URI Treatment Without Antibiotics for Children

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MEASURE DESCRIPTION:

URI Treatment Without Antibiotics for Children indicates whether a child, aged 3 months to 18 years of age, who was seen with a diagnosis of upper respiratory infection (URI), did not have an antibiotic prescribed within 3 days following their URI visit.

This excludes children who had an antibiotic prescription within the previous 30 days, or had a competing diagnosis within 3 days of the visit.

This measure is based on the HEDIS measure *Appropriate Treatment for Children With Upper Respiratory Infection* (URI).

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): 21

MEASURE DETAILS:

DENOMINATOR:

Identifies the unique count of children who had an outpatient visit with a diagnosis of URI only, aged 3 months to 18 years during the intake period. The intake period starts 6 months before the beginning of the measurement year and ends 6 months before the end of the measurement year. If multiple URI visits meet the denominator criteria, the first one is used.

This excludes children who had an antibiotic prescription within the previous 30 days, or had a competing diagnosis on or within 3 days following their URI visit.

At least one outpatient visit with a URI diagnosis only (from 6 months prior to the beginning of the measurement year to 6 months prior to the end of the measurement year)	ICD-9 Diagnosis Code Principal = 460, 465* And (CPT Procedure Code = 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99381-99385, 99391-99395, 99401-99404, 99411, 99412, 99420, 99429 Or Revenue Code UB = 051*, 0520-0523, 0526-0529, 0982, 0983)
OR	

At last one emergency room visit with a URI diagnosis only (from 6 months prior to the beginning of the measurement year to 6 months prior to the end of the measurement year) Note: The ER visit cannot be part of an admission.	ICD-9 Diagnosis Code Principal = 460, 465* And Place of Service Code <> 21, 25, 51, 55 And (CPT Procedure Code = 99281-99285 Or Revenue Code UB = 045*, 0981 And Room and Board Flag Code <> 1)
AND	
Age (from 6 months prior to the beginning of the measurement year to 6 months prior to the end of the measurement year)	Age in Months = 3-11 Or Age in Years = 1-18

EXCLUSIONS:

Excludes from the eligible population children who had an antibiotic prescription within the previous 30 days, or had a competing diagnosis within 3 days of the URI visit.

No competing diagnosis on or up to 3 days following the date of the URI 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
OR	
No antibiotic medication prescribed or refilled within 30 days prior to the URI visit or still active on the date of the visit (claims are checked up to 90 days prior to the visit date) Note: This criterion is looking for the absence of an antibiotic drug claim rather than its presence.	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 URI visit date and the Days Supply is greater than or equal to the number of days between the prescription fill date and the URI visit date.

NUMERATOR:

Identifies children who had an outpatient visit with a single diagnosis of URI, aged 3 months to 18 years during the intake period, and were not dispensed an antibiotic prescription on or within 3 days following their URI visit.

Antibiotic drugs (on or up to 3 days following the date of the first eligible URI encounter) Note: The numerator is looking for the absence of an antibiotic drug claim rather than its presence.	NDC Codes as defined by NCQA (www.ncqa.org)

CONTINUOUS ENROLLMENT:

Continuously enrolled with medical and drug coverage from 30 days prior to the date of the first eligible URI encounter through 3 days after that date, which equates to 34 days out of 34 days.

MEASURE BACKGROUND:

The common cold or upper respiratory infection (URI) is an acute, self-limited viral infection of the upper respiratory tract. It may be caused by many different viruses. The most common are the more than 100 serotypes of rhinoviruses. It is the most frequent human illness, and an estimated 25 million people seek medical care for URI annually in the United States. URI is a nonspecific infection in which sinuses, pharyngeal and lower airway symptoms are frequently present but are not prominent. Common symptoms include sneezing, nasal congestion and discharge (rhinorrhea), sore throat, cough, low-grade fever, headache, and malaise. About 30 percent of visits for URI result in a prescription for antibiotics, 22 million missed days of school and 20 million absences from work. The symptoms of URI usually resolve in 2 weeks.

There is no role for antibiotics for treatment of URI in the absence of superinfection with bacteria. Treatment with antibiotics for uncomplicated URI is likely to cause more harm than benefit. Symptomatic treatments such as decongestants, analgesics, and antipyretics are often given, as these infections are predominantly viral in origin. However, the value of these treatments has not been demonstrated in controlled trials, and some authors suggest that decongestants not be given to young children.

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