

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 Treatment for Upper Respiratory Infection (URI)

Effectiveness of Care HEDIS® Measure*

HEDIS measure description

The percentage of episodes with a diagnosis of upper respiratory infection where the patient was **not** dispensed an antibiotic prescription.

Measure population (denominator)

Members 3 months and older with a diagnosis of an upper respiratory infection from July 1 of the prior year to June 30 of the current year.

Note: Members can have more than 1 episode in the measurement year.

Measure compliance (numerator)

Members dispensed a prescription for antibiotic medications on or within three days after the upper respiratory infection diagnosis (4 days total).

Note: The measure is reported as an inverted rate. A higher rate indicates appropriate upper respiratory infection treatment (i.e., the proportion of episodes that **did not** result in an antibiotic dispensing event).

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?

- Antibiotic resistance is on the rise. Two million Americans contract infections with drug-resistant bacteria yearly, contributing to 23,000 deaths each year.
- The number of antibiotic prescriptions has decreased, but approximately 30 percent of antibiotics prescribed in the outpatient setting are still unnecessary.
- There are more than 200 viruses associated with the common cold, but rhinovirus is the one most often implicated.

This measure applies to both commercial and Medicare members.

continued

Helpful HEDIS hints

- Proper coding is key. HEDIS® measurement data is captured through claims and therefore relies on proper coding.
- Prescribing antibiotics for upper respiratory infection is not consistent with evidence-based medicine unless there is either:
 - Evidence of a co-existing bacterial infection, called a “competing diagnosis.”
 - A patient with a comorbid condition that compromises the lungs or immune status.
- Recommend symptomatic treatments, such as acetaminophen or ibuprofen, fluids, rest, humidifier, saline nasal drops and saltwater gargle.
- Educate patients on proper handwashing and hygiene to prevent the spread of illness to close contacts.
- Good communication is often more important to patient satisfaction than prescribing an antibiotic.
- Visit [cdc.gov/antibiotic-use/index.html](https://www.cdc.gov/antibiotic-use/index.html) to access materials you can share with patients.

Tips for coding

- If prescribing antibiotics to treat a bacterial infection or comorbid condition in a patient with an upper respiratory infection, be sure to include the diagnosis code for the bacterial infection or comorbidity.

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

Description	ICD-10-CM diagnosis code
Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
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. Centers for Disease Prevention and Control (CDC). 2020. "Antibiotics Aren't Always the Answer."
[cdc.gov/antibiotic-use/pdfs/AntibioticsArentAlwaysTheAnswer-H.pdf](https://www.cdc.gov/antibiotic-use/pdfs/AntibioticsArentAlwaysTheAnswer-H.pdf)
2. Centers for Disease Prevention and Control. "Antibiotic Use in the United States, 2018 Update: Progress and Opportunities."
[cdc.gov/antibiotic-use/stewardship-report/pdf/stewardship-report-2018-508.pdf](https://www.cdc.gov/antibiotic-use/stewardship-report/pdf/stewardship-report-2018-508.pdf)

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