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***Proposed Changes to Existing Measure for HEDIS 2010:  
Appropriate Treatment for Children With  
Upper Respiratory Infection (URI)***

NCQA seeks comments on proposed modifications to the *Appropriate Treatment for Children with Upper Respiratory Infection* measure, which assesses the percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics were not prescribed).

We propose to add an additional competing diagnosis of Acne to the measure. The Respiratory Measurement Advisory Panel (MAP) concluded that members with this particular condition may be improperly counted in the measure when the diagnosis could justifiably call for an antibiotic prescription.

Supporting documents for the proposed measure include the draft measure specifications and associated measure rationale, which contain field-test data.

**NCQA thanks and acknowledges the contributions of the Respiratory MAP.**

## Appropriate Treatment for Children With Upper Respiratory Infection (URI)

### SUMMARY OF PROPOSED CHANGES TO HEDIS 2010

- [Added ICD-9 CM Code 541 to Table URI-C.](#)

#### Description

The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

#### Calculation

The measure is reported as an inverted rate  $[1 - (\text{numerator}/\text{eligible population})]$ . A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics *were not* prescribed).

#### Definitions

<b>Intake Period</b>	A 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. The Intake Period captures eligible episodes of treatment.
<b>Episode Date</b>	The date of service for any outpatient or ED visit (Table URI-B) during the Intake Period with only a diagnosis of URI (Table URI-A). Exclude claims/encounters with more than one diagnosis.
<b>IESD</b>	Index Episode Start Date. The earliest Episode Date during the Intake Period that meets all of the following criteria. <ul style="list-style-type: none"> <li>• A 30-day Negative Medication History prior to the Episode Date</li> <li>• A Negative Competing Diagnosis on or 3 days after the Episode Date</li> <li>• The member was continuously enrolled 30 days prior to the Episode Date through 3 days after the Episode Date</li> </ul>
<b>Negative Medication History</b>	To qualify for Negative Medication History, the following criteria must be met. <ul style="list-style-type: none"> <li>• A period of 30 days prior to the Episode Date during which time the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug</li> <li>• No prescriptions filled more than 30 days prior to the Episode Date that are active on the Episode Date (Table CWP-C)</li> </ul> <p>A prescription is considered <b>active</b> if the “days supply” indicated on the date when the member filled the prescription is the number of days or more between that date and the relevant service date. The 30-day look-back period for pharmacy data includes the 30 days prior to the Intake Period.</p>
<b>Negative Competing Diagnosis</b>	The Episode Date and three days following the Episode Date during which the member had no claims/encounters with any competing diagnosis (Table URI-C).

**Eligible Population**

- Product lines** Commercial, Medicaid (report each product line separately).
- Ages** Children 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year.
- Continuous enrollment** 30 days prior to the Episode Date through 3 days after the Episode Date (inclusive).
- Allowable gap** No gaps in enrollment during the continuous enrollment period.
- Anchor date** Episode Date.
- Benefits** Medical and pharmacy.
- Event/diagnosis** Outpatient or ED visit with only a diagnosis of URI during the Intake Period.  
Follow the steps below to identify the eligible population:

**Step 1** Identify all members who had an outpatient or ED visit (Table URI-B) with only a diagnosis of URI (Table URI-A) during the Intake Period. Exclude claims/encounters with more than one diagnosis.

**Table URI-A: Codes to Identify URI**

Description	ICD-9-CM Diagnosis
Acute nasopharyngitis (common cold)	460
URI	465

**Table URI-B: Codes to Identify Visit Type**

Description	CPT	UB Revenue
Outpatient	99201-99205, 99211-99215, 99217-99220, 99241-99245, 99381-99385, 99391-99395, 99401-99404, 99411, 99412, 99420, 99429	051x, 0520-0523, 0526-0529, 077x, 0982, 0983
ED*	99281-99285	045x, 0981

\*Do not include ED visits that result in an inpatient admission.

- Step 2** Determine all URI Episode Dates. For each member identified in step 1, determine all outpatient or ED claims/encounters with a URI diagnosis.
- Step 3** Test for Negative Medication History. Exclude Episode Dates where a new or refill prescription for an antibiotic medication was filled 30 days prior to the Episode Date or was active on the Episode Date (Table CWP-C).
- Step 4** Test for Negative Competing Diagnosis. Exclude Episode Dates where the member had a claim/encounter with a competing diagnosis (Table URI-C) on or three days after the Episode Date.

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**Table URI-C: Codes to Identify Competing Diagnoses**

\*These codes are preliminary and will be verified by the Coding Panel at a later date.

Description	ICD-9-CM Diagnosis
Intestinal infections	001-009
Pertussis	033
Bacterial infection unspecified	041.9
Lyme disease and other arthropod-borne diseases	088
Otitis media	382
Acute sinusitis	461
Acute pharyngitis	034.0, 462
Acute tonsillitis	463
Chronic sinusitis	473
Infections of the pharynx, larynx, tonsils, adenoids	464.1-464.3, 474, 478.21-478.24, 478.29, 478.71, 478.79, 478.9
Prostatitis	601
Cellulitis, mastoiditis, other bone infections	383, 681, 682, 730
Acute lymphadenitis	683
Impetigo	684
Skin staph infections	686
Pneumonia	481- 486
Gonococcal infections and venereal diseases	098, 099, V01.6, V02.7, V02.8
Syphilis	090-097
Chlamydia	078.88, 079.88, 079.98
Inflammatory diseases (female reproductive organs)	131, 614-616
Infections of the kidney	590
Cystitis or UTI	595, 599.0
<u>Acne</u>	<u>706.1*</u>

**Step 5** Calculate continuous enrollment. The member must be continuously enrolled without any gaps in coverage from 30 days prior to the Episode Date through 3 days after the Episode Date.

**Step 6** Select the IESD. This measure examines the earliest eligible episode per member.

**Administrative Specification**

**Denominator** The eligible population.

**Numerator** Dispensed prescription for antibiotic medication (Table CWP-C) on or three days after the IESD.

**Data Elements for Reporting**

Organizations that submit HEDIS data to NCQA must provide the following data elements.

**Table URI-1/2: Data Elements for Appropriate Treatment for Children With Upper Respiratory Infection**

	Administrative
Measurement year	✓
Data collection methodology (Administrative)	✓
Eligible population	✓
Numerator events by administrative data	✓
Reported rate	✓
Lower 95% confidence interval	✓
Upper 95% confidence interval	✓