

HEDIS® Tips:

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

MEASURE DESCRIPTION

The percentage of episodes for patients ages 3 months and older who were continuously enrolled with a gap of coverage from 30 days prior to the Episode Date through 3 days after the Episode Date with a diagnosis of acute bronchitis or bronchiolitis that did not result in an antibiotic dispensing event.

This measure is reported as an inverted rate [(1-numerator/eligible population)]. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment – i.e., the proportion of episodes that DID NOT result in an antibiotic dispensing event).

How episodes are identified for this measure

- 1) Identify all patients who had an outpatient, telephone, online assessment, observation visit, or an ED visit with a diagnosis of acute bronchitis/bronchiolitis. Do not include outpatient, ED or observation visits that result in inpatient stays.
- 2) Determine all acute bronchitis/bronchiolitis episodes.
- 3) Exclude episode dates when patients had comorbid conditions (e.g., HIV, HIV Type 2, Cancer, Emphysema, COPD, and Immune Disorders).
- 4) Exclude episodes with competing diagnoses (e.g., pharyngitis) on or 3 days after the Episode Date.

CODES INCLUDED IN THE CURRENT HEDIS MEASURE

Codes to Identify Acute Bronchitis

Description	ICD-10 Code
Acute bronchitis	J20.3-J20.9, J21.0, J21.1, J21.8, J21.9

Codes to Identify Most Common Comorbid Conditions

Description	ICD-10 Code
Chronic bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9
COPD	J44.0, J44.1, J44.9

Codes to Identify Most Common Competing Diagnoses

Description	ICD-10 Code
Acute sinusitis	J01.80-J01.81 J01.90-J01.91
Otitis media	H66.001-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
Pharyngitis, streptococcal tonsillitis, or acute tonsillitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

Codes to Identify Telephone and Telehealth Appointments

Description	Codes		
Telephone Visits	CPT®: 98966, 98967, 98968, 99441, 99442, 99443		
Telehealth Modifier	95, GT	WITH	POS: 02

HOW TO IMPROVE HEDIS SCORES

- ☐ Schedule telephone and/ telehealth appointments to diagnose patients with acute bronchitis or bronchiolitis.
- ☐ Educate patients on comfort measures without antibiotics (e.g., extra fluids and rest).
- ☐ Discuss realistic expectations for recovery time (e.g., cough can last for 4 weeks without being “abnormal”).
- ☐ Discuss antibiotic resistance with patients insisting an antibiotic. You can:
 - Give a brief explanation
 - Write a prescription for symptom relief instead of an antibiotic
 - Encourage follow-up in 3 days if symptoms do not get better
- ☐ Submit comorbid diagnosis codes if present on claim/encounter.
- ☐ Submit competing diagnosis codes for bacterial infection if present on claim/encounter.

The information presented herein is for informational and illustrative purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can be performed by a qualified medical professional. Molina Healthcare Inc. does not warrant or represent that the information contained herein is accurate or free from defects.

All summaries of the measures contained herein are reproduced with permission from HEDIS Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). Updated 6/15/2020