



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?

- **Less than 2 percent of upper respiratory cases are caused by a bacterial infection.**
- **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](https://www.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, H66.002, H66.003, H66.004, H66.005, H66.006, H66.007, H66.009, H66.011, H66.012, H66.013, H66.014, H66.015, H66.016, H66.017, H66.019, H66.10, H66.11, H66.12, H66.13, H66.20, H66.21, H66.22, H66.23, H66.3X1, H66.3X2, H66.3X3, H66.3X9, H66.40, H66.41, H66.42, H66.43, H66.90, H66.91, H66.92, H66.93, H67.1, H67.2, 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, L03.112, L03.113, L03.114, L03.115, L03.116, L03.119, L03.211, L03.221, L03.311, L03.312, L03.313, L03.314, L03.315, L03.316, 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 |