Quality ID #464 (CBE 0657): Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use

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

<u>MEASURE TYPE:</u>
Process – High Priority

<u>DESCRIPTION:</u>
Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials.

<u>INSTRUCTIONS:</u>
Reporting Frequency:
This measure is to be submitted once for <u>each occurrence</u> of otitis media with effusion (OME) in children seen during the performance period.

Intent and Clinician Applicability:
This measure is intended to reflect the quality of services provided for patients with a diagnosis of OME. 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, each unique occurrence starts with the onset of OME symptoms and concludes with the resolution of OME or after 90 days if a resolution of OME symptoms is not documented. A new occurrence of OME cannot start until the previous occurrence during the performance period has concluded. If multiple denominator eligible encounters are documented within an identified occurrence, Merit-based Incentive Payment System (MIPS) eligible clinicians should submit the most recent encounter associated within that occurrence.

Telehealth:
TELEHEALTH ELIGIBLE: This measure <u>is appropriate for and applicable to the telehealth setting.</u> 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 2 months through 12 years with a diagnosis of OME.

> *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 2 months through 12 years on the date of the encounter
> AND
> **Diagnosis for OME on the date of the encounter (ICD-10-CM):** H65.90, H65.91, H65.92, H65.93, H65.111, H65.112, H65.113, H65.114, H65.115, H65.116, H65.117, H65.119, H65.191, H65.192, H65.193, H65.194, H65.195, H65.196, H65.197, H65.199, H65.411, H65.412, H65.413, H65.419, H65.491, H65.492, H65.493, H65.499
> AND
> **Patient encounter during the performance period (CPT):** 98002, 98003, 98006, 98007, 98010, 98011, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99242*, 99243*, 99244*, 99245*, 99381*, 99382*, 99383*, 99384*, 99391*, 99392*, 99393*, 99394*

NUMERATOR:
Patients who were not prescribed systemic antimicrobials.

> Numerator Instructions:
> For performance, the measure will be calculated as the number of patients for whom systemic antimicrobials were neither prescribed nor recommended over the number of patients in the denominator (patients aged 2 months through 12 years with a diagnosis of OME). A higher score indicates appropriate treatment of patients with OME (e.g., the proportion for whom systemic antimicrobials were not prescribed).

> Numerator Options:
> *Performance Met:*   Systemic antimicrobials not prescribed **(G9959)**
>
OR
> *Denominator Exception:*   Documentation of medical reason(s) for prescribing systemic antimicrobials **(G9960)**
>
OR
> *Performance Not Met:*   Systemic antimicrobials prescribed **(G9961)**

RATIONALE:
OME usually resolves spontaneously with indications for therapy only if the condition is persistent and clinically significant benefits can be achieved. Systemic antimicrobials have no proven long-term effectiveness and have potential adverse effects. The purpose of the corresponding guideline statement is to reduce ineffective and potentially harmful medical interventions in OME when there is no long-term benefit to be gained in the vast majority of cases. Medications have long been used to treat OME, with the dual goals of improving quality of life (QOL) and avoiding more invasive surgical interventions. Both the 1994 guidelines and the 2004 guidelines determined that the weight of evidence did not support the routine use of steroids (either oral or intranasal), antimicrobials, antihistamines, or decongestants as therapy for OME.

CLINICAL RECOMMENDATION STATEMENTS:
Clinicians should recommend against using systemic antibiotics for treating OME. Strong recommendation based on systematic review of randomized clinical trials (RCTs) and preponderance of harm over benefit [1].

Data detailing the prescription of systemic antimicrobials for OME in children is limited. However, in a small 2008 study by Patel et al., 7% of physicians in an otolaryngology practice prescribed systemic antimicrobials for pediatric patients presenting with OME [2]. In a 2014 study involving 5 focus groups of parents, most parents believed that antibiotics were needed to treat otitis media and expressed frustration with a "watchful waiting" approach [3]. In a 2013 study by Forrest et al. evaluating clinical decision support for management of OME, 78%-93% of physicians employed a "watchful waiting" strategy to manage OME [4].

REFERENCES:
Finkelstein JA, Dutta-Linn M, Meyer R, Goldman R. Childhood infections, antibiotics, and resistance: what are parents saying now? Clin Pediatr (Phila). 2014;53(2):145-150. Doi:10.1177/0009922813505902

Forrest CB, Fiks AG, Bailey LC, et al. Improving adherence to otitis media guidelines with clinical decision support and physician feedback. Pediatrics. 2013;131(4):e1071-e1081.

Patel MM, Eisenberg L, Witsell D, Schulz KA. Assessment of acute otitis externa and otitis media with effusion performance measures in otolaryngology practices. Otolaryngol Head Neck Surg. 2008;139:490-494.

Rosenfeld RM, et al. Clinical Practice Guideline: Otitis Media with Effusion (Update). Otolaryngology Head Neck Surg. 2016.

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2026 Clinical Quality Measure Flow for Quality ID #464 (CBE 0657):
Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use

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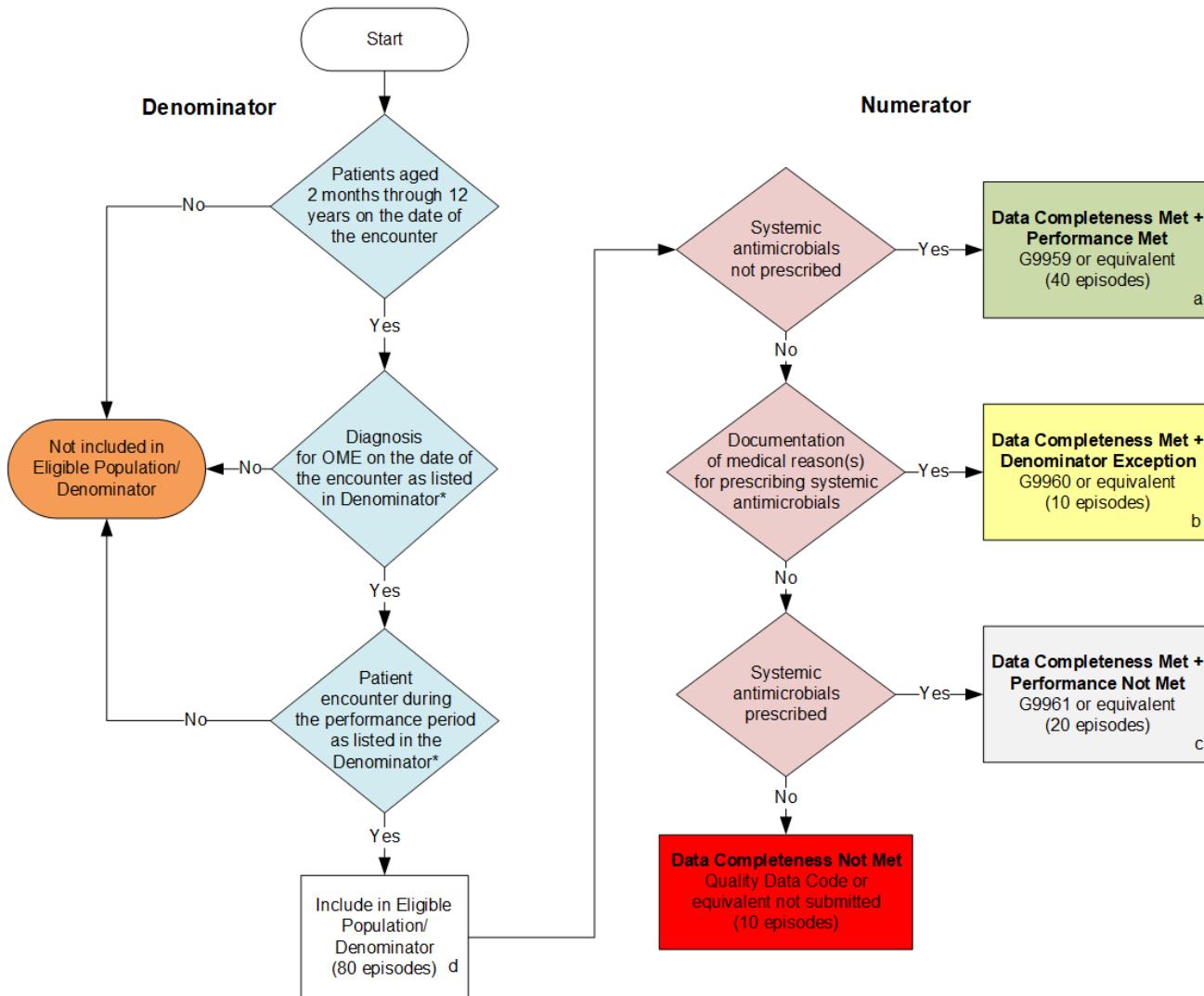
SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 episodes)} + \text{Denominator Exception (b=10 episodes)} + \text{Performance Not Met (c=20 episodes)}}{\text{Eligible Population / Denominator (d=80 episodes)}} = \frac{70 \text{ episodes}}{80 \text{ episodes}} = \textbf{87.50\%}$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 episodes)}}{\text{Data Completeness Numerator (70 episodes)} - \text{Denominator Exception (b=10 episodes)}} = \frac{40 \text{ episodes}}{60 \text{ episodes}} = \textbf{66.67\%}$$

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Episode

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

1. Start with Denominator

2. Check *Patients aged 2 months through 12 years on date of the encounter*:

    a. If *Patient aged 2 months through 12 years on date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient aged 2 months through 12 years on date of the encounter* equals Yes, proceed to check *Diagnosis for OME on the date of the encounter as listed in Denominator**.

3. Check *Diagnosis for OME on the date of the encounter as listed in Denominator**:

    a. If *Diagnosis for OME on the date of the encounter as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Diagnosis for OME on the date of the encounter as listed in Denominator** equals Yes, proceed to check *Patient encounter during the performance period as listed in the Denominator**.

4. Check *Patient encounter during the performance period as listed in the Denominator**:

    a. If *Patient encounter during the performance period as listed in the Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

    b. If *Patient encounter during the performance period as listed in the Denominator** equals Yes, include in *Eligible Population/Denominator*.

5. 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.

6. Start Numerator

7. Check *Systemic antimicrobials not prescribed*:

    a. If *Systemic antimicrobials not prescribed* 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 *Systemic antimicrobials not prescribed* equals No, proceed to check *Documentation of medical reason(s) for prescribing systemic antimicrobials*.

8. Check *Documentation of medical reason(s) for prescribing systemic antimicrobials*

    a. If *Documentation of medical reason(s) for prescribing systemic antimicrobials* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 episodes in the Sample Calculation.

    b. If *Documentation of medical reason(s) for prescribing systemic antimicrobials* equals No, proceed to check *Systemic antimicrobials prescribed.*

9. Check *Systemic antimicrobials prescribed*:

    a. If *Systemic antimicrobials prescribed* 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 20 episodes in the Sample Calculation.

    b. If *Systemic antimicrobials prescribed* equals No, proceed to check *Data Completeness Not Met.*

10. 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 Denominator Exception (b equals 10 episodes) plus Performance Not Met (c equals 20 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) minus Denominator Exception (b equals 10 episodes). All equals 40 episodes divided by 60 episodes. All equals 66.67 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 to measure specification.