

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Acute bronchitis accounts for approximately 100 million ambulatory care visits per year and leads to more inappropriate antibiotic prescribing than any other acute respiratory tract infection syndrome. As it is characteristically self-limiting and more cases are viral rather than bacterial, the American College of Chest Physicians (ACCP) and the Centers for Disease Control and Prevention (CDC) advise that clinicians should not initiate antibiotic therapy in patients with bronchitis unless pneumonia is suspected. In fact, a systematic review found little evidence to support the use of antibiotics for acute bronchitis and instead found an increased risk of adverse events in patients who used them.¹ An important HEDIS measure assesses the avoidance of antibiotic treatment in this population.²

What should I know about the HEDIS measure?

This measure examines the percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription within three days of the date of service. Better performance and appropriate treatment are indicated by a higher percentage.²

Included in this measure:

- Members age 18-64 years with an online assessment or any outpatient, telephone, observation, or emergency department (ED) visit with a diagnosis of acute bronchitis during the measurement year

Excluded from this measure:

- Members with diagnosis codes for comorbid conditions for which an antibiotic may be appropriate
- Members with diagnosis codes for competing diagnoses for which an antibiotic may be appropriate
- Members with an active antibiotic prescription or one filled within 30 days prior to the date of service for acute bronchitis
- Members with an ED or observation visit that resulted in an inpatient stay

How can I help improve performance?

Performance for this measure can be improved by coding correctly for comorbid conditions and competing diagnoses for which an antibiotic may be appropriate. Please note the following:

- Diagnoses for acute bronchitis include all ICD-10-CM diagnosis codes J20 – J20.9.
- Comorbid conditions must be coded during the 12 months prior to or on the date of service for acute bronchitis.
- Competing diagnoses (e.g., pharyngitis [J02-J03], or any other diagnosis for which an antibiotic is indicated) must be coded no later than 7 days after the date of service for acute bronchitis.

Comorbid Conditions ²	
Description	ICD-10-CM Codes
Bronchiectasis	J47
Chronic bronchitis	J41-J42
COPD	J44
Cystic fibrosis	E84
Disorders of the immune system	D80-D81.2, D81.4, D81.6-D84, D89.3, D89.8, D89.9
Emphysema	J43
HIV	B20, B97.35, Z21
Malignant neoplasm	C00.00-C96.Z
Other diseases of the respiratory system	B44.81, J22, J80-J96, J99, M30.1, M32.13, M33.01, M33.11, M33.21, M33.91, M34.81, M35.02
Pneumoconiosis and other lung disease due to external agents	J60-J68.3, J68.9, J69, J70
Sickle cell disease with acute chest syndrome	D57.01, D57.211, D57.411, D57.811
Tuberculosis	A15-A19.9, O98.011-O98.03

References

- Harris AM, Hicks LA, Qaseem A. Appropriate Antibiotic Use for Acute Respiratory Tract Infection in Adults: Advice for High-Value Care From the American College of Physicians and the Centers for Disease Control and Prevention. *Ann Intern Med.* 2016;164(6):425-34.
- HEDIS 2019, Volume 2. National Committee for Quality Assurance (NCQA) *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB).*

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