

HEDIS® Tips:

Adults with Acute Bronchitis (AAB)

MEASURE DESCRIPTION

Adults 18-64 years of age diagnosed with acute bronchitis **should not** be dispensed an antibiotic within 3 days of the visit.

Note: Prescribing antibiotics for acute bronchitis is not indicated unless there is a comorbid diagnosis or a bacterial infection (examples listed on the right).

Only about 10% of cases of acute bronchitis are due to a bacterial infection, so in most cases antibiotics will not help.

USING CORRECT BILLING CODES

Codes to Identify Acute Bronchitis

Description	ICD-10 Code
Acute bronchitis	J20.3-J20.9

Codes to Identify Most Common Comorbid Conditions

Description	*ICD-9 Code	ICD-10 Code
Chronic bronchitis		J41.0, J41.1, J41.8, J42
Emphysema	492.0, 492.8, 518.1, 518.2	J43.0, J43.1, J43.2, J43.8, J43.9
COPD	493.20, 493.21, 493.22, 496	J44.0, J44.1, J44.9

Codes to Identify Most Common Competing Diagnoses

Description	ICD-10 Code
Acute sinusitis	J01.80, J01.90
Otitis media	H66.001-H66.015
Pharyngitis, streptococcal tonsillitis, or acute tonsillitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

*ICD-9 codes are included for historical purposes only and can no longer be used for billing.

HOW TO IMPROVE HEDIS SCORES

- ☐ 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 on 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 (see codes above).
- ☐ Submit competing diagnosis codes for bacterial infection if present on claim/encounter (see codes above).