G sodium Penicillin V potassium Penicillin G benzathine |
| Penicillinase resistant penicillins | Dicloxacillin Nafcillin | Oxacillin |
| Quinolones | Ciprofloxacin Gemifloxacin Levofloxacin | Moxifloxacin Ofloxacin |

| | | |
|---------------------------------|--|--|
| Rifamycin derivatives | Rifampin | |
| Second generation cephalosporin | Cefaclor Cefotetan Cefoxitin | Cefprozil Cefuroxime |
| Sulfonamides | Sulfadiazine | Sulfamethoxazole-trimethoprim |
| Tetracyclines | Doxycycline Minocycline | Tetracycline |
| Third generation cephalosporins | Cefdinir Cefditoren Cefixime Cefpodoxime | Cefotaxime Ceftazidime Ceftibuten Ceftriaxone |
| Urinary anti-infectives | Fosfomycin Nitrofurantoin Nitrofurantoin-macrocrystals | Nitrofurantoin-macrocrystals-monohydrate Trimethoprim |

EXCLUSIONS

Patients are excluded if they:

- Use hospice services or elect to use a hospice benefit any time during the measurement year.
- Had a visit that resulted in an inpatient stay.
- Had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the episode date.
- Received a new or refill prescription for an antibiotic medication that was dispensed 30 days prior to the episode date or was active on the episode date.
- Had a claim/encounter with a competing diagnosis or pharyngitis on or three days after the episode date.
- Receive hospice services or elect to use a hospice benefit any time during the measurement year.
- Died during the measurement year.

CODING

| Type | Code | Description |
|----------------------|--------|--|
| ICD-10 ⁱⁱ | J00 | Acute nasopharyngitis [common cold] |
| | J06.0 | Acute laryngopharyngitis |
| | J06.9 | Acute upper respiratory infection, unspecified |
| | J02.0 | Streptococcal pharyngitis |
| | J02.8 | Acute pharyngitis due to other specified organisms |
| | J02.9 | Acute pharyngitis, unspecified |
| | J03.00 | Acute streptococcal tonsillitis, unspecified |
| | J03.01 | Acute recurrent streptococcal tonsillitis |
| | J03.80 | Acute tonsillitis due to other specified organisms |
| | J03.81 | Acute recurrent tonsillitis due to other specified organisms |
| | J03.90 | Acute tonsillitis, unspecified |
| | J03.91 | Acute recurrent tonsillitis, unspecified |

TIPS FOR SUCCESS

Patient Care

- Educate your patients and caregivers that most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment.
- 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.
- 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 phone or re-examination.

Documentation and Coding

- Partner with your health plan payers to submit electronic data from your EMR.
- Document medical and surgical history in the medical record with dates in structured fields so your EMR can include these in reporting. This will allow the corresponding code to be included in electronic reporting, including claims, to health plans.
- Code for exclusions.

ⁱ National Committee for Quality Assurance. HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for Health Plans (2024), 313-317.

ⁱⁱ ICD-10 created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization (WHO). WHO-copyright holder.