

Appropriate Antibiotic Use

Now that cold and flu season has begun, you may be pressured by your patients to prescribe an antibiotic.

To ensure the continued effectiveness of antibiotics that save lives from bacterial infections, clinicians must prescribe antibiotics appropriately. According to the Centers for Disease Control and Prevention (CDC), antibiotic resistance is one of the world's most pressing public health problems.

AmeriHealth Caritas District of Columbia (DC) encourages all providers to follow the CDC's recommendations for preventing the spread of antibiotic resistance by:

- Prescribing antibiotic therapy only when it is likely to benefit the patient
- Encouraging each patient to use the antibiotic in the appropriate dose and for the appropriate duration
- Using an agent targeting likely pathogens

Alternatives to antibiotics

AmeriHealth Caritas DC covers some over-the-counter (OTC) cough and cold products with a prescription. You may be able to provide patients with a prescription for symptomatic treatment while reserving antibiotics for cases where there is more evidence to support their use. Covered OTC products include:

- Guaifenesin, 100 mg/5 ml (generic Robitussin®)
- Infants' ibuprofen, 50 mg/1.25 ml
- Pseudoephedrine-guaifenesin extended release (ER), 60 mg – 600 mg ER tablet (generic Mucinex® D)
- Loratadine, 5 mg/5 ml – 10 mg/5 ml (generic Claritin®)
- Guaifenesin-dextromethorphan-phenylephrine, 5 mg/5 ml, 10 mg/5 ml, or 100 mg/5 ml (generic Robitussin CF)
- Cetirizine, 5 mg and 10 mg (generic Zyrtec®)
- Cetirizine-D, 12 hour
- Guaifenesin-dextromethorphan, 10 mg/5 ml – 100 mg/5 ml (generic Robitussin DM)
- Loratadine-D, 24 hour (generic Claritin-D®)
- Pseudoephedrine, 60 mg tablets
- Children's acetaminophen, 160 mg/5 ml (generic Tylenol®)
- Guaifenesin-phenylephrine, 5 mg/5 ml – 100 mg/5 ml (Despec)
- Infants' acetaminophen drops, 80 mg/0.8 ml
- Children's ibuprofen, 100 mg/5 ml (generic Motrin®)

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Improving HEDIS® scores

Please consider the following Healthcare Effectiveness Data and Information Set (HEDIS) measures when treating these common winter afflictions.

Pharyngitis in children (2 – 18 years of age)

- The vast majority of pharyngitis is viral
- Clinical signs and symptoms do not always point to a viral or bacterial cause
- Quick strep tests are billable in addition to evaluation and management coding
- Wait to see if strep culture or quick strep test is positive before treating with antibiotics
- Penicillin is still the drug of choice in group A strep, or erythromycin if the patient has a penicillin allergy

Upper respiratory infection (URI) in children (3 months to 18 years of age)

- Clinicians know URIs are viral, but patients often pressure for a prescription
- Antibiotics should be reserved for bacterial infections to reduce emerging bacterial antibiotic resistance

Acute bronchitis in adults (18 – 64 years of age)

- Just like pharyngitis and URIs, acute bronchitis is mostly caused by viruses
- Patients can have respiratory symptoms including cough with or without sputum for three weeks
- Purulent sputum is not always indicative of bacterial infection
- Consider chest X-ray if pulse is greater than 100 beats per minute, respiratory rate is greater than 24 breaths per minute, temperature is higher than 100.4 degrees, or patient has a lung exam suggestive of pneumonia
- Antibiotics are not needed if there is no evidence of pneumonia
- Avoid antibiotics, but treat symptomatically

See the table for guidance on acceptable HEDIS codes.

	CPT	ICD-10
Pharyngitis		J02.8 – J02.9
Tonsillitis		J03.80 – J03.81, J03.90 – J03.91
Streptococcal sore throat		J02.0, J03.00 – J03.01
Upper respiratory infection		J00, J06.0, J06.9
Acute bronchitis		J20.3 – J20.9
Strep test	87070 – 87071, 87081, 87430, 87650 – 87652	
Rapid strep test	87880	