



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Appropriate treatment for children with upper respiratory infection

This measure examines the percentage of children ages 3 months to 18 years who were diagnosed with an upper respiratory infection and who 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's evidence of a coexisting bacterial infection called a "competing diagnosis."
- If you're giving an antibiotic to a child with a URI, be sure to document the competing diagnoses. See back of this tip sheet for some common examples.

Exclusion: Members in hospice are excluded from this measure.

Helpful HEDIS hints

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 handwashing 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.

continued

Did you know?

- Antibiotic resistance is on the rise. Two million Americans contract infections with drug-resistant bacteria yearly, contributing to 23,000 deaths each year.
- The number of antibiotic prescriptions for children has decreased, but approximately 30 percent of antibiotics prescribed to children in the outpatient setting are still unnecessary.
- There are more than 200 viruses associated with the common cold, but rhinovirus is the one most often implicated.

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

Note: The tables above don't represent an exhaustive list; they provide examples of common comorbid and competing diagnoses.

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 confirming that an antibiotic is necessary.

This measure applies to commercial members only.

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