

**Quality ID #332: Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)**  
**National Quality Strategy Domain: Efficiency and Cost Reduction**  
**Meaningful Measure Area: Appropriate Use of Healthcare**

**2020 COLLECTION TYPE:**  
**MIPS CLINICAL QUALITY MEASURES (CQMS)**

**MEASURE TYPE:**  
Process – High Priority

**DESCRIPTION:**  
Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis

**INSTRUCTIONS:**  
This measure may be submitted based on the actions of the submitting Merit-based Incentive Payment System (MIPS) eligible clinician who performs the quality action, described in the measure, based on services provided within measure-specific denominator coding. This measure is to be submitted a minimum of **once per performance period** for patients with acute bacterial sinusitis during the performance period.

**Measure Submission Type:**  
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

**DENOMINATOR:**  
All patients aged 18 years and older with a diagnosis of acute bacterial sinusitis who are prescribed an antibiotic

**Definition:**  
**Acute Bacterial Rhinosinusitis (ABRS)** - Acute rhinosinusitis that is caused by, or is presumed to be caused by, bacterial infection. A clinician should diagnose ABRS when: (a) symptoms or signs of acute rhinosinusitis are present 10 days or more beyond the onset of upper respiratory symptoms, or (b) symptoms or signs of acute rhinosinusitis worsen within 10 days after an initial improvement (double worsening).

**Denominator Criteria (Eligible Cases):**  
Patients aged ≥ 18 years on date of encounter  
**AND**  
**Diagnosis for acute sinusitis (ICD-10-CM):** J01.00, J01.01, J01.10, J01.11, J01.20, J01.21, J01.30, J01.31, J01.40, J01.41, J01.80, J01.81, J01.90, J01.91

**AND**  
**Diagnosis for bacterial and infectious agents (ICD-10-CM):** B95, B95.0, B95.1, B95.2, B95.3, B95.4, B95.5, B95.6, B95.61, B95.62, B95.7, B95.8, B96, B96.0, B96.1, B96.2, B96.21, B96.22, B96.23, B96.29, B96.3, B96.4, B96.5, B96.6, B96.7, B96.8, B96.81, B96.82, B96.89

**OR**  
**Sinusitis caused by, or presumed to be caused by, bacterial infection:** G9364

**AND**

**Patient encounter during performance period (CPT):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

**WITHOUT**

**Telehealth Modifier:** GQ, GT, 95, POS 02

**AND**

**Antibiotic regimen prescribed:** G9498

**NUMERATOR:**

Patients who were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis

**Numerator Options:**

***Performance Met:***

Amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis (**G9315**)

**OR**

***Denominator Exception:***

Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason (**G9313**)

**OR**

***Performance Not Met:***

Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given (**G9314**)

**RATIONALE:**

The rationale for antibiotic therapy of ABRS is to eradicate bacterial infection from the sinuses, hasten resolution of symptoms, and enhance disease-specific quality of life. Antibiotic therapy should be efficacious, cost-effective, and result in minimal side effects.

The justification for amoxicillin as first-line therapy for most patients with ABRS relates to its safety, efficacy, low cost, and narrow microbiologic spectrum. Consideration to prescribing amoxicillin-clavulanate for adults with ABRS is given to those at a high risk of being infected by an organism resistant to amoxicillin. Factors that would prompt clinicians to consider prescribing amoxicillin-clavulanate instead of amoxicillin include:

- Situations in which bacterial resistance is likely (e.g. antibiotic use in the past month; close contact with treated individuals, health care providers, or a health care environment; failure of prior antibiotic therapy; breakthrough infection despite prophylaxis; close contact with a child in a daycare facility; smoker or smoker in the family; high prevalence of resistant bacteria in community)
- Presence of moderate to severe infection (e.g. moderate to severe symptoms of ABRS; protracted symptoms of ABRS; frontal or sphenoidal sinusitis, history of recurrent ABRS)
- Presence of comorbidity or extremes of life (e.g. comorbid conditions including diabetes; chronic cardiac, hepatic, or renal disease; immunocompromised patient; age greater than 65 years)

The use of high-dose amoxicillin with clavulanate is recommended for adults with ABRS who are at a high risk of being infected with an amoxicillin-resistant organism. High-dose amoxicillin is preferred over standard-dose amoxicillin primarily to cover penicillin non susceptible (PNS) *S. pneumoniae*. This risk exists in those from geographic regions with high endemic rates (>10%) of invasive PNS *S. pneumoniae*, those with severe infection (e.g., evidence of systemic toxicity with fever of 39C (102F) or higher, and threat of suppurative complications), age >65 years, recent hospitalization, antibiotic use within the past month, or those who are immunocompromised.

## **CLINICAL RECOMMENDATION STATEMENTS:**

The following evidence statements are extracted from the referenced clinical guidelines:

### AAO-HNS Sinusitis Guideline (2015)

If a decision is made to treat ABRS with an antibiotic agent, the clinician should prescribe amoxicillin with or without clavulanate as first-line therapy for most adults.

*Recommendation based on randomized controlled trials with heterogeneity and non-inferiority design with a preponderance of benefit over harm.*

The purpose of this statement is to promote prescribing of antibiotics with known efficacy and safety for ABRS and to reduce prescribing of antibiotics with potentially inferior efficacy because of more limited coverage of the usual pathogens that cause ABRS in adults. A secondary goal is to promote cost-effective antibiotic therapy for ABRS. A quality improvement opportunity addressed by this guideline key action statement is discouraging initial prescribing of antibiotics other than amoxicillin, with or without clavulanate, that may have low efficacy or have comparable efficacy but more adverse events.

### IDSA Clinical Practice Guideline for Acute Bacterial Rhinosinusitis in Children and Adults (2012)

Amoxicillin-clavulanate rather than amoxicillin alone is recommended as empiric antimicrobial therapy for ABRS in adults (weak, low).

Evidence for at least 1 critical outcome from observational studies, from RCTs with serious flaws or indirect evidence.

## **COPYRIGHT:**

The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, eg, use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measures require a license agreement between the user and the PCPI® Foundation (PCPI®); or the American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNS Foundation). Neither AAO-HNS, nor AAO-HNS Foundation, nor the American Medical Association (AMA), nor the AMA-convened Physician Consortium for Performance Improvement® (AMA-PCPI), now known as the PCPI, nor their members shall be responsible for any use of the Measures.

**The AMA's and AMA-PCPI's significant past efforts and contributions to the development and updating of the Measures is acknowledged. AAO-HNS and AAO-HNS Foundation are solely responsible for the review and enhancement ("Maintenance") of the Measures as of August 14, 2014.**

AAO-HNS and AAO-HNS Foundation encourage use of the Measures by other health care professionals, where appropriate.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

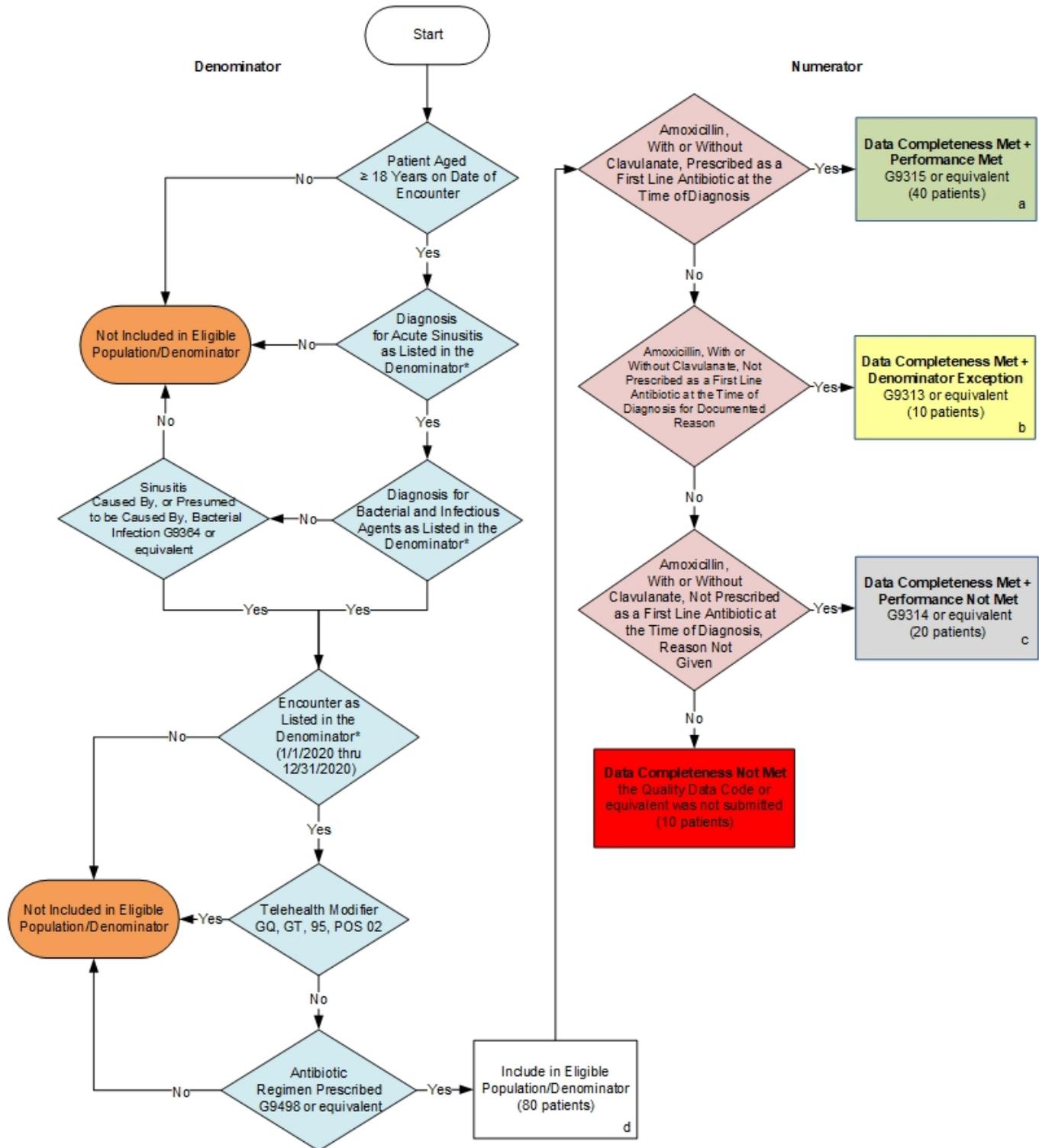
© 2019 PCPI® Foundation and American Academy of Otolaryngology – Head and Neck Surgery and American Academy of Otolaryngology – Head and Neck Surgery Foundation. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. AAO-HNS, AAO-HNS Foundation, the AMA, the PCPI and its members and former members of the AMA-PCPI disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

CPT® contained in the Measures specifications is copyright 2004-2019 American Medical Association. LOINC® copyright 2004-2019 Regenstrief Institute, Inc. SNOMED CLINICAL TERMS (SNOMED CT®) copyright 2004-2019 The International Health Terminology Standards Development Organization (IHTSDO). ICD-10 is copyright 2019 World Health Organization. All Rights Reserved.

**2020 Clinical Quality Measure Flow for Quality ID #332:  
Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate  
Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)**

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



**SAMPLE CALCULATIONS:**

**Data Completeness=**

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

**Performance Rate=**

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

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

NOTE: Submission Frequency: Patient-Process

CPT only copyright 2019 American Medical Association. All rights reserved.  
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.

v4

**2020 Clinical Quality Measure Flow Narrative for Quality ID #332:  
Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed  
for Patients with Acute Bacterial Sinusitis (Appropriate Use)**

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

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

1. Start with Denominator
2. Check Patient Age:
  - a. If Patient Age at Date of Encounter is greater than or equal to 18 Years equals No, do not include in Eligible Population. Stop Processing.
  - b. If Patient Age at Date of Encounter is greater than or equal to 18 Years equals Yes, proceed to check Patient Diagnosis for Acute Sinusitis.
3. Check Patient Diagnosis for Acute Sinusitis:
  - a. If Diagnosis for Acute Sinusitis as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Diagnosis for Acute Sinusitis as Listed in the Denominator equals Yes, proceed to check Patient Diagnosis for Bacterial and Infectious Agents.
4. Check Patient Diagnosis for Bacterial and Infectious Agents:
  - a. If Diagnosis for Bacterial and Infectious Agents as Listed in the Denominator equals No, proceed to check Sinusitis Caused by, or Presumed to be Caused by, Bacterial Infection.
  - b. If Diagnosis for Bacterial and Infectious Agents as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
5. Check Sinusitis Caused By, or Presumed to be Caused By, Bacterial Infection:
  - a. If Sinusitis Caused By, or Presumed to be Caused By, Bacterial Infection equals No, do not include in Eligible Population. Stop Processing.
  - b. If Sinusitis Caused By, or Presumed to be Caused By, Bacterial Infection equals Yes, proceed to check Sinusitis Caused by, or Presumed to be Caused by, Bacterial Infection.
6. Check Encounter Performed:
  - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
  - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Telehealth Modifier.
7. Check Telehealth Modifier:
  - a. If Telehealth Modifier equals Yes, do not include in Eligible Population. Stop Processing.
  - b. If Telehealth Modifier equals No, proceed to check Antibiotic Regimen Prescribed.

8. Check Antibiotic Regimen Prescribed:
  - a. If Antibiotic Regimen Prescribed equals No, do not include in Eligible Population. Stop Processing.
  - b. If Antibiotic Regimen Prescribed equals Yes, include in Eligible Population.
9. 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 80 patients in the Sample Calculation.
10. Start Numerator
11. Check Amoxicillin, With or Without Clavulanate, Prescribed as a First Line Antibiotic at the Time of Diagnosis:
  - a. If Amoxicillin, With or Without Clavulanate, Prescribed as a First Line Antibiotic at the Time of Diagnosis equals Yes, include in Data Completeness Met and Performance Met.
  - b. 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 patients in the Sample Calculation.
  - c. If Amoxicillin, With or Without Clavulanate, Prescribed as a First Line Antibiotic at the Time of Diagnosis equals No, proceed to check Amoxicillin, With or Without Clavulanate, Not Prescribed as a First Line Antibiotic at the Time of Diagnosis for Documented Reason.
12. Check Amoxicillin, With or Without Clavulanate, Not Prescribed as a First Line Antibiotic at the Time of Diagnosis for Documented Reason:
  - a. If Amoxicillin, With or Without Clavulanate, Not Prescribed as a First Line Antibiotic at the Time of Diagnosis for Documented Reason equals Yes, include in Data Completeness Met and Denominator Exception.
  - b. 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 patients in the Sample Calculation.
  - c. If Amoxicillin, With or Without Clavulanate, Not Prescribed as a First Line Antibiotic at the Time of Diagnosis for Documented Reason equals No, proceed to check Amoxicillin, With or Without Clavulanate, Not Prescribed as a First Line Antibiotic at the Time of Diagnosis, Reason Not Given.
13. Check Amoxicillin, With or Without Clavulanate, Not Prescribed as a First Line Antibiotic at the Time of Diagnosis, Reason Not Given:
  - a. If Amoxicillin, With or Without Clavulanate, Not Prescribed as a First Line Antibiotic at the Time of Diagnosis, Reason Not Given equals Yes, include in the Data Completeness Met and Performance Not Met.
  - b. 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 patients in the Sample Calculation.

- c. If Amoxicillin, With or Without Clavulanate, Not Prescribed as a First Line Antibiotic at the Time of Diagnosis, Reason Not Given 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 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATION S:**

**Data Completeness=**  

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

**Performance Rate=**  

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