

## Quality ID #331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)

### 2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (QOM)

### MEASURE TYPE:

Process – High Priority

- ***INVERSE MEASURE: LOWER SCORE – BETTER***

### DESCRIPTION:

Percentage of patients aged 18 years and older, with a diagnosis of acute viral sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms.

### INSTRUCTIONS:

#### **Reporting Frequency:**

This measure is to be submitted once for each occurrence of acute viral sinusitis (AVS) for denominator eligible cases as defined in the denominator criteria.

#### **Intent and Clinician Applicability:**

This measure is intended to reflect the quality of services provided for patients with acute viral sinusitis. Each unique occurrence starts with the onset of AVS symptoms and concludes with the resolution of AVS symptoms. 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, as defined by the numerator, based on the services provided within 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 of this measure, each unique occurrence starts with the onset of AVS symptoms and concludes with the resolution of AVS symptoms or after 90 days if a resolution of AVS symptoms is not documented. A new occurrence of AVS cannot start until the previous occurrence during the performance period has concluded. If multiple denominator eligible encounters are documented within an identified occurrence, MIPS eligible clinicians should submit the most recent encounter associated within that occurrence.

This is an inverse measure which means a lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

**Telehealth:**

**TELEHEALTH ELIGIBLE:** This measure is appropriate for and applicable to the telehealth setting. 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 18 years and older with a diagnosis of acute viral sinusitis.

**Definition:**

**Acute Sinusitis/Rhinosinusitis** – Up to 4 weeks of purulent nasal drainage (anterior, posterior, or both) accompanied by nasal obstruction, facial pain-pressure-fullness, or both:

- Purulent nasal discharge is cloudy or colored, in contrast to the clear secretions that typically accompany viral upper respiratory infection and may be reported by the patient or observed on physical examination. Nasal obstruction may be reported by the patient as nasal obstruction, congestion, blockage, or stuffiness, or may be diagnosed by physical examination
- Facial pain-pressure-fullness may involve the anterior face, periorbital region, or manifest with headache that is localized or diffuse

**Denominator Criteria (Eligible Cases):**

Patients aged ≥ 18 years on date of encounter

**AND**

**Diagnosis for acute sinusitis on date of encounter (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**

**Patient encounter during performance period (CPT):** 98002, 98003, 98006, 98007, 98010, 98011, 98014, 98015, 98016, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99281, 99282, 99283, 99284, 99285, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350, 99424, 99491

**NUMERATOR:**

Patients prescribed any antibiotic within 10 days after onset of symptoms.

**NUMERATOR NOTE:**

*In the instance that the diagnosis of sinusitis is bacterial and not viral, the Denominator Exception would be applicable. This could be supported by the documentation of:*

- (a) Persistent symptoms of acute rhinosinusitis—such as purulent nasal discharge accompanied by nasal obstruction, facial pain, pressure, or fullness—that continue without improvement for at least 10 days beyond the onset of initial upper respiratory symptoms; or*

- (b) *Worsening symptoms (e.g., new onset of fever, increased nasal discharge, or facial pain) occurring within 10 days after an initial period of improvement—a pattern known as “double worsening.”*

**Numerator Options:**

***Performance Not Met:***

Antibiotic regimen not prescribed within 10 days after onset of symptoms (G9287)

**OR**

***Denominator Exception:***

Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason (G9505)

**OR**

***Performance Met:***

Antibiotic regimen prescribed within 10 days after onset of symptoms (G9286)

**RATIONALE:**

Antibiotic treatment for sinusitis is indicated for some patients, but overtreatment of acute sinusitis with antibiotics is common and often not indicated. Further, treatment with antibiotics may increase patient harm and can lead to antibiotic resistance.

A 2018 Cochrane systematic review update was undertaken to assess the effects of antibiotics versus placebo or no treatment in adults with acute rhinosinusitis in ambulatory care settings.<sup>1</sup> Acute rhinosinusitis is a common condition that involves blockage of the nose passage and mucus in the sinuses. It is often caused by a viral upper respiratory tract infection of which only 0.5% to 2% of cases are estimated to be complicated by a bacterial rhinosinusitis. Nevertheless, antibiotics (used to treat bacterial infections) are often prescribed. Unnecessary prescribing contributes to antimicrobial resistance in the community. The authors concluded that given the lack of clear benefit in terms of rapid recovery and the increase in side effects in participants treated with antibiotics, antibiotics are not recommended as first line treatment in adults with clinically diagnosed acute rhinosinusitis.

**CLINICAL RECOMMENDATION STATEMENTS:**

The following evidence statements are extracted from the referenced clinical guidelines: AAO-HNS Sinusitis Guideline (2015).

Clinicians should distinguish presumed acute bacterial rhinosinusitis (ABRS) from acute rhinosinusitis caused by viral upper respiratory infections and non-infectious conditions. A clinician should diagnose ABRS when (a) symptoms or signs of acute rhinosinusitis (purulent nasal drainage accompanied by nasal obstruction, facial pain-pressure- fullness, or both) persist without evidence of improvement for at least 10 days 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). *Strong recommendation based on diagnostic studies with minor limitations and a preponderance of benefit over harm.* The purpose of this statement is to emphasize the importance of differentiating acute bacterial rhinosinusitis (ABRS) from acute rhinosinusitis (ARS) caused by viral upper respiratory infections to prevent unnecessary treatment with antibiotics. Distinguishing presumed bacterial vs. viral infection is important because antibiotic therapy is inappropriate for the latter.

A quality improvement opportunity addressed by this guideline key action statement is the avoidance of inappropriate use of antibiotics for presumed viral infections. More than one in five antibiotics prescribed in adults are for sinusitis, making it the fifth most common diagnosis responsible for antibiotic therapy.

**REFERENCES:**

Lemienre MB, van Driel ML, Merenstein D, Liira H, Mäkelä M, De Sutter AI. Antibiotics for acute rhinosinusitis in adults. *Cochrane Database Syst Rev.* 2018;9(9):CD006089. Published 2018 Sep 10. Retrieved from doi:10.1002/14651858.CD006089.pub5

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AAO-HNS Foundation is solely responsible for the review and enhancement ("Maintenance") of the Measure as of August 14, 2014.

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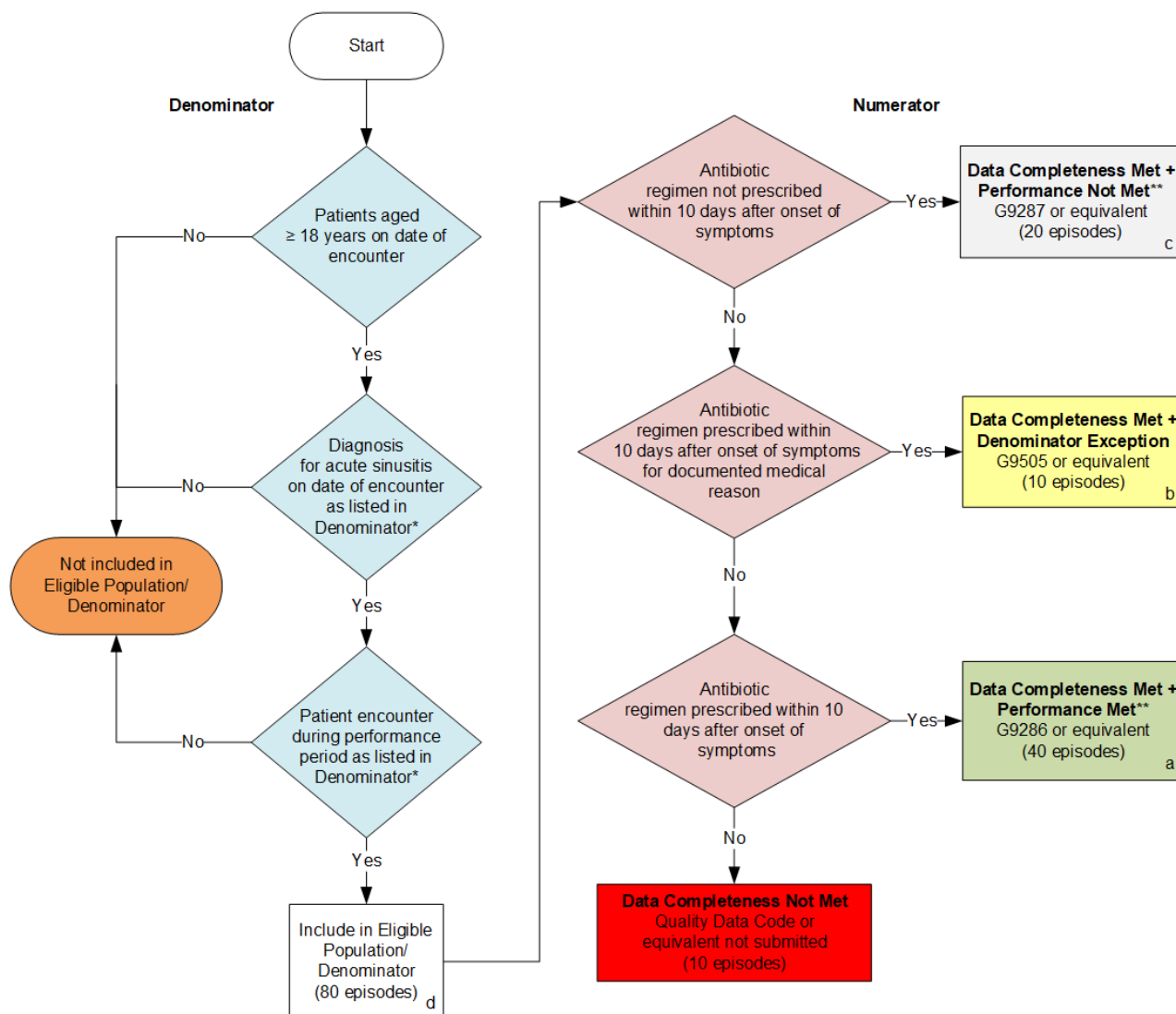
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## 2026 Clinical Quality Measure Flow for Quality ID #331: Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)

INVERSE MEASURE: LOWER SCORE – BETTER

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



### SAMPLE CALCULATIONS

#### Data Completeness=

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

#### Performance Rate\*\*=

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

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

\*\*A lower calculated performance rate for this measure indicates better clinical control or care.

NOTE: Submission Frequency: Episode

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**2026 Clinical Quality Measure Flow Narrative for Quality ID #331:  
Adult Sinusitis: Antibiotic Prescribed for Acute Viral Sinusitis (Overuse)**

**INVERSE MEASURE: LOWER SCORE – BETTER**

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

1. Start with Denominator
2. Check *Patients aged greater than or equal to 18 years on date of encounter*.
  - a. If *Patients aged greater than or equal to 18 years on date of encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patients aged greater than or equal to 18 years on date of encounter* equals Yes, proceed to check *Diagnosis for acute sinusitis on date of encounter as listed in Denominator\**.
3. Check *Diagnosis for acute sinusitis on date of encounter as listed in Denominator\**.
  - a. If *Diagnosis for acute sinusitis on date of encounter as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Diagnosis for acute sinusitis on date of encounter as listed in Denominator\** equals Yes, proceed to check *Patient encounter during performance period as listed in Denominator\**.
4. Check *Patient encounter during performance period as listed in Denominator\**.
  - a. If *Patient encounter during performance period as listed in Denominator\** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
  - b. If *Patient encounter during performance period as listed in 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 *Antibiotic regimen not prescribed within 10 days after onset of symptoms*.
  - a. If *Antibiotic regimen not prescribed within 10 days after onset of symptoms* 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 *Antibiotic regimen not prescribed within 10 days after onset of symptoms* equals No, proceed to check *Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason*.
8. Check *Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason*:

- a. If *Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason* equals Yes, include in the *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 *Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason* equals No, proceed to check *Antibiotic regimen prescribed within 10 days after onset of symptoms*.
9. Check *Antibiotic regimen prescribed within 10 days after onset of symptoms*:
- a. If *Antibiotic regimen prescribed within 10 days after onset of symptoms* 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 *Antibiotic regimen prescribed within 10 days after onset of symptoms* 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 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.

\*\*A lower calculated performance rate for this measure indicates better clinical control or care.

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 for the measure specification.