

2023 HEDIS Measure Tips



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Effectiveness of Care HEDIS® Measure*

Measure description

The percentage of episodes for patients with a diagnosis of acute bronchitis/bronchiolitis that did **not** result in an antibiotic dispensing event.

Measure population (denominator)

Patients age 3 months and older with a diagnosis of acute bronchitis/bronchiolitis from July 1 of the year prior to June 30 of the measurement year.

Note: A patient may have more than one episode during the measurement year.

Measure compliance (numerator)

Patients dispensed a prescription for an antibiotic medication on or within 3 days **after** the acute bronchitis/bronchiolitis diagnosis.

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

Exclusions

- Received hospice services anytime during the measurement year
- Deceased during the measurement year
- Competing diagnosis on or 3 days **after** (see tables below)
- Comorbid condition during the 12 months **prior** (see tables below)

This measure applies to both commercial and Medicare members.

continued

Helpful HEDIS hints

- **Recommend** symptomatic treatments, such as acetaminophen or ibuprofen, fluids, rest, humidifier, saline nasal drops, and saltwater gargle, instead of antibiotics.
- **Discuss** risks of unnecessary antibiotics.
- **Ask** patients to follow up with you if their symptoms worsen.
- **Visit** [cdc.gov/antibiotic-use/print-materials.html](https://www.cdc.gov/antibiotic-use/print-materials.html) for materials you can share with patients.
- **Prescribing** antibiotics for acute bronchitis is not consistent with evidence-based medicine unless there is either:
 - Evidence of a co-existing bacterial infection, called a “competing diagnosis.”
 - Evidence of a comorbid condition that compromises the lungs or immune status.
- **Communication** is often more important to patient satisfaction than prescribing an antibiotic.

Tips for coding

- **Documentation and coding** are key. Measurement data is captured through claims and relies on proper coding.
- If prescribing antibiotics to treat a bacterial infection or comorbid condition in a patient with acute bronchitis or bronchiolitis, be sure to include the diagnosis code for the bacterial infection or comorbidity.

Common Competing Diagnoses (must be on or within 3 days after episode date)

Description	ICD-10-CM diagnosis code
Pharyngitis/Tonsillitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91, J35.01, J35.03
Otitis Media	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
Pneumonia	J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9
Acute Sinusitis	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	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
Cellulitis	L03.011, L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 – L03.116, L03.119, L03.211, L03.213, L03.221, L03.213, L03.311 – L03.317, L03.319, L03.811, L03.818, L03.90, L98.3, N73.0, N73.1, N73.2
Acute Cystitis/UTI	N30.00, N30.01, N30.10, N30.11, N30.20, N30.21, N30.40, N30.41, N30.80, N30.81, N30.90, N30.91, N39.0, N41.3
Bacterial Infection NOS	A49.9
Gastroenteritis/GI bacterial infection-unspecified	A04.9, A09 Note: Many additional codes related to specific causes of bacterial GI infections are also competing diagnoses.
Impetigo	L01.00, L01.01, L01.02, L01.03, L01.09, L01.1

Common Comorbid diagnoses (must be on or within 12 months prior to episode date)

Description	ICD-10-CM diagnosis code
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
COPD/Emphysema	J44.0, J44.1, J44.9, J43.0, J43.1, J43.2, J43.8, J43.9
Cystic Fibrosis	E84.0, E84.11, E84.19, E84.8, E84.9
Bronchiectasis	J47.0, J47.1, J47.9
HIV/HIV Type 2	B20, Z21, B97.35
Malignant Neoplasm	Many ICD-10 codes beginning with C are considered comorbid
Sickle Cell Disease	D57.01, D57.211, D57.411, D57.811
Pulmonary Fibrosis	J84.10, J84.112
Interstitial Lung Disease	J84.848, J84.89, J84.9

Note: The tables above do not represent an exhaustive list; they provide examples of common comorbid and competing diagnoses.

Resources

1. Centers for Disease Control and Prevention. 2021. "About Antibiotic Use."
www.cdc.gov/antibiotic-use/community/about/index.html

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