

2022 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Appropriate Testing for Pharyngitis (CWP)

Effectiveness of Care HEDIS® Measure*

HEDIS measure description

The percentage of episodes where the member was diagnosed with pharyngitis, dispensed an antibiotic medication and received a group A streptococcus (strep) test for the episode.

Measure population (denominator)

Members age 3 and older as of the episode date who had a diagnosis of pharyngitis and were dispensed antibiotics from July 1 of the prior year through June 30 of the measurement year.

Note: Member may have more than one episode during the measurement year.

Measure compliance (numerator)

Members who received a group A strep test sometime between three days prior to the episode date through three days after the episode (seven days total).

Exclusions

- Members in hospice or using hospice services anytime during the measurement year
- Members deceased during measurement year
- Comorbid condition during the 12 months prior (see tables below)
- Competing diagnosis on or 3 days after (see tables below)

Did you know?

- Inappropriate treatments with antibiotics can lead to antibiotic resistance (when antibiotics can no longer cure bacterial infections).
- Most cases of acute pharyngitis are caused by viruses and are benign and self-limited.
- Only about 15 to 30 percent of all cases of pharyngitis are due to primary bacterial pathogens, with group A beta hemolytic streptococcus, or GABHS, being the most common.
- More than 80 serotypes (variations within a species of bacteria) of GABHS have been isolated. These are associated with such complications as rheumatic fever, pyoderma and acute post-streptococcal glomerulonephritis.

This measure applies to both commercial and Medicare members.

continued

Helpful HEDIS hints

- **Ensure** antibiotics are being used only in cases where they are needed. This prevents antibiotic resistance and unnecessary side effects.
- **Educate** patients on:
 - Symptomatic treatments
 - Preventing the spread of illness through good hygiene and frequent hand washing
 - Importance of completing a full course of antibiotics, if needed
- **Remember**, a negative rapid strep test should be verified by culture.
- **Share** the following resources with your patients to provide helpful information:
 - Choosing Wisely Campaign, an initiative of the ABIM Foundation
choosingwisely.org
 - The Centers for Disease Control and Prevention’s Antibiotics Aware programs
cdc.gov/antibiotic-use/index.html

Tips for coding

- Order one of the following tests with these CPT** codes to confirm the underlying cause for patients with symptoms of pharyngitis:
 - Rapid strep test: 87880
 - Throat culture: 87070, 87071, 87081, 87430, 87650 - 87652

Common Competing Diagnoses (must be on or within three days after episode date)

Description	ICD-10-CM diagnosis code
Pharyngitis/Tonsillitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91, J35.01, J35.03
Otitis Media	H66.001 – H66.007, H66.009, H66.011 – H66.017, H66.019, H66.10 – H66.13, H66.20 – H66.23, H66.3X1 – H66.3X3, H66.3X9, H66.40 – H66.43, H66.90 – H66.93, H67.1 – H67.3, H67.9
Pneumonia	J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9
Acute Sinusitis	J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Chronic Sinusitis	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
Cellulitis	L03.011, L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 – L03.116, L03.119, L03.211, L03.213, L03.221, L03.311 – L03.317, L03.319, L03.811, L03.818, L03.90, L98.3, N73.0, N73.1, N73.2
Acute Cystitis/UTI	N30.00, N30.01, N30.10, N30.11, N30.20, N30.21, N30.40, N30.41, N30.80, N30.81, N30.90, N30.91, N39.0, N41.3
Bacterial Infection NOS	A49.9
Gastroenteritis/GI bacterial infection-unspecified	A04.9, A09 Note: Many additional codes related to specific causes of bacterial GI infections are also competing diagnoses.
Impetigo	L01.00, L01.01, L01.02, L01.03, L01.09, L01.1

Common Comorbid diagnoses (must be on or within 12 months prior to episode date)

Description	ICD-10-CM diagnosis code
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
COPD/Emphysema	J44.0, J44.1, J44.9, J43.0, J43.1, J43.2, J43.8, J43.9
Cystic Fibrosis	E84.0, E84.11, E84.19, E84.8, E84.9
Bronchiectasis	J47.0, J47.1, J47.9
HIV/HIV Type 2	B20, Z21, B97.35
Malignant Neoplasm	Many ICD-10 codes beginning with C are considered comorbid
Sickle Cell Disease	D57.01, D57.211, D57.411, D57.811
Pulmonary Fibrosis	J84.10, J84.112
Interstitial Lung Disease	J84.848, J84.89, J84.9

Note: The tables above do not represent an exhaustive list; they provide examples of common comorbid and competing diagnoses.

Resources

1. Harold K Simon. 2018. "Pediatric Pharyngitis."
emedicine.medscape.com/article/967384-overview
2. Centers for Disease Prevention and Control. 2021. "Strep Throat: All You Need to Know."
cdc.gov/groupastrep/diseases-public/strep-throat.html
3. Centers for Disease Prevention and Control (CDC). 2021. "Be Antibiotics Aware: Smart Use, Best Care."
cdc.gov/patientsafety/features/be-antibiotics-aware.html
4. Centers for Disease Prevention and Control (CDC). 2020. "Antibiotics Aren't Always the Answer."
cdc.gov/antibiotic-use/pdfs/AntibioticsArentAlwaysTheAnswer-H.pdf

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