

# Appropriate Treatment for Upper Respiratory Infection Coding Tip Sheet



## HEDIS® Measure Description

### Appropriate Treatment for Upper Respiratory Infections (URI)

Members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. This measure is reported as an inverted rate. A higher rate indicates appropriate URI treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event).

- Note: This measure is based on episodes, not on members. (A member may have multiple episodes)
- If a member has more than one eligible episode in a 31-day period, only the first eligible episode is included.
- Visits are identified chronologically, including only one per 31-day period.

### Coding & Documentation

#### Upper Respiratory Infection Codes

Description	ICD-10
URI	J00; J06.0, J06.9

### Visit Type Codes for Upper Respiratory Infection Diagnosis Visits that result in an inpatient stay will not be included

Description	CPT®	HCPCS
Outpatient Visits	99201 – 99205, 99211 – 99215, 99241 – 99245, 99341 – 99345, 99347 – 99350, 99381 – 99387, 99391 – 99397, 99401 – 99404, 99411, 99412, 99429, 99455, 99456, 99483	G0402, G0438, G0439, G0463, T1015
Observation Visits	99217 – 99219, 99220	
ED Visits	99281 – 99285	
Telephone Visits	98966 – 98968, 99441 – 99443	
E-visit or virtual check-in (Online Assessments)	98969, 98970 – 98972, 99421 – 99423, 99444, 99458	G2010, G2012, G2061 – G2063

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## CWP Antibiotic Medications List

Visits that result in an inpatient stay will not be included

Description	Prescription			
Aminopenicillins	Amoxicillin	Ampicillin		
Beta-lactamase inhibitors	Amoxicillin-clavulanate			
First generation cephalosporins	Cefadroxil	Cephalexin	Cefazolin	
Folate antagonist	Trimethoprim			
Lincomycin derivatives	Clindamycin			
Macrolides	Azithromycin	Clarithromycin Erythromycin	Erythromycin stearate	Erythromycin ethylsuccinate Erythromycin lactobionate
Natural penicillins	Penicillin G benzathine	Penicillin G potassium	Penicillin G sodium	Penicillin V potassium
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	Ceftibuten Cefpodoxime	Cefditoren Ceftriaxone

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## Exclusion Codes

Exclude any member who had a diagnosis for a comorbid condition or a competing diagnosis. Any of the following meet criteria:

Description	Exclusion
Pharyngitis	<b>Pharyngitis on or three days after the Episode Date</b> <b>ICD-10:</b> J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Competing Diagnosis	<b>Competing Diagnosis on or three days after the Episode Date use ICD-10 codes</b>
Malignant Neoplasms	Any Malignant Neoplasm diagnosis listed below use ICD-10 codes <ul style="list-style-type: none"> <li>· Malignant Neoplasms</li> <li>· Other Malignant Neoplasm of Skin</li> </ul> Malignant Neoplasm or Other Malignant Neoplasm of the Skin during the 12 months prior to or on the Episode Date.
Emphysema	<b>Emphysema during the 12 months prior to or on the Episode Date</b> <b>ICD-10:</b> J43.0, J43.1, J43.2, J43.8, J43.9
COPD	<b>COPD during the 12 months prior to or on the Episode Date</b> <b>ICD-10:</b> J44.0, J44.1, J44.9
HIV	<b>HIV during the 12 months prior to or on the Episode Date</b> <b>ICD-10:</b> B20, Z21, B97.35
Comorbid Conditions	<b>Comorbid Conditions during the 12 months prior to or on the Episode Date</b> <b>ICD-10:</b> A15.0, A15.4 – A15.9, A17.0, A17.1, A17.81 – A17.83, A17.89, A17.9, A18.01 – A18.03, A18.09, A18.10 – A18.18, A18.2, A18.31, A18.32, A18.39, A18.4, A18.50 – A18.54, A18.59, A18.6, A18.7, A18.81 – A18.85, A18.89, A19.0 – A19.2, A19.8, A19.9, B44.81, D57.01, D57.211, D57.411, D57.811, D61.810, D61.811, D61.818, D70.0 – D70.9, D71, D72.0, D75.81, D76.1 – D76.3, D86.0 – D86.2, E84.0, E84.11, E84.19, E84.8, E84.9, J22, J41.0, J41.1, J41.8, J42, J47.0, J47.1, J47.9, J60, J61, J62.0, J62.8, J63.0 – J63.6, J64, J65, J66.0 – J66.2, J66.8, J67.0 – J67.9, J68.0, J68.1 – J68.3, J68.9, J69.0, J69.1, J69.8, J70.0 – J70.5, J70.8, J70.9, J80, J81.0, J81.1, J82, J84.01 – J84.03, J84.09, J84.10, J84.111 – J84.117, J84.17, J84.2, J84.81 – J84.83, J84.841 – J84.843, J84.848, J84.89, J84.9, J85.0, J85.1 – J85.3, J86.0, J86.9, J90, J91.0, J91.8, J92.0, J92.9, J93.0, J93.11, J93.12, J93.81 – J93.83, J93.9, J94.0 – J94.2, J94.8, J94.9, J95.00 – J95.04, J95.09, J95.1 – J95.5, J95.61, J95.62, J95.71, J95.72, J95.811, J95.812, J95.821, J95.822, J95.830, J95.831, J95.84, J95.850, J95.851, J95.859, J95.860 – J95.863, J95.88, J95.89, J96.00, J96.01, J96.02, J96.10 – J96.12, J96.20 – J96.22, J96.90 – J96.92, J98.51, J98.6, J99, M05.10, M05.111, M05.112, M05.119, M05.121, M05.122, M05.129, M05.131, M05.132, M05.139, M05.141, M05.142, M05.149, M05.151, M05.152, M05.159, M05.161, M05.162, M05.169, M05.171, M05.172, M05.179, M05.19, M30.1, M32.13, M33.01, M33.11, M33.21, M33.91, M34.81, M35.02, O98.011 – O98.013, O98.019, O98.02, O98.03, P27.0, P27.1, P27.8, P27.9, Q25.45, Q25.47, Q25.48, Q30.0, Q30.1 – Q30.3, Q30.8, Q30.9, Q31.0 – Q31.3, Q31.5, Q31.8, Q31.9, Q32.0 – Q32.4, Q33.0 – Q33.6, Q33.8, Q33.9, Q34.0, Q34.1, Q34.8, Q34.9, Q39.0 – Q39.4, Q89.01, Q89.3
Disorders of the Immune System	<b>Disorders of the Immune System during the 12 months prior to or on the Episode Date</b> <b>ICD-10:</b> D80.0 – D80.9, D81.0 – D81.2, D81.4, D81.6, D81.7, D81.89, D81.9, D82.0 – D82.4, D82.8, D82.9, D83.0 – D83.2, D83.8, D83.9, D84.0, D84.1, D84.8, D84.9, D89.3, D89.810, D89.811 – D89.813, D89.82, D89.89, D89.9

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## HEDIS Measure Tips



### Discuss Facts

- A majority of upper respiratory infections are **caused by viral infections**.
- According to the CDC, **an antibiotic will not help the patient get better**.
- Taking antibiotics when not indicated could cause more harm than good.
- Taking antibiotics will not make you feel better.



### Make it Routine

- **Obtain a comprehensive medical history**.
- Perform a **thorough physical exam**.
- **Document all findings** in the medical record.



### Give Information

- Set the expectations by educating on the recovery time for symptoms and comfort measures.
- Educate on comfort measures to ease symptoms.
- **For patients insisting on an antibiotic, prescribe medication to relieve symptoms as applies.**
- Encourage follow-up after 3 days if symptoms persist or get worse.



### When to Prescribe Antibiotics (Exclusions)

- **Comorbid Condition History:** Emphysema, COPD, Chronic Bronchitis.
- **Competing Diagnosis that requires an antibiotic:** Acute Pharyngitis, Acute Sinusitis, Otitis Media are examples.
- **BEST PRACTICE:** Do NOT prescribe/dispense prescription for an antibiotic medication on or 3 days after initial URI diagnosis (of episode 31-day period).



### Code and Submit Claims

- If prescribing antibiotics, list all competing or comorbid diagnosis codes on the claim when submitted.