Quality ID #65 (NQF 0069): Appropriate Treatment for Upper Respiratory Infection (URI)

2023 COLLECTION TYPE:
MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic order

INSTRUCTIONS:
This measure is to be submitted once for **each occurrence** of upper respiratory infection during the performance period. Claims data will be analyzed to determine unique occurrences. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: *Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.*

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
Outpatient visits, telephone visits, online assessments (i.e. e-visit or virtual check-in), observation stays or emergency department visits with a diagnosis of upper respiratory infection (URI) during the measurement period among patients 3 months of age and older.

Denominator Instructions:
This is an episode of care measure that examines all eligible episodes for the patient during the measurement period. If the patient has more than one episode in a 31-day period, include only the first episode.

DENOMINATOR NOTE: **Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.*

Denominator Criteria (Eligible Cases):
Patients aged 3 months of age and older on date of encounter
AND
Diagnosis for URI (ICD-10-CM): J00, J06.0, J06.9
AND
Patient encounter during the performance period (CPT or HCPCS): 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99238, 99239, 99281, 99282, 99283, 99284,

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99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350,99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99441, 99442, 99443, 99455, 99456

AND NOT

DENOMINATOR EXCLUSIONS:

URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease): G2173

OR

URI episodes when the patient had an active prescription of antibiotics (Table 1) in the 30 days prior to the episode date or is still active the same day of the encounter: G2174

OR

URI episodes when the patient had competing diagnoses on or three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI, and acne): G8709

OR

Patients who use hospice services any time during the measurement period: G9700

Table 1 - Antibiotic Medications

Note: This list should be used when assessing antibiotic prescriptions for the denominator exclusion and numerator components.

Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxi • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium • Penicillin G benzathine
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime

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Description	Prescription	
Sulfonamides	• Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime	• Ceftibuten • Cefditoren • Ceftriaxone

NUMERATOR:
URI episodes without a prescription for antibiotic medication (Table 1) on or 3 days after the outpatient visit, telephone visit, online assessment, observation stay or emergency department visit for an upper respiratory infection

Numerator Instructions:
For performance, the measure will be calculated as the number of patient's encounter(s) where antibiotics from Table 1 were not prescribed on or within three days of the episode for URI over the total number of encounters in the denominator. A higher score indicates appropriate treatment of patients with URI (e.g., the proportion for whom antibiotics were not prescribed following the episode). Delayed prescriptions (where an antibiotic was prescribed and patient was instructed to delay taking the antibiotic) are considered "Performance Not Met".

Numerator Options:
Performance Met: Patient not prescribed antibiotic **(G8708)**

OR

Performance Not Met: Patient prescribed antibiotic **(G8710)**

RATIONALE:
Most upper respiratory infections (URI), also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often, antibiotics are prescribed inappropriately, which can lead to antibiotic resistance (when antibiotics can no longer cure bacterial infections). In the United States, at least 2.8 million antibiotic-resistant illnesses and 35,000 deaths occur each year.

CLINICAL RECOMMENDATION STATEMENTS:
American Family Physician (Fashner, Ericson, and Werner, Khilberg 2012)
- Antibiotics should not be used for the treatment of cold symptoms in children or adults. (A)
- Nonsteroidal anti-inflammatory drugs reduce pain secondary to upper respiratory tract infection in adults. (A)
- Decongestants, antihistamine/decongestant combinations, and intranasal ipratropium (Atrovent) may improve cold symptoms in adults. (B)

Institute for Clinical Systems Improvement (Short, et al, 2017)
The ICSI work group does not recommend antibiotics for treatment of common cold symptoms in children and adults.

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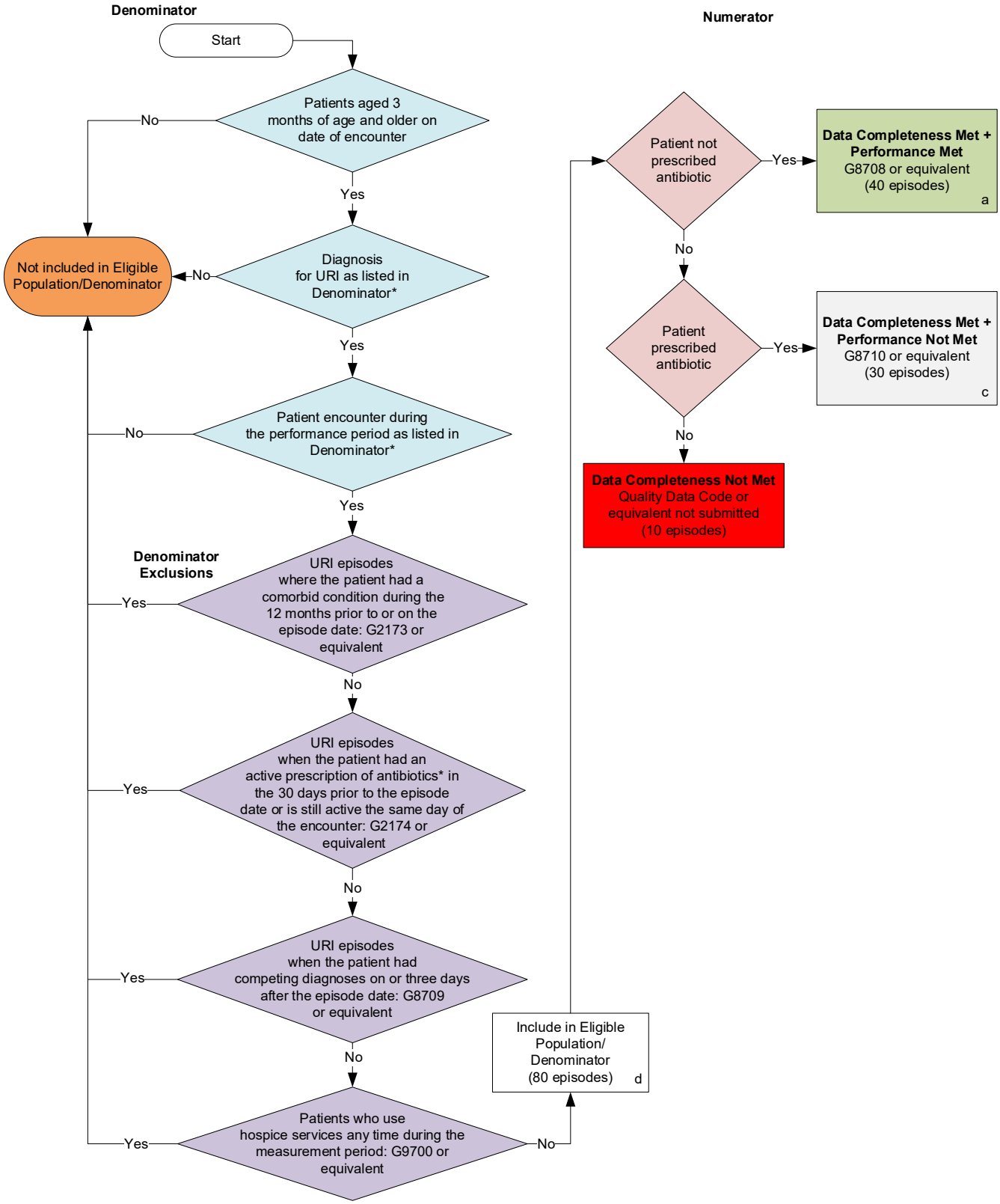
2023 Clinical Quality Measure Flow for Quality ID #65 (NQF 0069): Appropriate Treatment for Upper Respiratory Infection (URI)

Disclaimer: *Refer to the measure specification for specific coding and instructions to submit this measure.*



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SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 episodes) + Performance Not Met (c=30 episodes) = 70 episodes = **87.50%**

Eligible Population / Denominator (d=80 episodes) = 80 episodes

Performance Rate=

Performance Met (a=40 episodes) = 40 episodes = **57.14%**

Data Completeness Numerator (70 episodes) = 70 episodes

* See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Episode

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2023 Clinical Quality Measure Flow Narrative for Quality ID #65 (NQF 0069): Appropriate Treatment for Upper Respiratory Infection (URI)

***Disclaimer**: Refer to the measure specification for specific coding and instructions to submit this measure.*

1. Start with Denominator
2. Check *Patients aged 3 months of age and older on date of encounter*:
    a. If *Patients aged 3 months of age and older on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged 3 months of age and older on date of encounter* equals Yes, proceed to check *Diagnosis for URI as listed in Denominator**.
3. Check *Diagnosis for URI as listed in Denominator**:
    a. If *Diagnosis for URI as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for URI as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
    a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date*.
5. Check *URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date*:
    a. If *URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date* equals No, proceed to check *URI episodes when the patient had an active prescription of antibiotics* in the 30 days prior to the episode date or is still active the same day of the encounter*.
6. Check *URI episodes when the patient had an active prescription of antibiotics* in the 30 days prior to the episode date or is still active the same day of the encounter*:
    a. If *URI episodes when the patient had an active prescription* of antibiotics in the 30 days prior to the episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *URI episodes when the patient had an active prescription of antibiotics* in the 30 days prior to the episodes date or is still active the same day of the encounter* equals No, proceed to check *URI episodes when the patient had competing diagnoses on or three days after the episode date*.
7. Check *URI episodes when the patient had competing diagnoses on or three days after the episode date:*
    a. If *URI episodes when the patient had competing diagnoses on or three days after the episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

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b. If *URI episodes when the patient had competing diagnoses on or three days after the episode date* equals No, proceed to check *Patients who use hospice services any time during the measurement period*.

8. Check *Patients who use hospice services any time during the measurement period*:

   a. If *Patients who use hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patients who use hospice services any time during the measurement period* equals No, include in *Eligible Population/Denominator*.

9. Denominator Population:

   a. Denominator Population is all Eligible Episodes in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 episodes in the Sample Calculation.

10. Start Numerator

11. Check *Patient not prescribed antibiotic*:

   a. If *Patient not prescribed antibiotic* equals Yes, include in *Data Completeness Met and Performance Met.*

      - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 episodes in the Sample Calculation.

   b. If *Patient not prescribed antibiotic* equals No, proceed to check *Patient prescribed antibiotic.*

12. Check *Patient prescribed antibiotic*:

   a. If *Patient prescribed antibiotic* equals Yes, include in the *Data Completeness Met and Performance Not Met.*

      - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 episodes in the Sample Calculation.

   b. If *Patient prescribed antibiotic* equals No, proceed to check *Data Completeness Not Met*.

13. Check *Data Completeness Not Met*:

   a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 episodes have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 40 episodes) plus Performance Not Met (c equals 30 episodes) divided by Eligible Population/Denominator (d equals 80 episodes). All equals 70 episodes divided by 80 episodes. All equals 87.50 percent.

Performance rate equals Performance Met (a equals 40 episodes) divided by Data Completeness Numerator (70 episodes). All equals 40 episodes divided by 70 episodes. All equals 57.14 percent.

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NOTE: Submission Frequency: Episode

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