Measure #261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness – National Quality Strategy Domain: Communication and Care Coordination

**2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:** CLAIMS, REGISTRY

**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.

**INSTRUCTIONS:**
This measure is to be reported a minimum of once per reporting period for all patients seen during the reporting period who present with acute or chronic dizziness. This measure is intended to ensure that patients with acute or chronic dizziness receive a referral in order to receive appropriate care. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

**Measure Reporting via Claims:**
ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure’s denominator. Quality-data codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the listed ICD-10-CM diagnosis codes, CPT codes, and the appropriate quality-data code. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

**Measure Reporting via Registry:**
ICD-10-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; they are submitted for those registries that utilize claims data.

**DENOMINATOR:**
All patients aged birth and older presenting with acute or chronic dizziness

**Denominator Criteria (Eligible Cases):**
Patients aged birth and older  
AND  
Diagnosis for Dizziness (ICD-10-CM): H81.10, H81.11, H81.12, H81.13, R42  
AND  
Patient encounter during the reporting period (CPT): 92540, 92541, 92542, 92544, 92545, 92546, 92547, 92548, 92550, 92557, 92567, 92568, 92570, 92575

**NUMERATOR:**
Patients referred to a physician for an otologic evaluation subsequent to an audiologic evaluation who present with acute or chronic dizziness

**NUMERATOR NOTE:** The physician receiving the referral, or providing care currently, should preferably be specially trained in disorders of the ear.

**Numerator Quality-Data Coding Options for Reporting Satisfactorily:**
Referral for Otologic Evaluation

If you refer the patient for otologic evaluation due to acute or chronic dizziness, report code G8856 to report satisfactorily for the measure.

Patient demographics: Measure applies to patients birth and older with dizziness and a diagnosis of BPPV or unspecified dizziness who had the specific CPT codes billed for the date of service. **Must meet all 3 to report this measure.**
**Performance Met: G8856:**
Referral to a physician for an otologic evaluation performed

**Referral for Otologic Evaluation not Performed for Documented Reasons
Other Performance Exclusion: 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)

**Performance Not Met: G8858:**
Referral to a physician for an otologic evaluation not performed, reason not given

**RATIONALE:**
Studies demonstrate that patients who present with acute or chronic dizziness may suffer from underlying problems, so therefore referral is necessary. Without referral, patients may suffer consequences of the underlying problems.

**CLINICAL RECOMMENDATION STATEMENTS:**

Hearing loss and balance disorders are medical conditions. Only licensed physicians with medical training may diagnose and direct the management of disease and medical disorders. A full history and physical examination by a physician (preferably a physician specially trained in disorders of the ear) to determine the accurate medical diagnosis and appropriate medical/surgical treatment for hearing loss and balance disorders are indicated for patients with the following “red flags”:

1) Hearing loss with a positive history of familial hearing loss, TB, syphilis, HIV, Meniere’s disease, autoimmune disorder, otosclerosis, von Recklinghausen’s neurofibromatosis, Paget’s disease of bone, head trauma related to onset.
2) History of pain, active drainage, or bleeding from an ear.
3) Sudden onset or rapidly progressive hearing loss.
4) Acute, chronic, or recurrent episodes of dizziness.
5) Evidence of congenital or traumatic deformity of the ear.
6) Visualization of blood, pus, cerumen plug, or foreign body in the ear canal.
7) Conductive hearing loss or abnormal tympanogram.
8) Unilateral or asymmetric hearing loss; or bilateral hearing loss > 80 dB.
9) Unilateral or pulsatile tinnitus.
10) Unilateral or asymmetrically poor speech discrimination scores.

The red flags do not include all indications for a medical referral and are not intended to replace clinical judgment in determining the need for consultation with an otolaryngologist.

**21 C.F.R. Section 801.420:**
A hearing aid dispenser should advise a prospective hearing aid user to consult promptly with a licensed physician (preferably an ear specialist) before dispensing a hearing aid if the hearing aid dispenser determines through inquiry, actual observation, or review of any other available information concerning the prospective user, that the prospective user has any of the following conditions:

1) Visible congenital or traumatic deformity of the ear.
2) History of active drainage from the ear within the previous 90 days.
3) History of sudden or rapidly progressive hearing loss within the previous 90 days.
4) Acute or chronic dizziness.
5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.
6) Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (Hz), 1,000 Hz, and 2,000 Hz.
7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.
8) Pain or discomfort in the ear.

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2016 Claims/Registry Individual Measure Flow
PQRS #261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness

If the patient reports acute/chronic dizziness, you report the ICD-10 and CPT combinations noted above, and you refer to a physician for otologic evaluation subsequent to an audiologic evaluation report G8856. If the patient is already under the care of a physician for dizziness report G8857.

**SAMPLE CALCULATIONS:**

**Reporting Rate**

\[
\text{Reporting Rate} = \frac{\text{Performance Met (a=4 patients) + Performance Exclusion (b=1 patient) + Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = \frac{7 \text{ patients}}{8 \text{ patients}} = 87.50\%
\]

**Performance Rate**

\[
\text{Performance Rate} = \frac{\text{Reporting Numerator (7 patients) – Performance Exclusion (b=1 patient)}}{\text{Performance Met (a=4 patients)}} = \frac{6 \text{ patients}}{4 \text{ patients}} = 66.67\%
\]

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Patient-process

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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.
2016 Claims/Registry Individual Measure Flow
PQRS #261 Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator

2. Check Patient Age:
   a. If the Age is birth and older years old on Date of Service and equals No during the measurement period, do not include in Eligible Patient Population. Stop Processing.
   b. If the Age is birth and older years old on Date of Service and equals Yes during the measurement period, proceed to check Patient Diagnosis.

3. Check Patient Diagnosis:
   a. If Diagnosis of Dizziness as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Diagnosis of Dizziness as Listed in the Denominator equals Yes, proceed to check Encounter Performed.

4. Check Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter as Listed in the Denominator equals Yes, include in the Eligible population.

5. Denominator Population:
   a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 patients in the sample calculation.

6. Start Numerator

7. Check Referral for Otologic Evaluation:
   a. If Referral for Otologic Evaluation equals Yes, include in Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 patients in Sample Calculation.
   c. If Referral for Otologic Evaluation equals No, proceed to Referral for Otologic Evaluation Not Performed for Documented Reasons.

8. Check Referral for Otologic Evaluation Not Performed for Documented Reasons:
   a. If Referral for Otologic Evaluation Not Performed for Documented Reasons equals Yes, include in Reporting Met and Performance Exclusion.
b. Reporting Met and Performance Exclusion letter is represented in the Reporting Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter \( b \) equals 1 patient in the Sample Calculation.


9. Check Referral for Otologic Evaluation Not Performed, Reason Not Given:

a. If Referral for Otologic Evaluation Not Performed, Reason Not Given equals Yes, include in Reporting Met and Performance Not Met.

b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate in the Sample Calculation listed at the end of this document. Letter \( c \) equals 2 patients in the Sample Calculation.

c. If Referral for Otologic Evaluation Not Performed, Reason Not Given equals No, proceed to Reporting Not Met.

10. Check Reporting Not Met

a. If Reporting Not Met equals No, Quality Data Code or equivalent was not reported. 1 patient has been subtracted from reporting numerator in the sample calculation.

**SAMPLE CALCULATIONS:**

\[
\text{Reporting Rate} = \frac{\text{Performance Met (a=4 patients) + Performance Exclusion (b=1 patient) + Performance Not Met (c=2 patients)}}{\text{Eligible Population / Denominator (d=8 patients)}} = 7 \text{ patients} = \frac{7}{8} = 87.50\%
\]

\[
\text{Performance Rate} = \frac{\text{Performance Met (a=4 patients)}}{\text{Reporting Numerator (7 patients) - Performance Exclusion (b=1 patient)}} = \frac{4}{6} = \frac{4}{6} = 66.67\%
\]