2017 Clinical quality corner

Blue Cross Blue Shield Blue Care Network of Michigan

Confidence comes with every card.®

One of a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures

Appropriate treatment for children with upper respiratory infection

This measure examines the percentage of children 3 months to 18 years who were diagnosed with an upper respiratory infection and were not dispensed antibiotics within three days of the visit.

Improving HEDIS® scores*

Proper coding is key. HEDIS measurement data is captured through claims and therefore relies on proper coding.

Prescribing antibiotics for a URI is not consistent with evidence-based medicine **unless** there is evidence of a co-existing bacterial infection called a "competing diagnosis."

If you are giving an antibiotic to a child with a URI be sure to document the competing diagnoses. See back of this flier for details.

Did you know?

- There are over 200 types of viruses that are associated with the common cold, but rhinovirus is the one most often implicated.
- Children have between three and eight viral respiratory illnesses per year on average.
- Antibiotic resistance is on the rise. Two million Americans contract infections with drug resistant bacteria yearly, contributing to 23,000 deaths each year.

Tip:

If prescribing antibiotics for a bacterial infection in a patient with URI, be sure to include the diagnosis code for the co-existing bacterial infection. This provides documentation that confirms an antibiotic is necessary.

**HEDIS, which stands for Healthcare Effectiveness Data and Information Set, is a registered trademark of the National Committee for Quality Assurance.

But what if my patient wants antibiotics?

- Recommend symptomatic treatments, such as acetaminophen or ibuprofen, fluids, rest, humidifier, saline nasal drops and saltwater gargle.
- Counsel patients on expectations for the duration of symptoms and offer follow-up direction for worsening symptoms.
- Discuss risks of unnecessary antibiotics.

- Educate patients on proper hand washing 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/getsmart** to access materials you can share with patients.

Common related competing diagnosis

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
Adenoiditis	J35.02
Whooping Cough/Pertussis	A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91

Common unrelated competing diagnosis

Description	ICD-10-CM diagnosis code
Cellulitis	L03.011,L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 – L03.116; L03.119; L03.211; L03.221; L03.311 – L03.317; L03.319; L03.811; L03.818; L03.90
Acute Cystitis/ UTI	N30.00, N30.01, N30.80, N30.81, N30.90, N30.91, N39.0
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