

Antibiotic Treatment for Adults with Acute Bronchitis: Avoidance of Inappropriate Use

This measure is to be reported at **each visit** of acute bronchitis during the reporting period for all patients aged 18 through 64 years.

Measure description

Percentage of adults aged 18 through 64 years with a diagnosis of acute bronchitis who were not prescribed or dispensed an antibiotic prescription on or within 3 days of the initial date of service

What will you need to report for each visit for patients with acute bronchitis for this measure?

If you select this measure for reporting, you will report:

- Whether or not you prescribed or dispensed an antibiotic on or within 3 days of the initial date of service¹

The antibiotics listed below are considered antibiotic for the purposes of this measure.

- **5-aminosalicylates** — sulfasalazine
- **Aminoglycosides** — amikacin, gentamicin, kanamycin, neomycin, tobramycin
- **Aminopenicillins** — amoxicillin, ampicillin
- **Antipseudomonal penicillins** — piperacillin, ticarcillin
- **Beta-lactamase inhibitors** — amoxicillin-clavulanate, ampicillin-sulbactam, piperacillin-tazobactam, ticarcillin-clavulanate
- **First generation cephalosporins** — cefadroxil, cefazolin, cephalexin, cephadrine
- **Fourth generation cephalosporins** — cefepime
- **Ketolides** — telithromycin
- **Lincomycin derivatives** — clindamycin, lincomycin
- **Macrolides** — azithromycin, clarithromycin, erythromycin, erythromycin ethylsuccinate, erythromycin lactobionate, erythromycin stearate
- **Miscellaneous antibiotics** — aztreonam, chloramphenicol, dalbopristin-quinupristin, daptomycin, erythromycin-sulfisoxazole, linezolid, metronidazole, vancomycin
- **Sulfamethoxazole-trimethoprim DS** — sulfamethoxazole-trimethoprim

- **Natural penicillins** — penicillin G benzathine-procaine, penicillin G potassium, penicillin G procaine, penicillin G sodium, penicillin V potassium
- **Penicillinase resistant penicillins** — dicloxacillin, nafcillin, oxacillin
- **Quinolones** — ciprofloxacin, gatifloxacin, gemifloxacin, levofloxacin, lomefloxacin, moxifloxacin, Norfloxacin, ofloxacin, parfloxacin
- **Rifamycin derivatives** — rifampin
- **Second generation cephalosporin** — cefaclor, cefotetan, cefoxitin, cefprozil, cefuroxime, loracarbef
- **Sulfonamides** — sulfadiazine, sulfamethoxazole-trimethoprim, sulfisoxazole
- **Tetracyclines** — doxycycline, minocycline, tetracycline
- **Third generation cephalosporins** — cefdinir, cefditoren, cefixime, cefotaxime, cefpodoxime, ceftazidime, ceftibuten, ceftizoxime, ceftriaxone
- **Urinary anti-infectives** — fosfomycin, nitrofurantoin, nitrofurantoin macrocrystals, nitrofurantoin macrocrystals-monohydrate, trimethoprim

What if this process or outcome of care is not appropriate for your patient?

There may be times when it is appropriate to prescribe or dispense an antibiotic, due to:

- Medical reasons (eg, antibiotic is indicated)

In these cases, you will need to indicate that the medical reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report a code with a modifier that represents these valid reasons.

¹This is an overuse measure. For performance, the measure will be calculated as the number of patients for whom antibiotics were neither prescribed nor dispensed over the number of patients in the denominator (patients aged 18 through 64 years of age with acute bronchitis).