



# Appropriate Testing for Pharyngitis (CWP)

Healthcare Effectiveness Data Information Set<sup>®</sup> (HEDIS) is a widely used set of performance measures developed and maintained by NCQA. To help you better serve our members and drive improved efforts surrounding HEDIS, we have compiled some tips and best practices. With your help, we can continually build towards a future of shared success.

This HEDIS measure evaluates the episodes for members 3 years of age and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode on or between July 1 of the year prior to the measurement year to June 30 of the measurement year.

## Record your efforts:

- Document results of all strep tests or refusal for testing in medical record.
- If antibiotics are prescribed for another condition, ensure accurate coding and documentation will associate the antibiotic with the appropriate diagnosis.



## Exclusions:

- Members who use hospice services or elect to use a hospice benefit any time during the measurement year
- Members who die any time during the measurement year

Note: HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).

Description	CPT®/CPT-CAT II/LOINC/HCPCS
<b>Pharyngitis</b>	<p><b>ICD-10-CM</b></p> <p><b>J02.0:</b> Streptococcal pharyngitis</p> <p><b>J02.8:</b> Acute pharyngitis due to other specified organisms</p> <p><b>J02.9:</b> Acute pharyngitis, unspecified</p> <p><b>J03.00:</b> Acute streptococcal tonsillitis, unspecified</p> <p><b>J03.01:</b> Acute recurrent streptococcal tonsillitis</p> <p><b>J03.80:</b> Acute tonsillitis due to other specified organisms</p> <p><b>J03.81:</b> Acute recurrent tonsillitis due to other specified organisms</p> <p><b>J03.90:</b> Acute tonsillitis, unspecified</p> <p><b>J03.91:</b> Acute recurrent tonsillitis, unspecified</p>
<b>Group A strep tests</b>	<p><b>CPT</b></p> <p>87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880</p> <hr/> <p><b>LOINC</b></p> <p><b>101300-2:</b> Streptococcus pyogenes DNA [Presence] in Throat by NAA with non-probe detection</p> <p><b>11268-0:</b> Streptococcus pyogenes [Presence] in Throat by Organism specific culture</p> <p><b>17656-0:</b> Streptococcus pyogenes [Presence] in Specimen by Organism specific culture</p> <p><b>17898-8:</b> Bacteria identified in Throat by Aerobe culture</p> <p><b>18481-2:</b> Streptococcus pyogenes Ag [Presence] in Throat</p> <p><b>31971-5:</b> Streptococcus pyogenes Ag [Presence] in Specimen</p> <p><b>49610-9:</b> Streptococcus pyogenes DNA [Identifier] in Specimen by NAA with probe detection</p> <p><b>5036-9:</b> Streptococcus pyogenes rRNA [Presence] in Specimen by Probe</p> <p><b>60489-2:</b> Streptococcus pyogenes DNA [Presence] in Throat by NAA with probe detection</p> <p><b>626-2:</b> Bacteria identified in Throat by Culture</p> <p><b>6557-3:</b> Streptococcus pyogenes Ag [Presence] in Throat by Immunofluorescence</p> <p><b>6558-1:</b> Streptococcus pyogenes Ag [Presence] in Specimen by Immunoassay</p> <p><b>6559-9:</b> Streptococcus pyogenes Ag [Presence] in Specimen by Immunofluorescence</p> <p><b>68954-7:</b> Streptococcus pyogenes rRNA [Presence] in Throat by Probe</p> <p><b>78012-2:</b> Streptococcus pyogenes Ag [Presence] in Throat by Rapid immunoassay</p>

**Note:** The Logical Observation Identifiers Names and Codes (LOINC) are for reporting clinical observations and laboratory testing. The codes listed are informational only; this information does not guarantee reimbursement. If applicable, refer to your provider contact or health plan contact for reimbursement information. For a complete list of CPT codes, go to the American Medical Association website at [ama-assn.org](http://ama-assn.org).

Description	CPT®/CPT-CAT II/LOINC/HCPCS
<b>Outpatient, ED, and telehealth</b>	<p><b>CPT</b></p> <p>98966, 98967, 98968, 98970, 98971, 98972, 98980, 98981, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 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, 99441, 99442, 99443, 99455, 99456, 99457, 99458, 99483</p> <hr/> <p><b>HCPCS</b></p> <p><b>G0071:</b> Payment for communication technology-based services for five minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or five minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only</p> <p><b>G0402:</b> Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment</p> <p><b>G0438:</b> Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit</p> <p><b>G0439:</b> Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit</p> <p><b>G0463:</b> Hospital outpatient clinic visit for assessment and management of a patient</p> <p><b>G2010:</b> Remote evaluation of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment</p> <p><b>G2012:</b> Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 to 10 minutes of medical discussion</p> <p><b>G2250:</b> Remote assessment of recorded video and/or images submitted by an established patient (for example, store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous seven days nor leading to a service or procedure within the next 24 hours or soonest available appointment</p> <p><b>G2251:</b> Brief communication technology-based service, for example, virtual check-in, by a qualified healthcare professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous seven days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5 to 10 minutes of clinical discussion</p> <p><b>G2252:</b> Brief communication technology-based service, for example, virtual check-in, by a physician or other qualified healthcare professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 to 20 minutes of medical discussion</p> <p><b>T1015:</b> Clinic visit/encounter, all-inclusive</p>

## HEDIS helpful tips:

- If a patient tests negative for group A strep but insists on an antibiotic:
  - Refer to the illness as a sore throat due to a cold; members tend to associate the label with a less-frequent need for antibiotics.
  - Write a prescription for symptom relief, like over-the-counter medications.
- Educate members on the difference between bacterial and viral infections. This is the key point in the success of this measure. Use CDC handouts or education tools as needed.
- Discuss with members ways to treat symptoms:
  - Get extra rest.
  - Drink plenty of fluids.
  - Use over-the-counter medications.
  - Use the cool-mist vaporizer and nasal spray for congestion.
  - Eat ice chips or use throat spray/lozenges for sore throats.
- Educate members and their parents or caregivers that they can prevent infection by:
  - Washing hands frequently.
  - Disinfecting toys.
  - Keeping the child out of school or daycare for at least 24 hours until antibiotics have been taken and symptoms have improved.
  - If using an electronic medical record (EMR) system, consider electronic data sharing with your health plan to capture all coded elements. Refer to your provider contact or health plan contact for additional details and questions.

### HEDIS resource:

[cdc.gov/antibiotic-use/index.html](https://www.cdc.gov/antibiotic-use/index.html)

Please visit **My Diverse Patients** for additional information about eLearning experiences on provider cultural competency and health equity.

You can find patient care opportunities within the Patient360 application located on Availity Essentials Payer Spaces. To access the Patient360 application, you must have the Patient360 role assignment. From Availity's home page, select **Payer Spaces**, then choose the health plan from the menu. Choose the **Patient360 tile** from the Payer Space Applications menu and complete the required information on the screen. Gaps in care are located in the Active Alerts section of the Member Summary.



BlueCross BlueShield  
of North Carolina

**MEDICARE**

<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare>

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal. ®, SM are marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association.