

HEDIS® Provider Guide:

Appropriate Treatment for Children with Upper Respiratory Infection

Measure Description

Children 3 months to 18 years of age diagnosed with Upper Respiratory Infection (URI) **should not** be dispensed an antibiotic within 3 days of the diagnosis.

Note: Claims/encounters with more than one diagnosis (e.g., competing diagnoses) are excluded from the measure.

Using Correct Billing Codes

Codes to Identify URI

Description	ICD-10 Code*
Acute Nasopharyngitis (common cold)	100
Acute Laryngopharyngitis	J06.0
Acute URI	J06.9

^{*} ICD-10 -CM codes are to be used on or after 10/1/2015.

Codes to Identify Competing Diagnoses

Description	ICD-10 Code*
Otitis Media	H66, H67
Acute Sinusitis	J01.80, J01.90
Chronic Sinusitis	J32
Pharyngitis	J02.0, J02.8, J02.9

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* ICD-10 -CM codes are to be use	d on or after 10/1/2015.

Description	ICD-10 Code*
Streptococcal Tonsillitis	J03.00, J03.01,
	J03.80
Acute Tonsillitis	J03.81, J03.90,
	J03.91
Pneumonia	J13-J20

How to Improve HEDIS® Scores

- **Do not** prescribe an antibiotic for a URI diagnosis only.
- Submit any co-morbid/competing diagnosis codes that apply (examples listed above in the 'Codes to Identify Common Competing Diagnoses').
- Code and bill for all diagnoses based on patient assessment.
- Educate patient on comfort measures (e.g., acetaminophen for fever, rest, extra fluids) and advise patient to call back if symptoms worsen (antibiotic can be prescribed if necessary after 3 days of initial diagnosis).
- You are encouraged to resubmit an encounter if you missed a second diagnosis code and you see a member on the non-compliant list in Cozeva[®].
- Patient education materials on antibiotic resistance and common infections can be found here: http://www.cdc.gov/getsmart/index.html