

Special Bulletin

For professional providers

August 6, 2025

HEDIS: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

Antibiotic treatment is not recommended for acute bronchitis in adults who are otherwise healthy, according to Centers for Disease Control and Prevention (CDC) guidelines, because overuse can lead to antibiotic resistance.¹ Acute bronchitis usually gets better on its own, so ensuring appropriate use of antibiotics for patients with the condition will help them avoid potentially harmful side effects and possible resistance.^{2, 3} The Healthcare Effectiveness Data and Information Set (HEDIS®) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) measure helps achieve this goal.

Overview of the AAB Measure

Description: Assess the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event between July 1 of the prior measurement year and June 30 of the current measurement year. *(Reported as an inverse measure; this means a higher rate indicates more appropriate treatment – not prescribing an antibiotic).*

To qualify, the member must meet the following guidelines:

1) Episode date

- a) The date of service for any outpatient, telephone, or emergency department visit, e-visit or virtual check-in during the intake period with a diagnosis of acute bronchitis/bronchiolitis.
 - **CPT Codes for Outpatient Service:** 98966-98968, 98970-98972, 98980, 98981, 99202-99205, 99211-99215, 99242-99245, 99281-99285, 99341, 99342, 99344, 99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99421-99423, 99429, 99441-99443, 99455-99458, 99483
 - **ICD-10 Codes for Acute Bronchitis:** J20.3-J20.9, J21.0, J21.1, J21.8, J21.9

2) Negative medication history

- a) A period of 30 days prior to the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
- b) No prescriptions were dispensed more than 30 days prior to the episode date and are active on the episode date.

AAB Antibiotic Medications

Description	Prescription	
Aminoglycosides	<ul style="list-style-type: none"> Amikacin Gentamicin 	<ul style="list-style-type: none"> Streptomycin Tobramycin
Aminopenicillins	<ul style="list-style-type: none"> Amoxicillin Ampicillin 	
Beta-lactamase inhibitors	<ul style="list-style-type: none"> Amoxicillin-clavulanate Ampicillin-sulbactam Piperacillin-tazobactam 	
First-generation cephalosporins	<ul style="list-style-type: none"> Cefadroxil Cefazolin Cephalexin 	
Fourth-generation cephalosporins	<ul style="list-style-type: none"> Cefepime 	
Lincomycin derivatives	<ul style="list-style-type: none"> Clindamycin Lincomycin 	
Macrolides	<ul style="list-style-type: none"> Azithromycin Clarithromycin Erythromycin 	
Miscellaneous antibiotics	<ul style="list-style-type: none"> Aztreonam Chloramphenicol Dalfopristin-quinupristin Daptomycin 	<ul style="list-style-type: none"> Linezolid Metronidazole Vancomycin
Natural penicillins	<ul style="list-style-type: none"> Penicillin G benzathine Penicillin G benzathine-procaine Penicillin G procaine 	<ul style="list-style-type: none"> Penicillin G sodium Penicillin G potassium Penicillin V potassium
Penicillinase resistant penicillins	<ul style="list-style-type: none"> Dicloxacillin Nafcillin Oxacillin 	
Quinolones	<ul style="list-style-type: none"> Ciprofloxacin Gemifloxacin Levofloxacin 	<ul style="list-style-type: none"> Moxifloxacin Ofloxacin
Rifamycin derivatives	<ul style="list-style-type: none"> Rifampin 	
Second-generation cephalosporin	<ul style="list-style-type: none"> Cefaclor Cefotetan Cefoxitin 	<ul style="list-style-type: none"> Cefprozil Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> Sulfadiazine Sulfamethoxazole-trimethoprim 	

Tetracyclines	<ul style="list-style-type: none"> • Doxycycline • Minocycline • Tetracycline 	
Third-generation cephalosporins	<ul style="list-style-type: none"> • Cefdinir • Cefixime • Cefotaxime 	<ul style="list-style-type: none"> • Cefpodoxime • Ceftazidime • Ceftriaxone
Urinary anti-infectives	<ul style="list-style-type: none"> • Fosfomycin • Nitrofurantoin 	<ul style="list-style-type: none"> • Nitrofurantoin macrocrystals-monohydrate • Trimethoprim

3) Negative comorbid condition history

- a) A period of 365 days prior to and including the episode date when the member had no claims/encounters with any diagnosis for a comorbid condition (366 days total).

Common Comorbid Conditions in Respiratory Patients

Category	ICD-10 Codes	Description
Chronic Bronchitis	J41.0, J41.1, J41.8	Simple and mucopurulent chronic bronchitis
Emphysema	J43.0-J43.2, J43.9	Panlobular emphysema, centrilobular emphysema, unspecified emphysema
Chronic Obstructive Pulmonary Disease (COPD)	J44.0, J44.1, J44.9	COPD with acute lower respiratory infection, COPD with exacerbation, COPD, unspecified

4) Negative competing diagnosis

- a) The episode date and 3 days following the episode date when the member had no claims/encounters with any competing diagnosis.

Common ICD-10 Codes for Competing Diagnoses

Category	ICD-10 Codes	Description
Bacterial Intestinal Infections	A00.0, A00.1, A00.9, A01.00-A01.4, A02.0-A02.9, A03.0-A03.9	Cholera, Typhoid and Paratyphoid fever, Other Salmonella infections, Shigellosis
Viral Intestinal Infections	A08.0, A08.11, A08.19, A08.2, A08.31, A08.32, A08.39, A08.4, A08.8, A09	Rotaviral enteritis, Norwalk virus, Adenoviral enteritis, Calicivirus, Viral gastroenteritis
Sexually Transmitted Infections	A50.01-A50.9, A51.0-A51.9, A52.00-A52.9, A53.0-A53.9, A54.00-A54.9, A55-A57, A59.00-A59.9	Congenital syphilis, Early/Late syphilis, Other and unspecified syphilis, Gonococcal infections, Chlamydial infections, Trichomoniasis
Acute Upper Respiratory Infections	J01.00-J01.91, J04.10, J04.11, J04.2, J05.0, J05.10, J05.11, J35.01-J35.9	Acute sinusitis, Acute tracheitis, Acute laryngitis and tracheitis, Acute obstructive laryngitis (croup) and epiglottitis, Chronic diseases of tonsils and adenoids

Best Practice and Measure Tips to improve performance for AAB

- Avoid prescribing an antibiotic unless there is a bacterial etiology.
- When antibiotics are needed for a patient with acute bronchitis/bronchiolitis with comorbid conditions, submit codes on the same claim to remove the member from the measure.
- An episode will not count toward the measure denominator if the member was diagnosed with pharyngitis or a competing diagnosis, if the visit resulted in an inpatient stay on or three days after the episode date.
- This measure is based on episodes; members may have multiple episodes.
- Telehealth visits are allowed for this measure.

References

¹[Outpatient Clinical Care for Adults | CDC](#)

²[Chest Cold \(Acute Bronchitis\) Basics | CDC](#)

³[Preventing and Treating Bronchitis | CDC](#)

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