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 37-day period, only the first eligible episode is included.
- Visits are identified chronologically, including only one per 37-day period.

Coding & Documentation

Identify all members who had an outpatient visit, ED visit, telephone visit, e-visit or virtual check-in during the intake period and episode dates with a diagnosis of URI. Exclude visits that result in an inpatient stay.

Description	ICD-10
URI	JOO, J06.0, J06.9

To Close URI Care Gap, the member must dispense a prescription for an antibiotic medication from the AAB Antibiotic Medications List below on or 3 days after the episode date.

Episode Date: The date of service for any outpatient, telephone or ED visit, e-visit or virtual check-in during the intake period with a diagnosis of URI.

Description	Prescription
Aminoglycosides	Amikacin
	Gentamicin
	Streptomycin
	Tobramycin
Aminopenicillins	Amoxicillin
	Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate
	Ampicillin-sulbactam
	Piperacillin-tazobactam

Description	Prescription
First generation cephalosporins	Cefadroxil
	Cephalexin
	Cefazolin
Fourth-generation cephalosporins	Cefepime
Lincomycin derivatives	Clindamycin
	Lincomycin
Macrolides	Azithromycin
	Clarithromycin
	Erythromycin

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Description	Prescription
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

Description	Prescription
Second generation cephalosporins	Cefaclor
	Cefoxitin
	Cefotetan
	Cefprozi
	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

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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-11 codes in a timely and accurate manner.
- Make sure chart documentation reflects all services billed.