Acute Otitis Externa (AOE)

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NS-I Patient(s) 2 years of age and older with acute otitis externa who were NOT prescribed systemic antimicrobial therapy.

Systemic antibiotics are not recommended for the treatment of uncomplicated otitis externa (1). There is no evidence that systemic antibiotics are effective in treating this condition, and these medications can cause significant side effects (1). This is a AAO-HNSF guideline recommendation with Grade B* aggregate quality evidence.

This measure includes members 2 years of age and older at the end of the report period diagnosed with Acute Otitis Externa (AOE). All ambulatory and emergency room episodes of AOE during the report period were identified; the intervention measure was then applied to all eligible AOE episodes. An AOE episode was excluded if any of the following criteria were met: 1) there was a claim identifying hospitalization or outpatient surgery with any diagnosis during the AOE event; 2) the initiating AOE encounter occurred during the first 60 days or the last 10 days of the report period; 3) there was evidence of recurrent otitis externa, defined as a claim for AOE during the time period 60 days through 1 day prior to the initial AOE encounter; or 4) there was a claim for any systemic antibiotic during the time period 60 days through 4 days prior to the AOE encounter. In addition, patients were excluded from the AOE condition if they had any of the following diagnoses or procedures: pharyngitis, tonsillitis, adenoiditis, sinusitis, bronchitis, bronchiectasis, otitis media, chronic otitis externa, other ENT infections, facial cellulitis or abscess, pneumonia, organ transplant, leukemia, malignant neoplasm of the head or neck, congenital or acquired ENT anomalies, diabetes mellitus, HIV/AIDS, cystic fibrosis, or immunodeficiencies.

A member is adherent to this measure if there is no pharmacy claim for a systemic antibiotic on the episode start date through 2 days after the episode start date. In addition, a member is adherent if there is a CPT category II code for systemic antimicrobial therapy not prescribed.

Adherence to this measure includes presence of a specific CPT category II code that indicates systemic antimicrobial therapy not prescribed (4132F). Use of an alternative CPT category II code, systemic antimicrobial therapy prescribed (4131F), with a modifier will generate a result flag assignment of "not applicable" (NA7) for this measure.

This EBM Connect measure is consistent with a similar measure developed by the American Medical Association Physician Consortium for Performance Improvement (AMA/PCPI) (2). The EBM Connect measure differs in the use of episodic logic to identify the initial AOE encounter and the use of pharmacy claims to identify systemic antibiotic use.

This measure is endorsed by the National Quality Forum (NQF).

* AAO-HNSF Evidence quality for grades of evidence (1):

Grade A: Well-designed randomized controlled trials or diagnostic studies performed on a population similar to the guideline's target population

Grade B: Randomized controlled trials or diagnostic studies with minor limitations; overwhelmingly consistent evidence from observational studies

Grade C: Observational studies (case control and cohort design)

Grade D: Expert opinion, case reports, reasoning from first principles (bench research or animal studies)

Grade X: Exceptional situations where validating studies cannot be performed and there is a clear preponderance of benefit over harm

- 1. Rosenfeld RM, Brown L, Cannon CR, Dolor RJ, Ganiats TG, Hannley M, Kokemueller P, Marcy SM, Roland PS, Shiffman RN, Stinnett SS, Witsell DL, American Academy of Otolaryngology-Head and Neck Surgery Foundation. Clinical practice guideline: acute otitis externa. Otolaryngol Head Neck Surg 2006 Apr;134(4 Suppl):S4-23.
- 2. American Medical Association (AMA). American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) Foundation/Physician Consortium for Performance Improvement Acute Otitis Externa (AOE)/Otitis Media with Effusion (OME) Physician Performance Measurement Set. March 2007. (online) accessed 10/26/2009. URL: http://www.ama-assn.org/ama1/pub/upload/mm/370/aoeomews3-13-7.pdf