Acute Bronchitis Treatment Without Antibiotics

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MEASURE DESCRIPTION:

Acute Bronchitis Treatment Without Antibiotics indicates whether a patient with acute bronchitis, aged 18 to 64 years, was not dispensed an antibiotic prescription on or within 3 days following their bronchitis visit.

This excludes patients who had an antibiotic prescription within the previous 30 days, had a competing diagnosis from 30 days prior to the visit to 7 days following the visit, or had a comorbid condition during the year prior to the visit.

This measure is based on the HEDIS measure Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB).

PROPRIETARY STATUS:

This measure is owned by NCQA [NQF-Endorsed™].

CRITERIA REVISION:

This measure is based on the HEDIS® 2013 Technical Specifications for Physician Measurement criteria.

The NDC drug codes are from the NCQA files released November 2012.

CRITERIA REVIEW DATE: 03/29/2013

MEASURE TYPE: Quality - process of care

MEASURE PACKAGE: Advantage Nationally Endorsed

MINIMUM DATA REQUIREMENTS (months): 24

MEASURE DETAILS:

DENOMINATOR:

Identifies the unique count of patients, who were at least 18 years of age one year prior to the beginning of the measurement year and no greater than 64 years of age at the end of the measurement year, and had an outpatient or emergency department visit with a diagnosis of acute bronchitis.

It excludes patients who had an antibiotic prescription within the previous 30 days, had a competing diagnosis from 30 days prior to the visit to 7 days following the visit, or had a comorbid condition during the year prior to the visit.

At least one outpatient or emergency department visit with a diagnosis of acute bronchitis (during the measurement year up to 7 days prior to the end of the measurement year)	(CPT Procedure Code = 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99281-99285, 99385, 99386, 99395, 99396, 99401-99404, 99411, 99412, 99420, 99429 Or Revenue Code UB = 0450-0459, 0510-0519,
	0520-0523, 0526-0529, 0981-0983)
	And
	ICD-9 Diagnosis Code = 466.0
AND	
Age in years (as of the beginning of the year prior to	Age in Years >= 18

the measurement year)	
AND	
Age in years (as of the end of the measurement year)	Age in Years <= 64

EXCLUSIONS:

Excludes from the eligible population all patients who had an antibiotic prescription within the previous 30 days, had a competing diagnosis from 30 days prior to the visit to 7 days following the visit, or had a comorbid condition during the year prior to the visit.

No antibiotic medication prescribed or refilled within 30 days prior to the acute bronchitis visit or still active on the date of the visit Note: This criterion is looking for the absence of an antibiotic drug claim rather than its presence	No new, refilled, or active antibiotic prescription. NDC Codes as defined by NCQA (www.ncqa.org) A prescription is still active if the prescription was filled more than 30 days prior to the acute bronchitis visit date, and the Days Supply is greater than or equal to the number of days between the prescription fill date and the acute bronchitis visit date.
AND	
No competing diagnosis during the period from 30 days prior to the acute bronchitis visit to 7 days following the visit Note: This criterion is looking for the absence of a diagnosis rather than its presence	ICD-9 Diagnosis Code <> 001.0-009.3, 033*, 034.0, 041.9, 078.88, 079.88, 079.98, 088*, 090.0-097.9, 098*, 099*, 131*, 382*, 383*, 461*, 462, 463, 464.10-464.31, 473*, 474*, 478.21-478.24, 478.29, 478.71, 478.79, 478.9, 481-486, 590*, 595*, 599.0, 601*, 614.0-616.9, 681*, 682*, 683, 684, 686*, 706.0, 706.1, 730*, V01.6, V02.7, V02.8
AND	
No comorbid condition during the 12-month period prior to the acute bronchitis visit Note: This criterion is looking for the absence of a diagnosis rather than its presence	ICD-9 Diagnosis Code <> 010.00-018.96, 042, 140.0-209.79, 277.0*, 279*, 491*, 492*, 493.2*, 494*, 495*, 496, 500-508.9, 510.0-519.9, V08

NUMERATOR:

Identifies patients with a diagnosis of acute bronchitis, aged 18 to 64 years, who were not prescribed an antibiotic on or within 3 days following their acute bronchitis visit.

No antibiotic prescriptions (on the day of up to the 3-day period following the acute bronchitis visit)

Note: This criterion is looking for the absence of a prescription rather than its presence.

CONTINUOUS ENROLLMENT:

Continuously enrolled with medical and drug coverage from 365 days prior to the date of the acute bronchitis encounter through 7 days following the encounter, which equates to 373 days out of 373 days.

MEASURE BACKGROUND:

Acute bronchitis is one of the most common conditions encountered in clinical practice. Patients present with a cough which lasts 1 to 3 weeks. It is usually caused by a viral infection, but antibiotics are often given (60 to 90 percent of the time). Recent guidelines have been developed to attempt to decrease the use of antibiotics for acute bronchitis with only mild success. Antibiotic use has decreased from about 75 percent to 60 percent, but the use of broad-spectrum antibiotics increased. Signs and symptoms of acute bronchitis include cough, soreness in the chest, fatigue, mild headache, mild body aches, low grade fever, watery eyes and sore throat.

The Centers for Disease Control and Prevention (CDC), The American College of Physicians, and the American Society of Internal Medicine guidelines do not suggest routine use of antibiotics, as studies have not shown a benefit to this treatment. Some guidelines suggest consideration of antibiotics for patients with significant comorbidities and the elderly. Antibiotics are indicated for patients with proven pertussis as the cause of acute bronchitis (about 1 percent of patients with acute cough).

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