

# Appropriate Treatment for Upper Respiratory Infection (URI)

## Measure Description

The percentage of episodes for members three months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.

**Note:** This measure is reported as an inverted rate. A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).

**Product Lines:** Commercial, Medicaid, Medicare, Exchange

**Intake Period:** A 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 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 URI

Description	Code
Acute Nasopharyngitis	ICD-10: J00
Acute Laryngopharyngitis	ICD-10: J06.0
Acute URI	ICD-10: J06.9
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
Emphysema	ICD-10: J43.0-J43.2, J43.8, J43.9
Chronic Bronchitis	ICD-10: J41.0, J41.1, J41.8, J42
COPD	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
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
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

Chronic Sinusitis	<b>ICD-10:</b> J32.0-J32.4, J32.8, J32.9
Pneumonia	<b>ICD-10:</b> A01.03, A02.22, A50.04, A54.84, J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3-J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9, J20.0
Whooping Cough	<b>ICD-10:</b> A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90 A37.91

## 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

- Do not prescribe an antibiotic for a URI diagnosis only.
- Submit any co-morbid/competing diagnosis codes that apply.
- Code and bill for all diagnoses based on patient assessment.
- Educate patients on comfort measures (e.g., acetaminophen for fever, rest, extra fluids) and advise patient to call back if symptoms worsen (antibiotic can be prescribed, if necessary, after 3 days of initial diagnosis).
- Discuss the side effects of taking antibiotics with patients.
- Consider resubmitting an encounter if you missed a second diagnosis code and you see a member on the needed services report published by Molina Healthcare.
- Schedule appointments to diagnose and educate patients on appropriate treatment for upper respiratory infection.

## Ways Health Plans can Improve HEDIS® Performance

- Educate providers about comfort measures (e.g. acetaminophen for fever, rest, extra fluids) and avoiding antibiotics for upper respiratory infections.
- Educate members and caregivers that most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment. Good communication is often more important to patient satisfaction than prescribing an antibiotic.
- Audit, identify, and educate top 10 prescribers of antibiotics for URI.

- Assist members to schedule follow-up appointments if symptoms do not resolve.
- Educate members on proper handwashing and hygiene to prevent the spread of illness to close contacts.

## Required Exclusions

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

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