

Appropriate Treatment for Upper Respiratory Infection Coding Tip Sheet



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

Upper Respiratory Infection Codes

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

Visit Type Codes for Upper Respiratory Infection Diagnosis Visits that result in an inpatient stay will not be included

Description	CPT®	HCPCS
Outpatient Visits	99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99343, 99345, 99347 – 99350, 99381 – 99385, 99391 – 99395, 99401, 99402	T1015
Observation Visits	99217 – 99220	
ED Visits	99281 – 99285	
E-visit or virtual check-in (Online Assessments)		G2012

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CWP Antibiotic Medications List

Visits that result in an inpatient stay will not be included

Description	Prescription			
Aminopenicillins	Amoxicillin	Ampicillin		
Beta-lactamase inhibitors	Amoxicillin-clavulanate			
First generation cephalosporins	Cefadroxil	Cephalexin	Cefazolin	
Folate antagonist	Trimethoprim			
Lincomycin derivatives	Clindamycin			
Macrolides	Azithromycin	Clarithromycin Erythromycin	Erythromycin stearate	Erythromycin ethylsuccinate Erythromycin lactobionate
Natural penicillins	Penicillin G benzathine	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			
Tetracyclines	Doxycycline	Minocycline	Tetracycline	
Third-generation cephalosporins	Cefdinir Cefixime	Cefpodoxime	Ceftibuten Cefpodoxime	Cefditoren Ceftriaxone

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Exclusion Codes

Exclude any member who had a diagnosis for a comorbid condition or a competing diagnosis. Any of the following meet criteria:

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 <ul style="list-style-type: none"> · 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 ICD-10: J43.0, J43.1, J43.2, J43.8, J43.9
COPD	COPD during the 12 months prior to or on the Episode Date ICD-10: J44.0, J44.1, J44.9
HIV	HIV during the 12 months prior to or on the Episode Date ICD-10: B20, Z21, B97.35
Comorbid Conditions	Comorbid Conditions during the 12 months prior to or on the Episode Date ICD-10: A15.0, A15.4 – A15.9, A17.0, A17.1, A17.81 – A17.83, A17.89, A17.9, A18.01 – A18.03, A18.09, A18.10 – A18.18, A18.2, A18.31, A18.32, A18.39, A18.4, A18.50 – A18.54, A18.59, A18.6, A18.7, A18.81 – A18.85, A18.89, A19.0 – A19.2, A19.8, A19.9, B44.81, D57.01, D57.211, D57.411, D57.811, D61.810, D61.811, D61.818, D70.0 – D70.9, D71, D72.0, D75.81, D76.1 – D76.3, D86.0 – D86.2, E84.0, E84.11, E84.19, E84.8, E84.9, J22, J41.0, J41.1, J41.8, J42, J47.0, J47.1, J47.9, J60, J61, J62.0, J62.8, J63.0 – J63.6, J64, J65, J66.0 – J66.2, J66.8, J67.0 – J67.9, J68.0, J68.1 – J68.3, J68.9, J69.0, J69.1, J69.8, J70.0 – J70.5, J70.8, J70.9, J80, J81.0, J81.1, J82, J84.01 – J84.03, J84.09, J84.10, J84.111 – J84.117, J84.17, J84.2, J84.81 – J84.83, J84.841 – J84.843, J84.848, J84.89, J84.9, J85.0, J85.1 – J85.3, J86.0, J86.9, J90, J91.0, J91.8, J92.0, J92.9, J93.0, J93.11, J93.12, J93.81 – J93.83, J93.9, J94.0 – J94.2, J94.8, J94.9, J95.00 – J95.04, J95.09, J95.1 – J95.5, J95.61, J95.62, J95.71, J95.72, J95.811, J95.812, J95.821, J95.822, J95.830, J95.831, J95.84, J95.850, J95.851, J95.859, J95.860 – J95.863, J95.88, J95.89, J96.00, J96.01, J96.02, J96.10 – J96.12, J96.20 – J96.22, J96.90 – J96.92, J98.51, J98.6, J99, M05.10, M05.111, M05.112, M05.119, M05.121, M05.122, M05.129, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M30.1, M32.13, M33.01, M33.11, M33.21, M33.91, M34.81, M35.02, O98.011 – O98.013, O98.019, O98.02, O98.03, P27.0, P27.1, P27.8, P27.9, Q25.45, Q25.47, Q25.48, Q30.0, Q30.1 – Q30.3, Q30.8, Q30.9, Q31.0 – Q31.3, Q31.5, Q31.8, Q31.9, Q32.0 – Q32.4, Q33.0 – Q33.6, Q33.8, Q33.9, Q34.0, Q34.1, Q34.8, Q34.9, Q39.0 – Q39.4, Q89.01, Q89.3
Disorders of the Immune System	Disorders of the Immune System during the 12 months prior to or on the Episode Date ICD-10: D80.0 – D80.9, D81.0 – D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0 – D82.4, D82.8, D82.9, D83.0 – D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810, D89.811 – D89.813, D89.82, D89.89, D89.9

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.



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 3 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 on or 3 days after initial URI diagnosis (of episode 31-day period).



Code and Submit Claims

- If prescribing antibiotics, list all competing or comorbid diagnosis codes on the claim when submitted.