



One of a series of tip  
sheets that look at key  
Healthcare Effectiveness  
Data and Information  
Set measures

## Avoidance of antibiotic treatment in adults with acute bronchitis

This measure examines the percentage of adults ages 18 to 64 years old with a diagnosis of uncomplicated acute bronchitis (ICD 10, J20.3-J20.9) who weren't given an antibiotic prescription within three days of the visit date.

### Improving HEDIS® scores\*

**Proper coding is key.** HEDIS measurement data is captured through claims and therefore relies on proper coding.

Prescribing antibiotics for acute bronchitis is not consistent with evidence based medicine unless:

- Evidence of co-existing bacterial infection ("**competing diagnosis**") OR
- Patient has a **comorbid condition** that compromises their lungs or immune status

**Note:** The tables shown on the reverse side of this tip sheet are common examples of competing and/or comorbid diagnoses — not meant as an exhaustive list.

**Exclusion:** Members in hospice are excluded from this measure.

### Did you know?

- More than 90 percent of acute bronchitis cases are viral.

Antibiotics are dispensed in 60 to 90 percent of cases — and broad spectrum antibiotic use has increased over the past 10 years.

Each year, approximately 2 million Americans contract infections with drug-resistant bacteria.

### But what if my patient wants antibiotics?

- Recommend treatments for their symptoms instead of antibiotics.

Advise them of the risks of using antibiotics for a viral illness.

Ask them to follow up with you if their symptoms worsen.

Visit [cdc.gov/getsmart](http://cdc.gov/getsmart) to download materials you can share with your patients.

## Tip:

If you're using antibiotics to treat a bacterial infection or co-morbid condition in a patient with acute bronchitis, **be sure to include the diagnosis code** for the bacterial infection or co-morbidity.

### Common related competing diagnosis

Description	ICD-10-CM diagnosis code
Pharyngitis/ Tonsillitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
Otitis Media	H66.001 – H66.007; H66.009; H66.011 – H66.017; H66.019; H66.10 – H66.13; H66.20 – H66.23; H66.3X1 – H66.3X3; H66.3X9; H66.40 – H66.43; H66.90 – H66.93; H67.1 – H67.3; H67.9
Pneumonia	J13, J14, J15.0, J15.1, J15.20, J15.211, J15.212, J15.29, J15.3, J15.4, J15.5, J15.6, J15.7, J15.8, J15.9, J16.0, J16.8, J17, J18.0, J18.1, J18.8, J18.9
Acute Sinusitis	J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91
Chronic Sinusitis	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
Adenoiditis	J35.02
Whooping Cough/Pertussis	A37.00, A37.01, A37.10, A37.11, A37.80, A37.81, A37.90, A37.91

### Common unrelated competing diagnosis

Description	ICD-10-CM diagnosis code
Cellulitis	L03.011, L03.012, L03.019, L03.031, L03.032, L03.039, L03.111 – L03.116; L03.119; L03.211; L03.221; L03.311 – L03.317; L03.319; L03.811; L03.818; L03.90
Acute Cystitis/UTI	N30.00, N30.01, N30.80, N30.81, N30.90, N30.91, N39.0
Bacterial Infection NOS	A49.9
Gastroenteritis/ GI bacterial infection- unspecified	A04.9, A09 <i>Note: many additional codes related to specific causes of bacterial GI infections are also competing diagnoses.</i>
Impetigo	L01.00, L01.01, L01.02, L01.03, L01.09

### Common comorbid diagnosis

Description	ICD-10-CM diagnosis code
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
COPD/Emphysema	J44.0, J44.1, J44.9, J43.0, J43.1, J43.2, J43.8, J43.9
Cystic Fibrosis	E84.0, E84.11, E84.19, E84.8, E84.9
Bronchiectasis	J47.0, J47.1, J47.9
HIV/HIV Type 2	B20, Z21, B97.35
Malignant Neoplasm	Many ICD 10 codes beginning with C are considered comorbid
Sickle Cell Disease	D57.01, D57.211, D57.411, D57.811
Pulmonary Fibrosis	J84.10, J84.112
Interstitial Lung Disease	J84.848, J84.89, J84.9

*Note: The tables do not present an exhaustive list, but instead, examples of common comorbid and competing diagnoses.*