Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness

This measure is to be reported for all patients aged birth and older with acute or chronic dizziness — a minimum of once per reporting period. This measure is intended to ensure that patients with acute or chronic dizziness receive a referral in order to receive appropriate care.

Measure description
Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness.

What will you need to report for each patient with dizziness for this measure?
If you select this measure for reporting, you will report:
- Whether or not you performed a referral to a physician for an otologic 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 perform a referral to a physician for an otologic evaluation, due to:
- Documented reasons (e.g., patients who are already under the care of a physician for acute or chronic dizziness)

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

Codes required to document patient has dizziness and a visit occurred:

An ICD-9-CM diagnosis code for dizziness 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.

**Dizziness ICD-9-CM diagnosis codes**
- 386.11, 780.4

**AND**

**CPT codes**
- 92540, 92541, 92542, 92543, 92544, 92545, 92546, 92547, 92548
- 92550, 92557, 92567, 92568, 92570, 92575

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Quality codes for this measure:

**G-code descriptors**
(Data collection sheet should be used to determine appropriate code)
- **G8856**: Referral to a physician for otologic evaluation performed
- **G8857**: Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)
- **G8858**: Referral to a physician for an otologic evaluation not performed, reason not given

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ICD-10-CM diagnosis codes can be found in the 2013 Physician Quality Reporting System Specifications Manual, which is located on the CMS website at http://www.cms.hhs.gov/pqrs. Because these codes are not reportable until 2014, they have not been included in the participation tools for PQRS 2013.

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**Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness**

**Physician Quality Reporting System Data Collection Sheet**

**Clinical Information**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Is patient eligible for this measure?</th>
<th>Yes</th>
<th>No</th>
<th>Code Required on Claim Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient is aged birth and older on date of encounter.</td>
<td>☐</td>
<td>☐</td>
<td>Verify date of birth on claim form.</td>
<td></td>
</tr>
<tr>
<td>Patient has a diagnosis of dizziness.</td>
<td>☐</td>
<td>☐</td>
<td>Refer to coding specifications document for list of applicable codes. Codes determining a patient’s eligibility must be reported on the same claim as the quality code(s) identified below.</td>
<td></td>
</tr>
<tr>
<td>There is a CPT code for this visit.</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Billing Information**

<table>
<thead>
<tr>
<th>Step 2</th>
<th>Does patient meet or have an acceptable reason for not meeting the measure?</th>
<th>Yes</th>
<th>No</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>Referral to a physician for an otologic evaluation</td>
<td>☐</td>
<td>☐</td>
<td>G8856</td>
<td></td>
</tr>
<tr>
<td>Performed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not performed for documented reasons (eg, patients who are already under the care of a physician for acute or chronic dizziness)</td>
<td>☐</td>
<td>☐</td>
<td>G8857</td>
<td></td>
</tr>
<tr>
<td>Document reason here and in medical chart.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If No is checked for all of the above, report G8858 (Referral to a physician for an otologic evaluation not performed, reason not given)