HEDIS® Tip Sheet

Effectiveness of Care Measure

Appropriate Testing for Pharyngitis (CWP)

Increase your HEDIS[1] rates. This tip sheet outlines key details of the Appropriate Testing for Pharyngitis (CWP) measure, its codes and documentation guidelines.

Measure[1]

The percentage of episodes for patients ages 3 years and older where the patient was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A Streptococcus (strep) test for the episode.

A higher rate indicates completion of the appropriate testing required to merit antibiotic treatment for pharyngitis.

Eligible patients[1]

Ages	Patients who were 3 years or older as of the episode date.
Intake period	A 12-month window that begins on July 1st of the year prior to the measurement year and ends on June 30th of the measurement year. The intake period captures eligible episodes of treatment.
Episode date	The date of service for any outpatient, telephone, observation or emergency department (ED) visit, e-visit or virtual check-in (during the HEDIS measurement period) with a diagnosis of pharyngitis.
Product lines	Commercial, Medicaid, Medicare

Pharyngitis codes

Diagnosis	ICD-10 Codes
Pharyngitis	J02.0, J02.8, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91

(continued)

Best practices

- Discourage the use of antibiotics for routine treatment of sore throat, unless clinically indicated.
- Educate patients on comfort measures without antibiotics (e.g., extra fluids and rest). The CDC has a 'Symptom Relief Prescription Pad' that can be used for this purpose. It can be downloaded at bit.ly/symptom-relief-viral-illnesses or use the QR code on the right.
- If you are treating a patient for another condition or illness, document the other diagnosis code on the claim.

Symptom relief for viral illnesses

- If prescribing an antibiotic for a bacterial infection, use the diagnosis code for the bacterial infection and/or comorbid condition.
- Clinical guidelines recommend a strep test when the only diagnosis is pharyngitis.
- Strep tests can be either a rapid strep test or a lab test.
- Strep testing must be done in conjunction with dispensing of antibiotics for pharyngitis.
- If a patient is requesting antibiotics for a cold and sore throat, educate the patient on the difference between bacterial and viral infections.
    - Introduce the concept of antibiotic resistance. Antibiotic resistance is one of the most urgent threats to the public's health. Antimicrobial resistance does not mean the body is becoming resistant to antibiotics; it means bacteria that live in and on our bodies develop the ability to defeat the antibiotics designed to kill them. When bacteria become resistant, antibiotics cannot fight them, and the bacteria multiply.[2] Emphasize that it is important to use the right antibiotic for the right condition and take them as prescribed.
- If a patient tries to insist on an antibiotic, form a plan with the patient, such as watchful waiting or delayed prescribing. Encourage the patient to call or return to the office if new symptoms occur, or if condition has not improved in the time you recommend.
- Use resources available for providers and patients to learn other strategies for effective antibiotic stewardship:
    - Robert Wood Johnson Foundation – Practice for real-life conversations with patients about antibiotics using virtual simulations at www.conversationsforhealth.com/antibiotics.
    - Centers for Disease Control and Prevention (CDC) Be Antibiotics Aware Partner Toolkit at https://www.cdc.gov/antibiotic-use/week/toolkit.html.

Conversations for health

Antibiotics partner toolkit

[1] NCQA's HEDIS Measurement Year 2023 Volume 2: Technical Specifications for Health Plans, Washington, D.C., 2022.
[2] Be Antibiotics Aware Partner Toolkit, Centers for Disease Control and Prevention, 'Messages about Antimicrobial Resistance' https://www.cdc.gov/antibiotic-use/week/toolkit.html.

(continued)

Exclusions

For patient visits where the following events are in evidence, the patient would be excluded from the measure. HEDIS exclusions to the CWP measure are listed below.

- Patients who had a claim/encounter with any competing diagnosis from the episode date through 3 days after the episode date.
- A negative comorbid condition history. The following criteria must be met:
  - A period of 12 months prior to and including the episode date when the patient had no claims/encounters with any diagnosis for a comorbid condition.
  - The diagnoses for comorbidity include:

HIV	HIV Type 2
Malignant neoplasms	Other malignant neoplasm of skin
Emphysema	Chronic Obstructive Pulmonary Disease (COPD)
Comorbid conditions	Disorders of the immune system

- A visit or observation (outpatient, telephone, virtual or e-visit, observation visit, or emergency department), with a diagnosis of pharyngitis that resulted in an inpatient stay.
- Patients in hospice or using hospice services any time during the measurement year.
- Patients who died any time during the measurement year.
- A negative medication history. The following criteria must be met:
- A period of 30 days prior to the episode date, when the patient had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug.
- No prescriptions were dispensed to the patient more than 30 days prior to the episode date and are active on the episode date.
- The CWP exclusions, comorbidities and competing diagnoses are too numerous to list. Please visit the NIH National Library of Medicine Value Set Authority Center at https://vsac.nlm.nih.gov/welcome for a complete list.

Codes

Codes for acute bronchitis, upper respiratory infection and selected competing diagnoses are listed below for quick reference.

Diagnosis	ICD-10 Codes
Acute bronchitis	J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9
Otitis media	H66, H67
Upper respiratory infection	J00, J06.0, J06.9
Acute sinusitis	J01.80, J01.90
Chronic sinusitis	J32
Streptococcal tonsillitis	J03.00, J03.01, J03.80
Acute tonsillitis	J03.81, J03.90, J03.91
Bacterial pneumonia	J13, J14, J15.211, J15.212, J15.3, J15.4, J15.7, J15.9, J16.0, J16.8, J18.0, J18.1, J18.8, J18.9

(continued)

CWP antibiotic medications[1]

Diagnosis	Prescription
Aminopenicillins	• Amoxicillin • Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate
First generation cephalosporins	• Cefadroxil • Cefazolin • Cephalexin
Folate antagonist	• Trimethoprim
Lincomycin derivatives	• Clindamycin
Macrolides	• Azithromycin • Clarithromycin • Erythromycin
Natural penicillins	• Penicillin G benzathine • Penicillin G potassium • Penicillin G sodium • Penicillin V potassium
Quinolones	• Ciprofloxacin • Levofloxacin • Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil • Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim
Tetracyclines	• Doxycycline • Minocycline • Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime • Ceftriaxone