

Appropriate Treatment for Upper Respiratory Infection (URI)

This quick reference guide applies to our Medicaid, Ambetter (Marketplace) and Allwell (Medicare) products.



MEASURE DESCRIPTION

The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. The measurement year begins July 1 and ends June 30.



WHY IT MATTERS

Most URIs are caused by viruses that require no antibiotics for treatment. Efforts to decrease unnecessary use of antibiotics can decrease antibiotic resistance, which has become a significant global health issue.



SUGGESTIONS TO IMPROVE HEDIS SCORES

- Clinical practice guidelines do not recommend antibiotics for the majority of URIs because most are viral.
- Provide education for patients and caregivers:
 - Explain viral versus bacterial infections and the risks of antibiotic resistance.
 - Discuss symptom relief: oral or topical decongestants, antihistamines, saline nasal drops, analgesics to reduce fever, aches and pains.
 - Review how to stay healthy: clean hands, cover coughs, stay home when sick, and get recommended vaccines
- Arrange for a follow-up visit, by either phone call or reexamination, and advise patient to contact office if symptoms worsen or do not improve.

Document and code for all services provided for each encounter. Telehealth visits are appropriate for capturing episode and diagnosis criteria for the measure. Use NCQA-specified codes to close the care gap.

Upper respiratory infection	ICD-10CM: J00, J06.0, J06.9
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A prescription for an antibiotic on the following list dispensed on or up to 3 days after the service date with a viral URI diagnosis will be considered noncompliant for this measure. If antibiotics are prescribed, use a code for the presumed bacterial etiology.

Description	Prescription
Aminopenicillins	Amoxicillin, Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate
First generation cephalosporins	Cefadroxil, Cefazolin, Cephalexin
Folate antagonist	Trimethoprim
Lincomycin derivatives	Clindamycin
Macrolides	Azithromycin, Clarithromycin, Erythromycin, Erythromycin ethylsuccinate, Erythromycin lactobionate, Erythromycin stearate
Natural penicillins	Penicillin G potassium, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine
Penicillinase-resistant penicillins	Dicloxacillin
Quinolones	Ciprofloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
Second generation cephalosporins	Cefaclor, Cefprozil, Cefuroxime
Sulfonamides	Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline, Minocycline, Tetracycline
Third-generation cephalosporins	Cefdinir, Cefixime, Cefpodoxime, Ceftributen, Cefditoren, Ceftriaxone

Reflects NCQA HEDIS® 2020 Technical Specifications