

Respiratory Conditions HEDIS Measure Tips



Improving Quality Outcomes

Line of Business: ● Medicaid, ● Marketplace, ● Medicare

RESPIRATORY HEDIS MEASURES

(AAB) Avoidance of Antibiotic Treatment for Acute Bronchitis	(CWP) Appropriate Testing for Pharyngitis	(URI) Appropriate Treatment for Upper Respiratory Infection
Intake Period : July 1 of the prior measurement period – June 30 of the measurement period		
Description: The percentage of episodes for persons 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	Description: Persons 3 years of age or older who were diagnosed with pharyngitis dispensed an antibiotic and received a group A-streptococcus (strep) test for the episode	Description: Persons 3 months of age or older who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription
HEDIS	HEDIS	HEDIS
Acute Bronchitis – ICD-10: J20.3 – J20.9, J21.0, J21.1, J21.8, J21.9	Pharyngitis – ICD-10: J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91 Group A Strep Test CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880,	URI – ICD-10: J00, J06.0, J06.9
Telehealth Visits are allowed for Respiratory Measures		
Telehealth Visits	CPT: 98000 – 98016 HCPCS: G0071, G2251, G2252	

*Codes subject to change

HEDIS Recommendation

AAB	CWP	URI
<ul style="list-style-type: none"> ■ Avoid prescribing antibiotics for acute bronchitis or bronchiolitis in uncomplicated cases, as these conditions are typically viral and self-limiting. ■ When clinically appropriate, suggest alternative symptom management options such as over-the-counter medications, humidifiers, adequate fluids and rest, and other non-pharmacologic therapies. ■ If clinical indications warrant antibiotic therapy, document the appropriate diagnosis to support the prescribed treatment. 	<ul style="list-style-type: none"> ■ For patients with viral pharyngitis, provide supportive care recommendations such as the use of over-the-counter analgesics, throat lozenges, oral rinses, adequate hydration, and rest, as clinically appropriate, to help manage symptoms. ■ Ensure the Group A strep test is reviewed and clearly documented in the health record. Prescribe antibiotics for pharyngitis only when the test result is positive. ■ Educate parents/caregivers on the appropriate use of antibiotics to treat bacterial infections. Antibiotics are not helpful for viral infections. 	<ul style="list-style-type: none"> ■ Do not prescribe an antibiotic for a URI diagnosis only. ■ Use accurate diagnosis codes and avoid co-diagnosing with conditions that justify antibiotic use unless there is clear clinical evidence. Thoroughly document any exceptions (e.g., secondary bacterial infections). ■ Educate patients on comfort measures (acetaminophen for fever, rest, extra fluids) and advise patients to call back if symptoms worsen (antibiotics can be prescribed, if clinically necessary, after 3 days of initial diagnosis) <ul style="list-style-type: none"> ■ Discuss the side effects of taking antibiotics with patients

Compliance Criteria - Negative Medication History

To qualify for negative medication history, the following criteria must be met:

- A period of **30 days prior to the episode date** when the person had **no pharmacy claims** for **either new or refill prescriptions for a listed antibiotic drug.**
- **No prescriptions dispensed** more than **30 days prior to the episode date** that are active on the episode date.

A prescription is considered active if the **“days’ supply”** indicated on the date when the person was dispensed the prescription is the number of days or more between that date and the relevant service date. The **30-day look-back period** for pharmacy data includes the 30 days prior to the intake period.

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