

Appropriate Testing for Pharyngitis (CWP)

New for 2025

- No applicable changes for this measure



Yes!
Supplemental data accepted

Definition

Percentage of episodes for members age 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test within 3 days prior to or 3 days after the diagnosis day (7 days total). A higher rate indicates appropriate testing and treatment.

Plans(s) affected	Quality program(s) affected	Collection and reporting method
<ul style="list-style-type: none"> • Commercial • Exchange/Marketplace • Medicaid • Medicare 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Health Plan Ratings 	<p>Administrative</p> <ul style="list-style-type: none"> • Claim/encounter data • Pharmacy data

Codes

The following codes can be used to close HEDIS numerator gaps in care; they are not intended to be a directive of your billing practice.

Group A strep test	
CPT®/CPT II	87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880
LOINC	11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2, 101300-2, 103627-6
SNOMED	122121004, 122205003, 122303007

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Appropriate Testing for Pharyngitis (CWP) (cont.)

Medications

The following antibiotic medications, in conjunction with a strep test, will meet compliance for this measure:

Drug category	Medications
Aminopenicillins	<ul style="list-style-type: none"> • Amoxicillin • Ampicillin
Beta-lactamase inhibitors	<ul style="list-style-type: none"> • Amoxicillin-clavulanate
First generation cephalosporins	<ul style="list-style-type: none"> • Cefadroxil • Cefazolin • Cephalexin
Folate antagonist	<ul style="list-style-type: none"> • Trimethoprim
Lincomycin derivatives	<ul style="list-style-type: none"> • Clindamycin
Macrolides	<ul style="list-style-type: none"> • Azithromycin • Clarithromycin • Erythromycin
Natural penicillins	<ul style="list-style-type: none"> • Penicillin G potassium • Penicillin G sodium • Penicillin V potassium • Penicillin G benzathine
Quinolones	<ul style="list-style-type: none"> • Ciprofloxacin • Levofloxacin • Moxifloxacin • Ofloxacin
Second generation cephalosporins	<ul style="list-style-type: none"> • Cefaclor • Cefprozil • Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> • Sulfamethoxazole-trimethoprim
Tetracyclines	<ul style="list-style-type: none"> • Doxycycline • Minocycline • Tetracycline
Third generation cephalosporins	<ul style="list-style-type: none"> • Cefdinir • Cefixime • Cefpodoxime • Ceftriaxone

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Required exclusion(s)

Exclusion	Time frame
<ul style="list-style-type: none"> Members in hospice or using hospice services Members who died 	Any time during the measurement year



Important notes

Medical record detail including, but not limited to

- This measure addresses appropriate diagnosis and treatment for pharyngitis with a strep test being completed 3 days before or 3 days after the primary diagnosis and prescribed antibiotics
- A pharyngitis diagnosis can be from an outpatient, telephone, e-visit, virtual check-in, observation or emergency department visit between July 1 of the year prior to the measurement year and June 30 of the measurement year

- History and physical
- Lab reports
- Progress notes

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Tips and best practices to help close this care opportunity

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Do not prescribe antibiotics until results of Group A Strep test are received
- **Always bill using the LOINC codes previously listed with your strep test submission - not local codes**
- Always use a point of care rapid Group A strep test or throat culture, when appropriate, to confirm diagnosis of pharyngitis before prescribing an antibiotic
- Lab results can be accepted as supplemental data. Please contact your UnitedHealthcare representative to discuss clinical data exchange opportunities.
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
 - As part of the UnitedHealthcare clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.

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