HEDIS® Tip Sheet
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Measure Description

The percentage of episodes for members ages 3 months and older, continuously enrolled without a gap of coverage from 30 days prior to the episode date through 3 days after the episode date (34 total days), with a diagnosis of acute bronchitis or bronchiolitis that did not result in an antibiotic dispensing event.

Note: The measure is reported as an inverted rate and a higher rate indicates appropriate treatment.

Product Lines: Commercial, Medicaid, Medicare, Exchange

Intake Period: A 12-month window that begins on July 1st of the year prior to the measurement year (MY) and ends on June 30th of the measurement year. The intake period captures eligible episodes of treatment.

2024						2025												2026					
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
MY 2025 Intake Period												MY 2026 Intake Period											

Codes Included in the Current HEDIS® Measure

Codes to Identify Acute Bronchitis

Description	Code
Acute Bronchitis	**ICD-10:** J20.3-J20.9, J21.0, J21.1, J21.8, J21.9
Outpatient, ED and Telehealth	**CPT:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99281-99285, 99341-99342, 99344-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483 **HCPCS:** G0071, G0402, G0438, G0439, G0463, G2010, G2012, G2250-G2252, T1015 **UBREV:** 0450-0452, 0456, 0459, 0510-0511, 0513-0517, 0519-0523, 0526-0529, 0981-0983

Codes to Identify Common Comorbid Conditions

Description	Code
Chronic Obstructive Pulmonary Diseases	**ICD-10:** J41.0, J41.1, J41.8, J42
COPD Diagnosis	**ICD-10:** J44.0, J44.1, J44.9

Codes to Identify Pharyngitis and Common Competing Diagnosis

Description	Code
Pharyngitis	**ICD-10:** J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Acute Sinusitis	**ICD-10**: 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
Otitis Media	**ICD-10:** 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

Senior Whole Health
BY MOLINA HEALTHCARE

Medications

AAB Antibiotic Medications

Description	Prescription
Aminoglycosides	Amikacin, Gentamicin, Streptomycin, Tobramycin
Aminopenicillins	Amoxicillin, Ampicillin
Beta-lactamase Inhibitors	Amoxicillin-clavulanate, Ampicillin-sulbactam, Piperacillin-tazobactam
First-generation Cephalosporins	Cefadroxil, Cefazolin, Cephalexin
Fourth generation Cephalosporins	Cefepime
Lincomycin Derivatives	Clindamycin, Lincomycin
Macrolides	Azithromycin, Clarithromycin, Erythromycin
Miscellaneous Antibiotics	Aztreonam, Chloramphenicol, Dalfopristin-quinupristin, Daptomycin, Linezolid, Metronidazole, Vancomycin
Natural Penicillin	Penicillin G benzathine-procaine, Penicillin G potassium, Penicillin G procaine, Penicillin G sodium, Penicillin V potassium, Penicillin G benzathine
Penicillinase Resistant Penicillin	Dicloxacillin, Nafcillin, Oxacillin
Quinolones	Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Ofloxacin
Rifamycin Derivatives	Rifampin
Second-generation Cephalosporin	Cefaclor, Cefotetan, Cefoxitin, Cefprozil, Cefuroxime
Sulfonamides	Sulfadiazine, Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline, Minocycline, Tetracycline
Third generation Cephalosporins	Cefdinir, Cefixime, Cefotaxime, Cefpodoxime, Ceftazidime, Ceftriaxone
Urinary Anti-infectives	Fosfomycin, Nitrofurantoin, Nitrofurantoin macrocrystals-monohydrate, Trimethoprim

Ways Providers can Improve HEDIS® Performance

- Educate patients on comfort measures without antibiotics (e.g., extra fluids, rest).
- Discuss 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 co-morbid diagnosis codes, if present, on claim/encounter.
- Submit competing diagnosis codes for bacterial infection, if present, on claim/encounter.

Ways Health Plans can Improve HEDIS® Performance

- Identify and provide education to top 10 providers who prescribe antibiotics for bronchitis – consider historical compliance.
- Provider education about appropriate use of antibiotics.
- Provider comparison sheet given to providers.
- Member communication about appropriate use of antibiotics.

Required Exclusions

- Members who use hospice service or elect to use a hospice benefit any time during the measurement period.
- Members who die any time during the measurement year.

Senior Whole Health
BY MOLINA HEALTHCARE

All summaries of the measures contained herein are reproduced with permission from the National Committee for Quality Assurance (NCQA).

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.

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA. The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's *Rules for Allowable Adjustments of HEDIS.* The adjusted measure specification may be used only for internal quality improvement purposes.
Updated 1/22/2025.

Senior Whole Health
BY MOLINA HEALTHCARE