Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear

This measure is to be reported for all patients, regardless of age, seen during the reporting period with congenital or traumatic deformity of the ear — a minimum of once per reporting period.

**Measure description**

Percentage of patients aged birth and older referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with a congenital or traumatic deformity of the ear (internal or external).

**What will you need to report for each patient with congenital or traumatic deformity of the ear for this measure?**

If you select this measure for reporting, you will report:

- Whether or not you referred patients who presented with congenital or traumatic deformity of the ear to a physician for an otologic evaluation subsequent to an audiologic evaluation.

**What if this process or outcome of care is not appropriate for your patient?**

There may be times when it is not appropriate to refer patients to a physician due to:

- Documented reasons [eg, patients for whom an assessment of the congenital or traumatic deformity of the ear has been performed by a physician (preferably a physician with training in disorders of the ear) within the past six months, patients who are already under the care of a physician (preferably a physician with training in disorders of the ear) for congenital or traumatic deformity of the ear.]

In these cases, you will need to indicate that the documented reason applies, and specify the reason on the worksheet and in the medical chart. The office/billing staff will then report the G-code that represents these valid reasons (also called exceptions).
Coding Specifications

Codes required to document patient has a congenital or traumatic deformity of the ear and a visit occurred:

An ICD-9-CM diagnosis code for congenital or traumatic deformity of the ear and a CPT code are required to identify patients to be included in this measure.

All measure specific coding should be reported on the claim(s) representing the eligible encounter.

**Congenital or traumatic deformity of the ear ICD-9-CM diagnosis codes**

- 380.00, 380.01, 380.02, 380.03, 380.10, 380.30, 380.31, 380.32, 380.39, 380.51, 380.81, 380.89, 380.9 744.01, 744.02, 744.03, 744.09,

**AND**

**CPT codes**

- 92550, 92557, 92567, 92568, 92570, 92575

Quality codes for this measure:

**G-code descriptors**

(Data collection sheet should be used to determine appropriate code.)

- **G8556**: Referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation

- **G8557**: Patient is not eligible for the referral for otologic evaluation measure [eg, patients for whom an assessment of the congenital or traumatic deformity of the ear has been performed by a physician (preferably a physician with training in disorders of the ear) within the past six months, patients who are already under the care of a physician (preferably a physician with training in disorders of the ear) for congenital or traumatic deformity of the ear.]

- **G8558**: Not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified

This measure is owned by the Audiology Quality Consortium — AQC.

Physician Quality Reporting System 2012 Measure 188, Effective Date 01/01/2012

CPT® copyright 2011 American Medical Association
## Disorders of the Ear

### Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear

**Physician Quality Reporting System Data Collection Sheet**

<table>
<thead>
<tr>
<th>Step 1 Is patient eligible for this measure?</th>
<th>Code Required on Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any patient regardless of age.</td>
<td>Yes No</td>
</tr>
<tr>
<td>Patient has a diagnosis of congenital and</td>
<td></td>
</tr>
<tr>
<td>traumatic anomalies.</td>
<td></td>
</tr>
<tr>
<td>There is a CPT code for audiologic visits.</td>
<td></td>
</tr>
<tr>
<td>If No is checked for any of the above, STOP. Do not report a G-code.</td>
<td></td>
</tr>
</tbody>
</table>

### Step 2 Does patient meet or have an acceptable reason for not meeting the measure? 

**Patient with Congenital or Traumatic Deformity of the Ear**

<table>
<thead>
<tr>
<th>Referred for Otologic Evaluation</th>
<th>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No</td>
<td>G8556</td>
</tr>
<tr>
<td>Not referred for the following reason:</td>
<td></td>
</tr>
<tr>
<td>Documented reasons [eg, patients for whom an assessment of the congenital or traumatic deformity of the ear has been performed by a physician (preferably a physician with training in disorders of the ear) within the past six months, patients who are already under the care of a physician (preferably a physician with training in disorders of the ear) for congenital or traumatic deformity of the ear.]</td>
<td>G8557</td>
</tr>
</tbody>
</table>

Document reason here and in medical chart.

If No is checked for all of the above, report G8558 (Not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified.)