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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.

### 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.

### 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.

### Common related competing diagnosis

Description	ICD-10-CM diagnosis code
<b>Pharyngitis/ Tonsillitis</b>	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
<b>Otitis Media</b>	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
<b>Pneumonia</b>	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
<b>Acute Sinusitis</b>	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
<b>Chronic Sinusitis</b>	J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9
<b>Adenoiditis</b>	J35.02
<b>Whooping Cough/Pertussis</b>	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
<b>Cellulitis</b>	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
<b>Acute Cystitis/UTI</b>	N30.00, N30.01, N30.80, N30.81, N30.90, N30.91, N39.0
<b>Bacterial Infection NOS</b>	A49.9
<b>Gastroenteritis/ GI bacterial infection- unspecified</b>	A04.9, A09 <i>Note: many additional codes related to specific causes of bacterial GI infections are also competing diagnoses.</i>
<b>Impetigo</b>	L01.00, L01.01, L01.02, L01.03, L01.09

### Common comorbid diagnosis

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

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