

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

APPLICABLE LINES OF BUSINESS

- Commercial
- Exchange
- Medicare

MEASURE DESCRIPTION

- All patients aged 3 months or older with an outpatient visit, telephone visit, online assessment, observation visit, or emergency department (ED) visit with a diagnosis of acute bronchitis/bronchiolitis, who were dispensed an antibiotic medication on or 3 days after the episode.¹
- Denominator note: Do not include outpatient, ED, or observation visits that result in an inpatient admission. When an outpatient, ED, or observation and an inpatient stay are billed on separate claims, the visit results in an inpatient stay when the outpatient/ED observation date of service occurs on the day prior to the admission date or any time during the admission (admission date through discharge date). An outpatient, ED, or observation visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay.
- Antibiotic medications included in this measure are listed below:

Description	Prescription
Aminoglycosides	Amikacin
	Gentamicin
	Streptomycin
	Tobramycin
Aminopenicillins	Amoxicillin
	Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate
	Ampicillin-sulbactam
	Piperacillin-tazobactam
First-generation	Cefadroxil
cephalosporins	Cefazolin
	Cephalexin
Fourth-generation	Cefepime
cephalosporins	
Ketolides	Telithromycin
Lincomycin derivatives	Clindamycin
	Lincomycin
Macrolides	Azithromycin

	• Clarithromyoin
	Clarithromycin
	Erythromycin
	Erythromycin ethylsuccinate
	Erythromycin lactobionate
	Erythromycin stearate
Miscellaneous antibiotics	Aztreonam
	Chloramphenicol
	Dalfopristin-quinupristin
	Daptomycin
	Linezolid
	Metronidazole
	Vancomycin
Natural penicillins	Penicillin G benzathineprocaine
·	Penicillin G potassium
	Penicillin G procaine
	Penicillin G sodium
	Penicillin V potassium
	Penicillin G benzathine
Penicillinase resistant	Dicloxacillin
penicillins	Nafcillin
Permenning	Oxacillin
Quinolones	Ciprofloxacin
Quillolories	Gemifloxacin
	Levofloxacin
	Moxifloxacin
Diferencia derivetives	Ofloxacin Difempin
Rifamycin derivatives	Rifampin Onfooler
Second generation cephalosporin	Cefaclor Cefatatan
Сернаюѕропп	Cefotetan Cefourities
	Cefoxitin
	Cefprozil
0.16	Cefuroxime
Sulfonamides	Sulfadiazine
	Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline
	Minocycline
	Tetracycline
Third generation	Cefdinir
cephalosporins	Cefditoren
	Cefixime
	Cefpodoxime
	Cefotaxime
	Ceftazidime
	Ceftibuten
	Ceftriaxone
Urinary anti-infectives	Fosfomycin
	Nitrofurantoin
	Nitrofurantoin macrocrystals
	Nitrofurantoin macrocrystals-monohydrate
	Nitrofurantoin macrocrystals-monohydrateTrimethoprim

EXCLUSIONS

Patients are excluded if they:

- Received hospice or utilized services during the measurement year.
- Have competing diagnoses including pharyngitis, on or 3 days after the onset of the illness.
- Went to the Emergency department, outpatient or observation visits that result in a hospitalization.
- Had a diagnosis for a comorbidity during the 12 months prior to or on the onset of the illness.
- Had 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.

PATIENT CLAIMS SHOULD INCLUDE

Description	Billing Codes
Acute bronchitis/bronchiolitis	ICD-10: J20.3-J20.9, J21.0, J21.1, J21.8, J21.9
Outpatient	CPT : 99201-05, 99211-15, 99241-45, 99341-45, 99347-50, 99381-87, 99391-97, 99401-04, 99411, 99412, 99429, 99455, 99456, 99483 HCPCS : G0438, G0439, G0463, T1015

TIPS FOR SUCCESS

- Using antibiotics, including misuse and over-use, in healthcare and food production accelerate the development of antibiotic resistance.
- Educate and remind patients about antibiotic resistance, the side effects and risks associated with the antibiotics they are being prescribed.
- If a patient is requesting antibiotics for acute bronchitis, educate the patient on the difference between bacterial and viral infections.

¹ National Committee for Quality Assurance. HEDIS® Measurement Year 2022 Volume 2 Technical Specifications for Health Plans