

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

By working together, we can improve health outcomes for your patients, our members. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet provides key details of the HEDIS measure for avoidance of antibiotic treatment for acute bronchitis and acute bronchiolitis.

What is the measure?

This measure is the percentage of episodes (each time a patient is seen for an evaluation in the office/facility) for members three months old and older with a diagnosis of acute bronchitis/bronchiolitis that did **not** result in the member receiving an antibiotic prescription the day of the visit plus three days after the visit.

Why This Measure Is Important

Research on antibiotics and acute bronchitis concludes that antibiotics reduce coughing slightly but may cause side effects and contribute to antibiotic resistance. At least 30% of antibiotic courses prescribed in an outpatient setting are not needed, meaning antibiotics did not improve the outcome. Most of these medically unnecessary antibiotics are for acute respiratory conditions, such as bronchitis, colds, and sore throats caused by viruses.

How to Improve Your Quality Score

Each patient's evaluation and treatment are unique, and your clinical evaluation will determine if antibiotics are needed for each individual encounter.

- Recognize that antibiotics are needed for some patients with comorbid conditions and differential (competing) diagnosis, when these ICD-10 codes are submitted on the same claim as acute bronchitis and antibiotics are prescribed. Adding these diagnosis codes will remove the patient from the HEDIS measure. When this occurs, your HEDIS results will not be negatively impacted.
- More common differential (competing) diagnoses are:
 - Acute pharyngitis
 - Acute or chronic tonsillitis
 - Hypertrophy of tonsils
 - Acute or chronic suppurative otitis media
 - Acute or chronic sinusitis
 - Pneumonia
 - Disease upper respiratory tract
 - UTI
 - Skin infections, cellulitis, impetigo
 - Acute lymphangitis
 - Acute vaginitis
 - STI/STD
- Comorbid conditions include:
 - COPD
 - Emphysema
 - Malignant neoplasms including skin
 - HIV
 - Disorders of the immune system
 - Sickle cell disease
 - Cystic fibrosis

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HEDIS Measure: Avoidance of Antibiotic Treatment for Bronchitis/Bronchiolitis (AAB) (continued)

How to Improve Your Quality Score

- Other common comorbid diagnosis such as asthma and diabetes are not exclusions for the AAB HEDIS measure.
- Symptoms including fever, cough, shortness of breath and wheezing as well as tobacco use (smoking) are **not** exclusions for this measure.

Exclusions

- Members in hospice or using hospice services anytime during the measurement year
- Members who died anytime during the measurement year

Exclusion Coding (*not all inclusive*)

Hospice Care:

HCPCS: G0182, G9473 – G9479, G9474, Q5003 - Q5010, S9126, T2042 – T2046

CPT: 99377- 99378

For Your Patients: CDC's Recommendations for Acute Bronchitis

Keep in mind

- Acute bronchitis is more commonly caused by viruses. Antibiotics will not improve the outcomes for a viral infection.
- Antibiotics will not treat acute bronchitis. Overuse of antibiotics can increase the risk of antibiotic resistance.
- Recommend your patients get the flu and Covid vaccines.

Talk to your patients about over-the-counter medications that may be helpful.

References

References

The CDC's extensive GETSMART campaign includes patient and provider material that addresses inappropriate antibiotic use: [cdc.gov/antibiotic-use/index.html](https://www.cdc.gov/antibiotic-use/index.html).

For more information about Specifications and Evidence for Rationale for HEDIS measures, refer to the NCQA website: [ncqa.org/hedis-quality-measurement](https://www.ncqa.org/hedis-quality-measurement).