Quality ID #065 (CBE 0069): Appropriate Treatment for Upper Respiratory Infection (URI)

2026 COLLECTION TYPE:
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:
Process – High Priority

DESCRIPTION:
Percentage of episodes for patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic order.

INSTRUCTIONS:

Reporting Frequency:
This measure is to be submitted once for each occurrence for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients with a diagnosis of upper respiratory infection (URI). Claims data will be analyzed to determine unique occurrences. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:
This measure contains one strata defined by a single submission criteria.
This measure produces a single performance rate.

Implementation Considerations:
For the purposes of MIPS implementation, this episode measure is submitted once for each occurrence of a particular illness or condition during the performance period.

Telehealth:
TELEHEALTH ELIGIBLE: This measure is appropriate for and applicable to the telehealth setting. Patient encounters conducted via telehealth using encounter code(s) found in the denominator encounter criteria are allowed for this measure. Therefore, if the patient meets all denominator criteria for a telehealth encounter, it would be appropriate to include them in the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission Type:
The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:
Outpatient visits, telephone visits, online assessments (i.e., e-visit or virtual check-in), observation stays or emergency

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department visits with a diagnosis of upper respiratory infection (URI) from January 1 to December 28 for patients 3 months of age and older.

Denominator Instructions:
This is an episode of care measure that examines all eligible episodes for the patient. If the patient has more than one episode in a 31-day period, include only the first episode.
An episode is defined as each eligible encounter for patients aged 3 months of age and older with a diagnosis of upper respiratory infection during the measurement period of January 1 to December 28.

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 aged 3 months of age and older on date of encounter
AND
Diagnosis for URI (ICD-10-CM): J00, J06.0, J06.9
AND
Patient encounter during the measurement period (CPT or HCPCS): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968,98979, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99381*, 99382*, 99383*, 99384*, 99385*, 99386*, 99387*, 99391*, 99392*, 99393*, 99394*, 99395*, 99396*, 99397*, 99401*, 99402*, 99403*, 99404*, 99411*, 99412*, 99421, 99422, 99423, , 99455, 99456, 99457, 99470, 98980, G2250, G2251, G2252
WITHOUT
Place of Service (POS): 21
AND NOT
DENOMINATOR EXCLUSIONS:
URI 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): G2173
OR
URI episodes where the patient is taking antibiotics (Table 1) in the 30 days prior to the episode date: G2174
OR
URI episodes when the patient had competing diagnoses on or three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/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, and acne): G8709
OR
Patients who use hospice services any time during the measurement period: G9700

Reference Coding/Medication:
Table 1 - Denominator Exclusion for Taking Antibiotics [G2174] is defined by the following antibiotic medications only:
Note: This list should be used when assessing antibiotic prescriptions for the denominator exclusion and numerator components.

Description	Prescription	
Aminoglycosides	• Amikacin • Gentamicin	• Streptomycin • Tobramycin

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Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate • Ampicillin-sulbactam • Piperacillin-tazobactam	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Fourth-generation cephalosporins	• Cefepime	
Lincomycin derivatives	• Clindamycin	• Lincomycin
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	
Miscellaneous antibiotics	• Aztreonam • Chloramphenicol • Dalfopristin-quinupristin	• Daptomycin • Linezolid • Metronidazole • Vancomycin
Natural penicillins	• Penicillin G potassium • Penicillin G sodium • Penicillin G benzathine	• Penicillin V potassium • Penicillin G benzathine procaine • Penicillin G procaine
Penicillinase-resistant penicillins	• Dicloxacillin • Nafcillin	• Oxacillin
Quinolones	• Ciprofloxacin • Gemifloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Rifamycin derivatives	• Rifampin	
Second generation cephalosporins	• Cefaclor • Cefotetan • Cefoxitin	• Cefprozil • Cefuroxime
Sulfonamides	• Sulfadiazine • Sulfamethoxazole-trimethoprim	
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefotaxime • Cefpodoxime	• Ceftazidime • Ceftriaxone
Urinary anti-infectives	• Fosfomycin • Nitrofurantoin	• Nitrofurantoin macrocrystals-monohydrate • Trimethoprim

NUMERATOR:
URI episodes without a prescription for antibiotic medication (Table 1) on or within 3 days after the outpatient visit, telephone visit, online assessment, observation stay or emergency department visit for an upper respiratory infection

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Numerator Instructions:
For performance, the measure will be calculated as the number of patient's encounter(s) where antibiotics from Table 1 were not prescribed on or within three days of the episode for URI over the total number of encounters in the denominator. A higher score indicates appropriate treatment of patients with URI (e.g., the proportion for whom antibiotics were not prescribed following the episode). Delayed prescriptions (where an antibiotic was prescribed and patient was instructed to delay taking the antibiotic) are considered "Performance Not Met".

Numerator Options:

Performance Met: Patient not prescribed antibiotic (G8708)

OR

Performance Not Met: Patient prescribed antibiotic (G8710)

RATIONALE:
Most upper respiratory infections (URI), also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often, antibiotics are prescribed inappropriately, which can lead to antibiotic resistance (when antibiotics can no longer cure bacterial infections). In the United States, at least 2.8 million antibiotic-resistant illnesses and 35,000 deaths occur each year (CDC, 2020).

CLINICAL RECOMMENDATION STATEMENTS:
American Family Physician (Fashner, Ericson, and Werner, 2012)
- Antibiotics should not be used for the treatment of cold symptoms in children or adults. (A)
- Nonsteroidal anti-inflammatory drugs reduce pain secondary to upper respiratory tract infection in adults. (A)
- Decongestants, antihistamine/decongestant combinations, and intranasal ipratropium (Atrovent) may improve cold symptoms in adults. (B)

Institute for Clinical Systems Improvement (Short, et al., 2017)
-The ICSI work group does not recommend antibiotics for treatment of common cold symptoms in children and adults.

REFERENCES:
Centers for Disease Control and Prevention. (2020). Be Antibiotics Aware: Smart Use, Best Care. Retrieved from https://www.cdc.gov/patientsafety/features/be-antibiotics-aware.html

Fashner, J.; Ericson, K.; & Werner, S. (2012). Treatment of the common cold in children and adults. *American Family Physician 86*(2), 153-159.

Short, S.; Bashir, H.; Marshall, P.; et al. (2017). *Health care guideline: diagnosis and treatment of respiratory illness in children and adults*. Institute for Clinical Systems Improvement (ICSI). https://catalog.nlm.nih.gov/permalink/01NLM_INST/a7hdtr/alma9915593603406676

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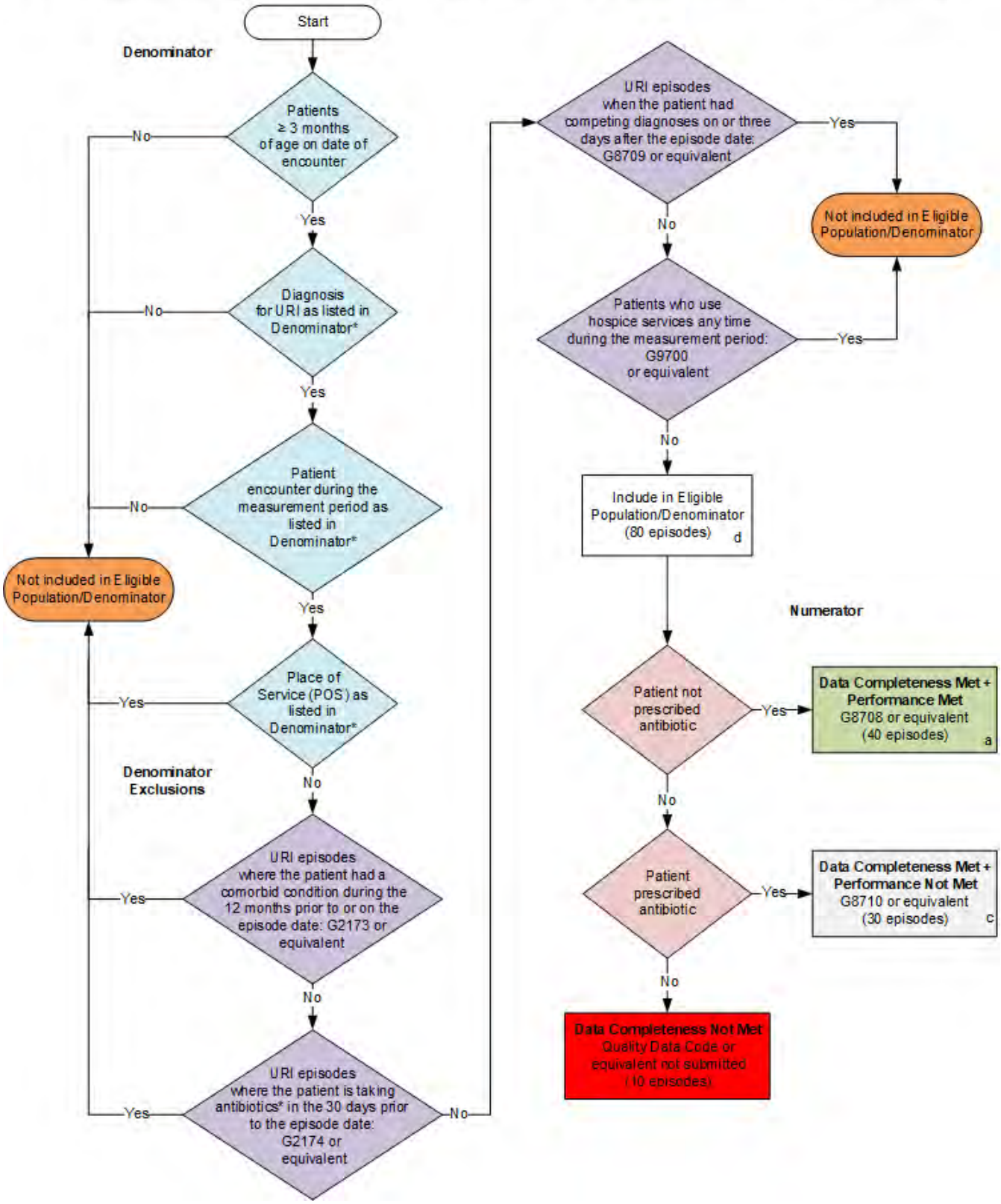
2026 Clinical Quality Measure Flow for Quality ID #065 (CBE 0069): Appropriate Treatment for Upper Respiratory Infection (URI)

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



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SAMPLE CALCULATIONS

Data Completeness=

Performance Met (a=40 episodes) + Performance Not Met (c=30 episodes) = 70 episodes = **87.50%**

Eligible Population / Denominator (d=80 episodes) = 80 episodes

Performance Rate=

Performance Met (a=40 episodes) = 40 episodes = **57.14%**

Data Completeness Numerator (70 episodes) = 70 episodes

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

NOTE : Submission Frequency: Episode

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2026 Clinical Quality Measure Flow Narrative for Quality ID #065 (CBE 0069): Appropriate Treatment for Upper Respiratory Infection (URI)

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

1. Start with Denominator
2. Check *Patients aged 3 months of age and older on date of encounter*:
    a. If *Patients aged 3 months of age and older on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patients aged 3 months of age and older on date of encounter* equals Yes, proceed to check *Diagnosis for URI as listed in Denominator**.
3. Check *Diagnosis for URI as listed in Denominator**:
    a. If *Diagnosis for URI as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Diagnosis for URI 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 measurement period as listed in Denominator**:
    a. If *Patient encounter during the measurement period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *Patient encounter during the measurement period as listed in Denominator** equals Yes, proceed to check *Place of Service (POS) as listed in Denominator**.
5. Check *Place of Service (POS) as listed in Denominator*:*
    a. If *Place of Service (POS) as listed in Denominator** equals Yes, do not include in *Eligible Population/Denominator.* Stop processing.
    b. If *Place of Service (POS) as listed in Denominator** equals No, proceed to check *URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date*.
6. Check *URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date*:
    a. If *URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date* equals No, proceed to check *URI episodes when the patient had an active prescription of antibiotics* in the 30 days prior to the episode date*.
7. Check *URI episodes where the patient is taking antibiotics* in the 30 days prior to the episode date*:
    a. If *URI episodes when the patient had an active prescription* of antibiotics in the 30 days prior to the episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
    b. If *URI episodes when the patient had an active prescription of antibiotics* in the 30 days prior to the episodes date* equals No, proceed to check *URI episodes when the patient had competing diagnoses*

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on or three days after the episode date.

8. Check *URI episodes when the patient had competing diagnoses on or three days after the episode date:*

    a. If *URI episodes when the patient had competing diagnoses on or three days after the episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *URI episodes when the patient had competing diagnoses on or three days after the episode date* equals No, proceed to check *Patients who use hospice services any time during the measurement period*.

9. 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*.

10. Denominator Population:

    a. 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.

11. Start Numerator

12. Check *Patient not prescribed antibiotic*:

    a. If *Patient not prescribed antibiotic* equals Yes, include in *Data Completeness Met and Performance Met.*

        - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 episodes in the Sample Calculation.

    b. If *Patient not prescribed antibiotic* equals No, proceed to check *Patient prescribed antibiotic.*

13. Check *Patient prescribed antibiotic*:

    a. If *Patient prescribed antibiotic* equals Yes, include in the *Data Completeness Met and Performance Not Met.*

        - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 episodes in the Sample Calculation.

    b. If *Patient prescribed antibiotic* equals No, proceed to check *Data Completeness Not Met*.

14. Check *Data Completeness Not Met*:

    a. 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 40 episodes) plus Performance Not Met (c equals 30 episodes) divided by Eligible Population/Denominator (d equals 80 episodes). All equals 70 episodes divided by 80 episodes. All

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equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 episodes) divided by Data Completeness Numerator (70 episodes). All equals 40 episodes divided by 70 episodes. All equals 57.14 percent.

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

NOTE: Submission Frequency: Episode

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