

Quality ID #116 (CBE 0058): Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

The percentage of episodes for patients ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted at 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 acute bronchitis/bronchiolitis during the performance period. 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:

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:

All patients aged 3 months or older with an outpatient visit, emergency department (ED) visit, observation visit, telephone visit, e-visit or virtual check-in with a diagnosis of acute bronchitis/bronchiolitis during the measurement period.

DENOMINATOR NOTE:

Do not include visits that result in an inpatient admission. When a visit and an inpatient stay are billed on separate claims, the visit results in an inpatient stay when the visit date of service occurs on the day prior to the admission date or any time during the admission (admission date through discharge date). A visit billed on the same claim as an inpatient stay is considered a visit that resulted in an inpatient stay.

**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 3 months of age and older on date of encounter

AND

Diagnosis for acute bronchitis/bronchiolitis (ICD-10-CM): J20.3, J20.4, J20.5, J20.6, J20.7, J20.8, J20.9, J21.0, J21.1, J21.8, J21.9

AND

Patient encounter during the performance period (CPT or HCPCS): 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, 98016, 98966, 98967, 98968, 98970, 98971, 98972, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99221, 99222, 99223, 99238, 99239, 99242*, 99243*, 99244*, 99245*, 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, 99429*, 99455, 99456, 99457, 99470, 99483, G0071, G0402, G0438, G0439, G0463*, G2010, G2250, G2251, G2252, T1015*

WITHOUT

Place of Service (POS): 21

AND NOT

DENOMINATOR EXCLUSIONS:

Outpatient, ED or Observation visits that result in an inpatient admission: G2176

OR

Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (Table 1) in the 30 days prior to the episode date: G2177

OR

Documentation of medical reason(s) for prescribing or dispensing antibiotic (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/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/UTI, acne, HIV disease/asymptomatic HIV, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis): G9712

OR

Patients who use hospice services any time during the measurement period: G9713

Reference Medication Table:

Table 1: Denominator Exclusion for a new or refill prescription of antibiotics [G2177] and Numerator Option for antibiotic prescribed or dispensed [4120F] is defined by the following antibiotic medications **only**:

Description	Prescription
Aminoglycosides	Amikacin Gentamicin

Description		Prescription	
Aminopenicillins		Amoxicillin	Ampicillin
Beta-lactamase inhibitors		Amoxicillin-clavulanate Ampicillin-sulbactam	Piperacillin-tazobactam
First-generation cephalosporins		Cefadroxil Cephalexin	Cefazolin
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 benzathine- procaine Penicillin G potassium Penicillin G procaine	Penicillin G sodium Penicillin V potassium Penicillin G benzathine
Penicillinase resistant penicillins		Dicloxacillin Nafcillin	Oxacillin
Quinolones		Ciprofloxacin Gemifloxacin	Levofloxacin Moxifloxacin Ofloxacin
Rifamycin derivatives		Rifampin	
Second generation cephalosporin		Cefaclor Cefotetan Cefoxitin	Cefprozil Cefuroxime
Sulfonamides		Sulfadiazine	Sulfamethoxazole-trimethoprim
Tetracyclines		Doxycycline Tetracycline	Minocycline
Third generation cephalosporins		Cefdinir Cefpodoxime Cefixime	Cefotaxime Ceftriaxone Ceftazidime
Urinary anti-infectives		Fosfomycin Nitrofurantoin	Nitrofurantoin macrocrystals-monohydrate Trimethoprim

NUMERATOR:

Patients who were not prescribed or dispensed antibiotics (Table 1) on or within 3 days of the initial date of service.

Numerator Instructions:

For performance, the measure will be calculated as the number of patient encounters where antibiotics were neither prescribed nor dispensed on or within 3 days of the episode for acute bronchitis/bronchiolitis over the total number of encounters in the denominator (patients aged 3 months and older with an outpatient, telephone, e-visit or virtual check-in, observation or ED visit for acute bronchitis/bronchiolitis). A higher score indicates appropriate treatment of patients with acute bronchitis/bronchiolitis (e.g., the proportion for whom antibiotics were not prescribed or dispensed on or three days after the encounter). Delayed prescriptions (where an antibiotic was prescribed and patient was instructed to delay taking the antibiotic) are considered "Performance Not Met".

<u>Numerator Options:</u>	
<i>Performance Met:</i>	Antibiotic neither prescribed nor dispensed (4124F)
OR	
<i>Performance Not Met:</i>	Antibiotic prescribed or dispensed (4120F)

RATIONALE:

Antibiotics are most often inappropriately prescribed for acute bronchitis (Gonzalez et al., 2001a). This measure assesses the percentage of episodes among members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

Antibiotics are not indicated in clinical guidelines for treating with acute bronchitis who do not have a comorbidity or other infection for which antibiotics may be appropriate (Gonzalez et al., 2001b; Gonzalez et al., 2001c). Inappropriate antibiotic treatment of patients with acute bronchitis is of clinical concern, especially since misuse and overuse of antibiotics lead to antibiotic drug resistance (Steinman et al., 2004)). Acute bronchitis consistently ranks among the 10 conditions that account for most ambulatory office visits to U.S. physicians; furthermore, while the vast majority of acute bronchitis cases (more than 90%) have a nonbacterial cause, antibiotics are inappropriately prescribed 65%–80% of the time (Gonzalez et al., 2001a; McCaig et al., 2003).

Inappropriate antibiotic use can be addressed by reminding providers of clinical guideline recommendations and providing feedback about their prescribing behaviors. In addition, use of patient education interventions can discourage seeking antibiotics for viral conditions (such as the common cold), or without confirmatory tests such as group A strep test for pharyngitis.

CLINICAL RECOMMENDATION STATEMENTS:

Clinical guidelines do not support antibiotic treatment of otherwise healthy adults with acute bronchitis/bronchiolitis due to the viral origin of acute bronchitis/bronchiolitis. Patients with chronic bronchitis, COPD or other chronic comorbidity may be treated with antibiotics and are therefore excluded from the measure denominator (Gonzales et al., 2001).

REFERENCE:

Gonzales, R.; Malone, D.C.; Maselli, J.H.; et al. (2001a). Excessive antibiotic use for acute respiratory infections in the United States. *Clinical Infectious Diseases* 33(6), 757–762. <https://doi.org/10.1086/322627>

Gonzales, R.; Bartlett, J.G.; Besser, R.E.; et al. (2001b). Principles of appropriate antibiotic use for treatment of acute respiratory tract infections in adults: background, specific aims, and methods. *Annals of Internal Medicine* 134(6), 479–486. <https://doi.org/10.7326/0003-4819-134-6-200103200-00013>

Gonzales R.; Bartlett, J.G.; Besser, R.E.; et al. (2001c). Principles of appropriate antibiotic use for treatment of nonspecific upper respiratory tract infections in adults: background. *Annals of Internal Medicine* 134(6), 490–494. <https://doi.org/10.7326/0003-4819-134-6-200103200-00015>

Steinman, M.A.; Sauaia, A.; Maselli, J.H.; et al. (2004). Office evaluation and treatment of elderly patients with acute bronchitis. *Journal of the American Geriatrics Society* 52(6), 875–879. <https://doi.org/10.1111/j.1532-5415.2004.52252.x>

McCaig, L.F.; Besser, R.E.; Hughes, J.M. (2003). Antimicrobial drug prescription in ambulatory care settings, United States, 1992–2000. *Emerging Infectious Diseases* 9(4), 432–437. <https://doi.org/10.3201/eid0904.020268>

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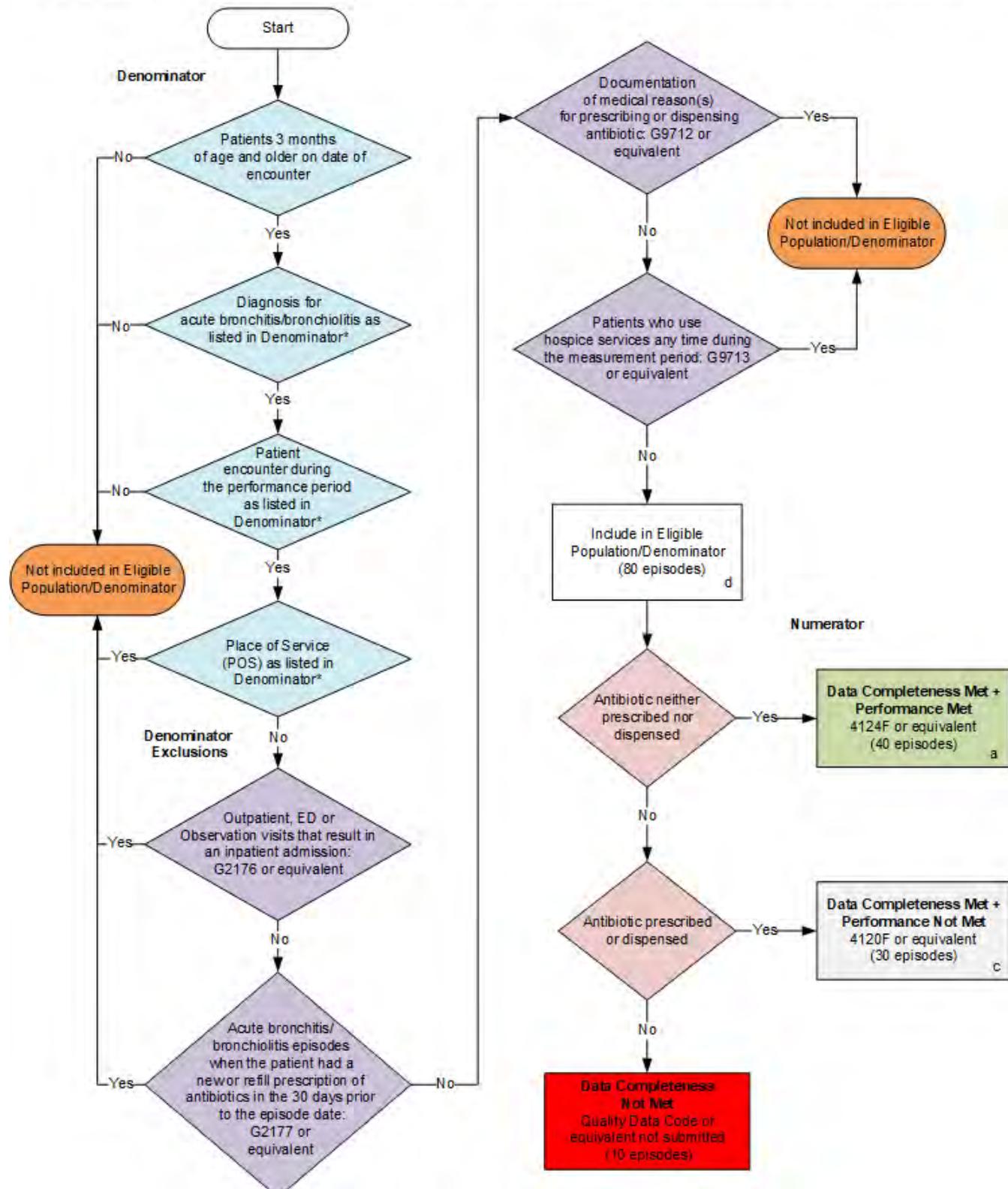
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2026 Clinical Quality Measure Flow for Quality ID #116 (CBE 0058): Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

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



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 episodes)} + \text{Performance Not Met (c=30 episodes)}}{\text{Eligible Population / Denominator (d=80 episodes)}} = \frac{70 \text{ episodes}}{80 \text{ episodes}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 episodes)}}{\text{Data Completeness Numerator (70 episodes)}} = \frac{40 \text{ episodes}}{70 \text{ episodes}} = 57.14\%$$

*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 #116 (CBE 0058):
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis**

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

1. Start with Denominator
2. Check *Patients 3 months of age and older on date of encounter*:
 - a. If *Patients 3 months of age and older on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patients 3 months of age and older on date of encounter* equals Yes, proceed to check *Diagnosis for acute bronchitis/bronchiolitis as listed in Denominator**.
3. Check *Diagnosis for acute bronchitis/bronchiolitis as listed in Denominator**:
 - a. If *Diagnosis for acute bronchitis/bronchiolitis as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for acute bronchitis/bronchiolitis 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 performance period as listed in Denominator**:
 - a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance 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 *Outpatient, ED or Observation visits that result in an inpatient admission*.
6. Check *Outpatient, ED or Observation visits that result in an inpatient admission*:
 - a. If *Outpatient, ED or Observation visits that result in an inpatient admission* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Outpatient, ED or Observation visits that result in an inpatient admission* equals No, proceed to check *Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics in the 30 days prior to the episode date*.
7. Check *Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics in the 30 days prior to the episode date*:
 - a. If *Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics in the 30 days prior to or on the episode date* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics in the 30 days prior to the episode date* equals No, proceed to check *Documentation of medical reason(s) for prescribing or dispensing antibiotic*.

8. Check *Documentation of medical reason(s) for prescribing or dispensing antibiotic*:
 - a. If *Documentation of medical reason(s) for prescribing or dispensing antibiotic* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Documentation of medical reason(s) for prescribing or dispensing antibiotic* 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:
 - 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 *Antibiotic neither prescribed nor dispensed*:
 - a. If *Antibiotic neither prescribed nor dispensed* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented as 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 *Antibiotic neither prescribed nor dispensed* equals No, proceed to check *Antibiotic prescribed or dispensed*.
13. Check *Antibiotic prescribed or dispensed*:
 - a. If *Antibiotic prescribed or dispensed* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 episodes in the Sample Calculation.
 - b. If *Antibiotic prescribed or dispensed* equals No, proceed to check *Data Completeness Not Met*.
14. Check *Data Completeness Not Met*:
 - 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 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

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.