

Quality ID #66: Appropriate Testing for Pharyngitis

2024 COLLECTION TYPE: **MIPS CLINICAL QUALITY MEASURES (CQMS)**

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
The percentage of episodes for patients 3 years and older with a diagnosis of pharyngitis that resulted in an antibiotic order on or within 3 days after the episode date and a group A Streptococcus (Strep) test in the seven-day period from three days prior to the episode date through three days after the episode date.

INSTRUCTIONS:
This measure is to be submitted once for **each occurrence** of pharyngitis during the performance period. Claims data will be analyzed to determine unique occurrences. This measure is intended to reflect the quality of services provided for the primary management of patients with pharyngitis who were ordered an antibiotic. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE: Patient encounters for this measure conducted via telehealth (including but not limited to encounters coded with GQ, GT, 95, POS 02, POS 10) are allowable.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
Outpatient, telephone, online assessment (i.e., e-visit or virtual check-in), observation, or emergency department (ED) visits with a diagnosis of pharyngitis or tonsillitis from January 1 to December 28 and an antibiotic order on or within 3 days after the episode date among patients 3 years or older

Denominator Instructions:
This is an episode of care measure that examines all eligible episodes for the patient. The intent is to determine whether antibiotics are being ordered appropriately. Antibiotics should only be ordered if a strep test has been performed to confirm a bacterial infection. Antibiotics should not be ordered for viral infections. Antibiotics should be ordered on the episode date through three days after the episode date.

An episode is defined as each eligible encounter for patients aged 3 years and older with a diagnosis of pharyngitis that resulted in an antibiotic order during the measurement period of January 1 to December 28.

If a patient has more than one eligible episode in a 31-day period, include only the first eligible episode.

DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Denominator Criteria (Eligible Cases):

Patients 3 years of age or older on date of encounter

AND

Diagnosis for pharyngitis or tonsillitis (ICD-10-CM): J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

AND

Patient encounter during the measurement period (CPT or HCPCS): 98966, 98967, 98968, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99238, 99239, 99242*, 99243*, 99244*, 99245*, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*, 99421, 99422, 99423, 99457, 98980, G2250, G2251, G2252

WITHOUT

Place of Service (POS): 21

AND

Prescribed antibiotic on or within 3 days after the episode date (Table 1): G8711

AND NOT

DENOMINATOR EXCLUSIONS:

Episodes where the patient is taking antibiotics (Table 1) in the 30 days prior to the episode date: G9703

OR

Episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease): G2175

OR

Episodes where the patient had a competing diagnosis on or within three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI): G2097

OR

Patients who use hospice services any time during the measurement period: G9702

Table 1 - Antibiotic Medications

Note: This list should be used when assessing antibiotic prescriptions for the denominator and denominator exclusion components.

Description	Prescription
Aminopenicillins	<ul style="list-style-type: none">AmoxicillinAmpicillin
Beta-lactamase inhibitors	<ul style="list-style-type: none">Amoxicillin-clavulanate
First generation cephalosporins	<ul style="list-style-type: none">CefadroxiCefazolinCephalexin
Folate antagonist	<ul style="list-style-type: none">Trimethoprim
Lincomycin derivatives	<ul style="list-style-type: none">Clindamycin
Macrolides	<ul style="list-style-type: none">AzithromycinClarithromycinErythromycin
Natural penicillins	<ul style="list-style-type: none">Penicillin G potassiumPenicillin G sodiumPenicillin V potassiumPenicillin G benzathine

Description	Prescription
Quinolones	<ul style="list-style-type: none"> Ciprofloxacin Levofloxacin Moxifloxacin Ofloxacin
Second generation cephalosporins	<ul style="list-style-type: none"> Cefaclor Cefprozil Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> Sulfamethoxazole-trimethoprim
Tetracyclines	<ul style="list-style-type: none"> Doxycycline Minocycline Tetracycline
Third generation cephalosporins	<ul style="list-style-type: none"> Cefdinir Cefixime Cefpodoxime Ceftriaxone

NUMERATOR:

A group A Streptococcus test in the seven-day period from three days prior to the episode date through three days after the episode date

Numerator Instructions:

A higher score indicates appropriate treatment of children with pharyngitis (e.g., the proportion for whom antibiotics were prescribed with an accompanying Strep test. The test must be performed to confirm a bacterial infection prior to the antibiotic order).

Numerator Options:

Performance Met:

Group A Strep Test Performed (**3210F**)

OR

Performance Not Met:

Group A Strep Test not Performed, reason not otherwise specified (**3210F with 8P**)

RATIONALE:

Group A streptococcal (GAS) bacterial infections and other infections that cause pharyngitis (which are most often viral) often produce the same signs and symptoms (Shulman et al., 2012). The American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the Infectious Diseases Society of America all recommend a diagnostic test for Strep A to improve diagnostic accuracy and avoid unnecessary antibiotic treatment (Linder et al. 2005).

Estimated economic costs of pediatric streptococcal pharyngitis in the United States range from \$224 million to \$539 million per year, including indirect costs related to parental work losses. At a higher level, the economic cost of antibiotic resistance vary but have extended as high as \$20 billion in excess direct healthcare costs, with additional costs to society for lost productivity as high as \$35 billion a year (2008 dollars) (Pfoh et al., 2008).

CLINICAL RECOMMENDATION STATEMENTS:

Infectious Disease Society of America (2012)

The Infectious Diseases Society of America (IDSA) “recommends swabbing the throat and testing for GAS pharyngitis by rapid antigen detection test (RADT) and/or culture because the clinical features alone do not reliably discriminate between GAS and viral pharyngitis except when overt viral features like rhinorrhea, cough, oral ulcers, and/or hoarseness are present”

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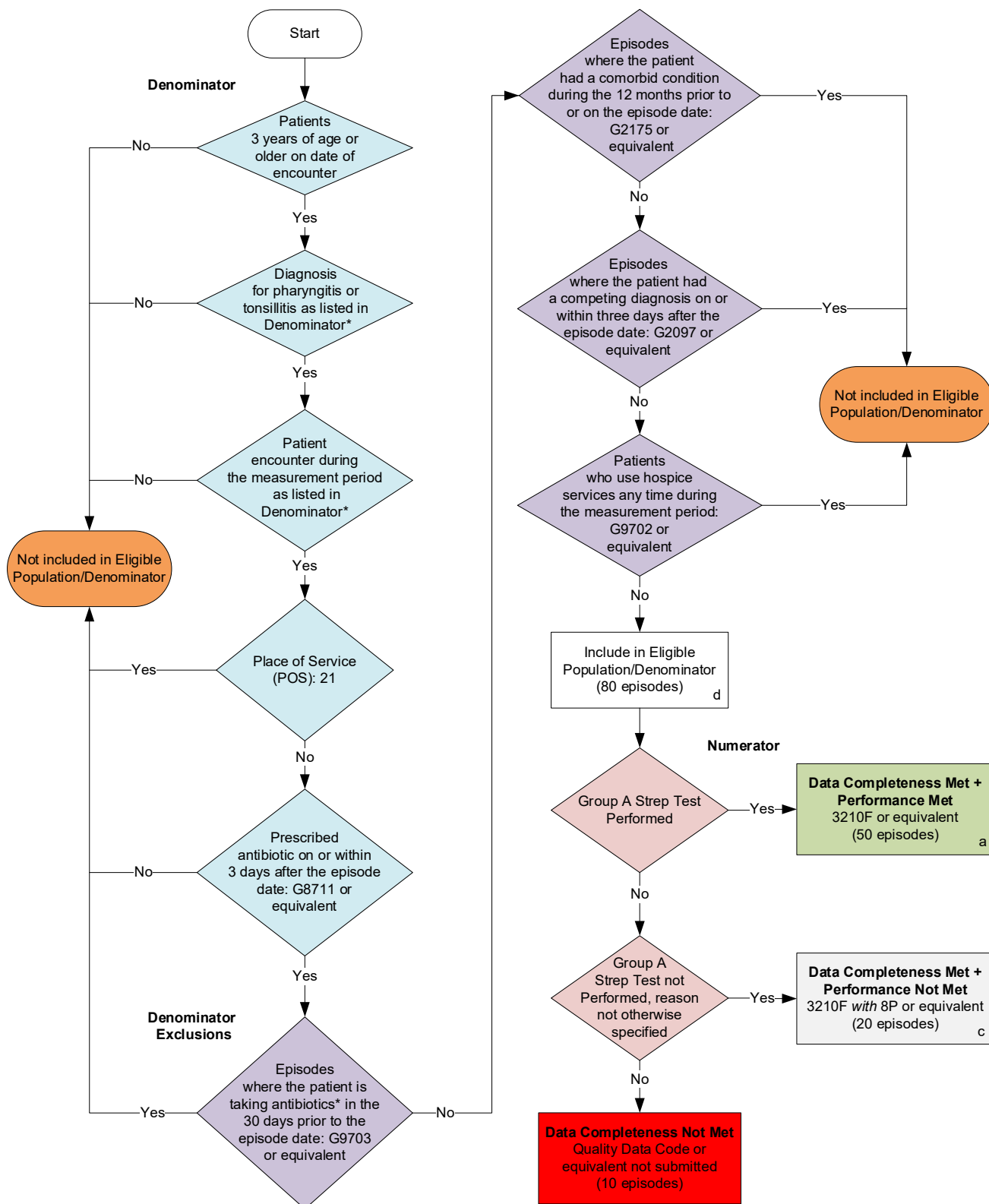
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2024 Clinical Quality Measure Flow for Quality ID #66: Appropriate Testing for Pharyngitis

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=50 episodes) + Performance Not Met (c=20 episodes)}}{\text{Eligible Population / Denominator (d=80 episodes)}} = \frac{70 \text{ episodes}}{80 \text{ episodes}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=50 episodes)}}{\text{Data Completeness Numerator (70 episodes)}} = \frac{50 \text{ episodes}}{70 \text{ episodes}} = 71.43\%$$

* See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Episode

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2024 Clinical Quality Measure Flow Narrative for Quality ID #66: Appropriate Testing for Pharyngitis

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Patients 3 years of age or older on date of encounter*:
 - a. If *Patients 3 years of age or older on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients 3 years of age or older on date of encounter* equals Yes, proceed to check *Diagnosis for pharyngitis or tonsillitis as listed in Denominator**.
3. Check *Diagnosis for pharyngitis or tonsillitis as listed in Denominator**:
 - a. If *Diagnosis for pharyngitis or tonsillitis as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for pharyngitis or tonsillitis as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.
4. Check *Patient encounter during the performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Place of Service (POS)*.
5. Check *Place of Service (POS)*:
 - a. If *Place of Service (POS)* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Place of Service (POS)* equals No, proceed to check *Prescribed antibiotic on or within 3 days after the episode date*.
6. Check *Prescribed antibiotic on or within 3 days after the episode date*:
 - a. If *Prescribed antibiotic on or within 3 days after the episode date* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - If *Prescribed antibiotic on or within 3 days after the episode date* equals Yes, proceed to check *Episodes where the patient is taking antibiotics* in the 30 days prior to episode date*.
7. Check *Episodes where the patient is taking antibiotics* in the 30 days prior to episode date*:
 - a. If *Episodes where the patient is taking antibiotics* in the 30 days prior to episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Episodes where the patient is taking antibiotics* in the 30 days prior to episode date* equals No, proceed to check *Episodes where the patient had a comorbid condition during the 12 months prior to or on episode date*.

8. Check *Episodes where the patient had a comorbid condition during the 12 months prior to or on episode date*:
 - a. If *Episodes where the patient had a comorbid condition during the 12 months prior to or on episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Episodes where the patient had a comorbid condition during the 12 months prior to or on episode date* equals No, proceed to check *Episodes where the patient had a competing diagnosis on or within three days after the episode date*.
9. Check *Episodes where the patient had a competing diagnosis on or within three days after the episode date*.
 - a. If *Episodes where the patient had a competing diagnosis on or within three days after the episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Episodes where the patient had a competing diagnosis on or within three days after the episode date* equals No, proceed to check *Patients who use hospice services any time during the measurement period*.
10. Check *Patients who use hospice services any time during the measurement period*:
 - a. If *Patients who use hospice services any time during the measurement period* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients who use hospice services any time during the measurement period* equals No, include in *Eligible Population/Denominator*.
11. Denominator Population:
 - Denominator Population is all Eligible Episodes in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 episodes in the Sample Calculation.
12. Start Numerator
13. Check *Group A Strep Test Performed*:
 - a. If *Group A Strep Test Performed* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 episodes in the Sample Calculation.
 - b. If *Group A Strep Test Performed* equals No, proceed to check *Group A Strep Test not Performed, reason not otherwise specified*.
14. Check *Group A Strep Test not Performed, reason not otherwise specified*:
 - a. If *Group A Strep Test not Performed, reason not otherwise specified* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 episodes in the Sample Calculation.

- b. If *Group A Strep Test not Performed, reason not otherwise specified* equals No, proceed to check *Data Completeness Not Met*.

15. *Check Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 episodes have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 50 episodes) plus Performance Not Met (c equals 20 episodes) divided by Eligible Population/Denominator (d equals 80 episodes). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 50 episodes) divided by Data Completeness Numerator (70 episodes). All equals 50 episodes divided by 70 episodes. All equals 71.43 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Episode

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