



Provider Quick Reference

Measure Definition

The percentage of episodes for patients 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were **NOT** dispensed an antibiotic prescription.

Important Patient Exclusions

- Claims/Encounters with a Competing Diagnosis (see list below) within 4 days of the URI diagnosis (i.e. another diagnosis warrants prescription of an antibiotic)

Important Notes

- A prescription for an antibiotic 4 days after initial URI diagnosis is OK. An antibiotic prescription within 4 days is OK if another Competing Diagnosis (see list below) warrants an antibiotic.



Key Lessons Learned:

- If a strep test is to be performed on a patient, include a pharyngitis diagnosis along with a URI diagnosis. The presence of both diagnoses appropriately excludes the patient from the URI measure. This is particularly important when the strep test comes back positive and warrants an antibiotic.
- Ensure applicable competing diagnoses are “linked” to the claim (i.e. if the competing diagnosis is not linked to applicable CPT code, the payer will not exclude the patient).
- Nonsuppurative otitis media diagnoses are not competing diagnoses since these diagnoses do not warrant an antibiotic.

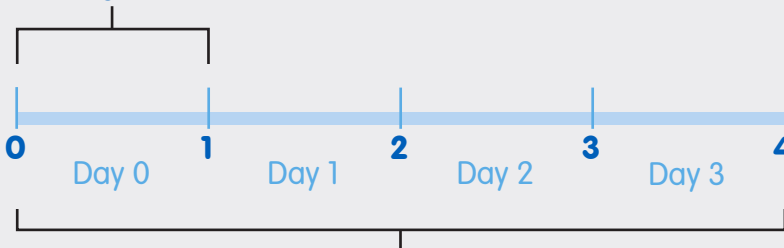
Diagnostic Codes for Upper Respiratory Infection

ICD 10 Codes	Definition
J00	[J00] Acute Nasopharyngitis [Common Cold]
J06.0	[J06.0] Acute Laryngopharyngitis
J06.9	[J06.9] Acute Upper Respiratory Infection, Unspecified

Common Competing Diagnoses (i.e. Diagnoses Warranting an Antibiotic)

- Suppurative Otitis Media
- Acute/Chronic Sinusitis
- Pneumonia
- Pharyngitis, Streptococcal, or Tonsillitis
- Other Bacterial Infection Diagnoses

URI Diagnosis



An antibiotic prescribed 4 days after initial URI diagnosis is OK.

[Click here](#)
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CMHN's Antibiotic
Provider & Parent
Resource Packet