
2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode

INSTRUCTIONS:
This measure is to be reported once for each occurrence of pharyngitis during the reporting period. Claims data will be analyzed to determine unique occurrences. This measure is intended to reflect the quality of services provided for the primary management of patients with pharyngitis who were dispensed an antibiotic. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:
ICD-10-CM diagnosis codes, CPT or HCPCS codes, quality-data codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:
Children 3 through 18 years of age who had an outpatient or emergency department (ED) visit with a diagnosis of pharyngitis during the measurement period and an antibiotic ordered on or three days after the visit

Denominator Instructions: To determine eligibility, look for any of the listed antibiotic drugs below in the 30 days prior to the visit with the pharyngitis diagnosis. As long as there are no prescriptions for the listed antibiotics during this time period, the patient is eligible for denominator inclusion.

Denominator Criteria (Eligible Cases):
Patients aged 3 through 18 years on date of encounter
AND
Diagnosis for pharyngitis (ICD-10-CM): J02.0, J02.9, J03.00, J03.01, J03.80, J03.81, J03.90, J03.91
AND
Patient encounter during the reporting period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99218, 99219, 99220, 99281, 99282, 99283, 99284, 99285, G0402
AND
Prescribed or dispensed antibiotic: G8711

Table 1 - Antibiotic Medications

<table>
<thead>
<tr>
<th>Description</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aminopenicillins</td>
<td>• Amoxicillin</td>
</tr>
<tr>
<td></td>
<td>• Ampicillin</td>
</tr>
<tr>
<td>Beta-lactamase inhibitors</td>
<td>• Amoxicillin-clavulanate</td>
</tr>
</tbody>
</table>
**Description** | **Prescription**
---|---
First generation cephalosporins | Cefadroxil  
| Cefazolin  
| Cephalexin
Folate antagonist | Trimethoprim
Lincomycin derivatives | Clindamycin
Macrolides | Azithromycin  
| Clarithromycin  
| Erythromycin  
| Erythromycin ethylsuccinate  
| Erythromycin lactobionate  
| Erythromycin stearate
Miscellaneous antibiotics | Erythromycin-sulfoxazole
Natural penicillins | Penicillin G potassium  
| Penicillin G sodium  
| Penicillin V potassium
Penicillinase-resistant penicillins | Dicloxacillin
Quinolones | Ciprofloxacin  
| Levofoxacin  
| Moxifloxacin  
| Ofloxacin
Second generation cephalosporins | Cefaclor  
| Cefprozil  
| Cefuroxime
Sulfonamides | Sulfamethoxazole-trimethoprim  
| Sulfisoxazole
Tetracyclines | Doxycycline  
| Minocycline  
| Tetracycline
Third generation cephalosporins | Cefdinir  
| Cefixime  
| Cefpodoxime  
| Cefditoren  
| Ceftriaxone

**NUMERATOR:**
Children with a group A streptococcus test in the 7-day period from 3 days prior through 3 days after the pharyngitis episode date

**Numerator Instructions:** For performance, the measure will be calculated as the number of patient encounters where diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode over the total number of encounters in the denominator (patients aged 3 through 18 years with an outpatient or ED visit and an antibiotic ordered on or three days after the visit). A higher score indicates appropriate treatment of children with pharyngitis (e.g., the proportion for whom antibiotics were prescribed with an accompanying step test).

**Numerator Options:**
**Performance Met:** Group A Strep Test Performed (3210F)

**OR**
**Performance Not Met:** Group A Strep Test not Performed, reason not otherwise specified (3210F with 8P)

**RATIONALE:**
Group A streptococcal bacterial infections and other infections that cause pharyngitis (which are most often viral) often produce the same signs and symptoms (IDSA 2002). The American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the Infectious Diseases Society of America all recommend a diagnostic test for Strep A to improve diagnostic accuracy and avoid unnecessary antibiotic treatment (Linder et al. 2005). A study on antibiotic treatment of children with sore throat found that although only 15 to 36 percent of children with sore throat have Strep A pharyngitis, physicians prescribed antibiotics to 53 percent of children with a chief complaint of sore throat between 1995 and 2003 (Linder et al., 2005).

**CLINICAL RECOMMENDATION STATEMENTS:**

*Institute for Clinical Systems Improvement (ICSI) (2007)*

Reduce unnecessary use of antibiotics. Antibiotic treatment should be reserved for a bacterial illness. Diagnosis of group A beta streptococcal Pharyngitis should be made by laboratory testing rather than clinically.

*Infectious Disease Society of America (Bisno et al. 2002)*

The signs and symptoms of group A streptococcal and other (most frequently viral) pharyngitides overlap broadly. Therefore, unless the physician is able with confidence to exclude the diagnosis of streptococcal pharyngitis on epidemiological and clinical grounds alone, a laboratory test should be done to determine whether group A streptococci are present in the pharynx.

With the exception of very rare infections by certain other pharyngeal bacterial pathogens (e.g., Corynebacterium diphtheriae and Neisseria gonorrhoeae), antimicrobial therapy is of no proven benefit as treatment for acute pharyngitis due to bacteria other than group A streptococci. Therefore, it is extremely important that physicians exclude the diagnosis of group A streptococcal pharyngitis to prevent inappropriate administration of antimicrobials.

*Michigan Quality Improvement Consortium (2007)*

Probability of group A beta hemolytic streptococci (GABHS): Low; Testing: None; Treatment: Symptomatic treatment only. Avoid antibiotics. Probability of GABHS: Intermediate or High; Testing: Throat Culture (TC) OR Rapid Screen; Treatment: If TC is positive, use antibiotics. If TC is negative, use symptomatic treatment only. Avoid antibiotics. If treatment is started and culture result is negative, stop antibiotics. If Rapid Screen is positive, use antibiotics. If Rapid Screen is negative, culture (Culture is optional for age 16 and over) and only use antibiotics if throat culture is positive. (Michigan, 2007)

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2016 Registry Individual Measure Flow

PQRS #66 NQF #0002: Appropriate Testing for Children with Pharyngitis

Start

Denominator

Patient Age at Date of Service
3 Years thru 18 Years

Yes

Diagnosis for Pharyngitis as Listed in
Denominator*

No

Not Included in Eligible Population/Denominator

Yes

Encounter as Listed in Denominator*
1/1/2016 thru 12/31/2016

No

Antibiotic Prescribed or Dispensed
G9711 or equivalent**

Yes

Include in Eligible Population/
Denominator (8 episodes) d

No

Numerator

Group A Streplococcus Test
Performed

Yes

Reporting Met + Performance Met
3210F or equivalent (5 episodes)
a

No

Group A Streplococcus Test
Not Performed, Reason Not Specified

Yes

Reporting Met + Performance Not Met
3210F-8P or equivalent (2 episodes)
c

No

Reporting Not Met Quality-Data Code or equivalent not reported (1 episode)

SAMPLE CALCULATIONS:

Reporting Rate=
Performance Met (a=5 episodes) + Performance Not Met (c=2 episodes) = 7 episodes = 87.50%
Eligible Population / Denominator (d=8 episodes) = 8 episodes

Performance Rate=
Performance Met (a=5 episodes) = 5 episodes = 71.43%
Reporting Numerator (7 episodes) = 7 episodes

* See the posted Measure Specification for specific coding and instructions to report this measure.
** Antibiotic prescribed or dispensed (G9711 or equivalent) has been moved to the denominator of this measure to identify the measure’s intended eligible population more accurately. This flow should be followed very carefully since the eligible population in this flow differs from the one posted in the Measure Specification.

NOTE: Reporting Frequency – Episode
2016 Registry Individual Measure Flow
PQRS #66 NQF #0002: Appropriate Testing for Children with Pharyngitis

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:
   a. If Patient Age at Date of Service is equal to 3 thru 18 Years equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If Patient Age at Date of Service is equal to 3 thru 18 Years equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Pharyngitis as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of Pharyngitis as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

5. Check Antibiotic Prescribed or Dispensed G8711 or equivalent:
   a. If Antibiotic Prescribed or Dispensed G8711 or equivalent equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Antibiotic Prescribed or Dispensed G8711 or equivalent equals Yes, include in the Eligible population.

6. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 episodes in the sample calculation.

7. Start Numerator

8. Check Group A Streptococcus Test Performed:
   a. If Group A Streptococcus Test Performed equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 5 episodes in Sample Calculation.
c. If Group A Streptococcus Test Performed equals No, proceed to Group A Streptococcus Test Not Performed, Reason Not Specified.

9. Check Group A Streptococcus Test Not Performed, Reason Not Specified:
   a. If Group A Streptococcus Test Not Performed, Reason Not Specified equals Yes, include in Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter c equals 2 episodes in the Sample Calculation.
   c. If Group A Streptococcus Test Not Performed, Reason Not Specified equals No, proceed to Reporting Not Met.

10. Check Reporting Not Met:
   a. If Reporting Not Met, the Quality Data Code or equivalent was not reported. 1 episode has been subtracted from the reporting numerator in sample calculation.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Eligible Population / Denominator (d=8 episodes) = 6 episodes</td>
<td></td>
</tr>
</tbody>
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