

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

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

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 performance period** for all patients seen during the **performance 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 eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be 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 **performance 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 Options:

Performance Met:

Referral to a physician for an otologic evaluation performed (**G8856**)

OR

Denominator Exception:

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) (**G8857**)

OR

Performance Not Met:

Referral to a physician for an otologic evaluation not performed, reason not given (G8858)

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:

The American Academy of Otolaryngology-Head and Neck Surgery policy statement (approved 9/12/2002):

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:

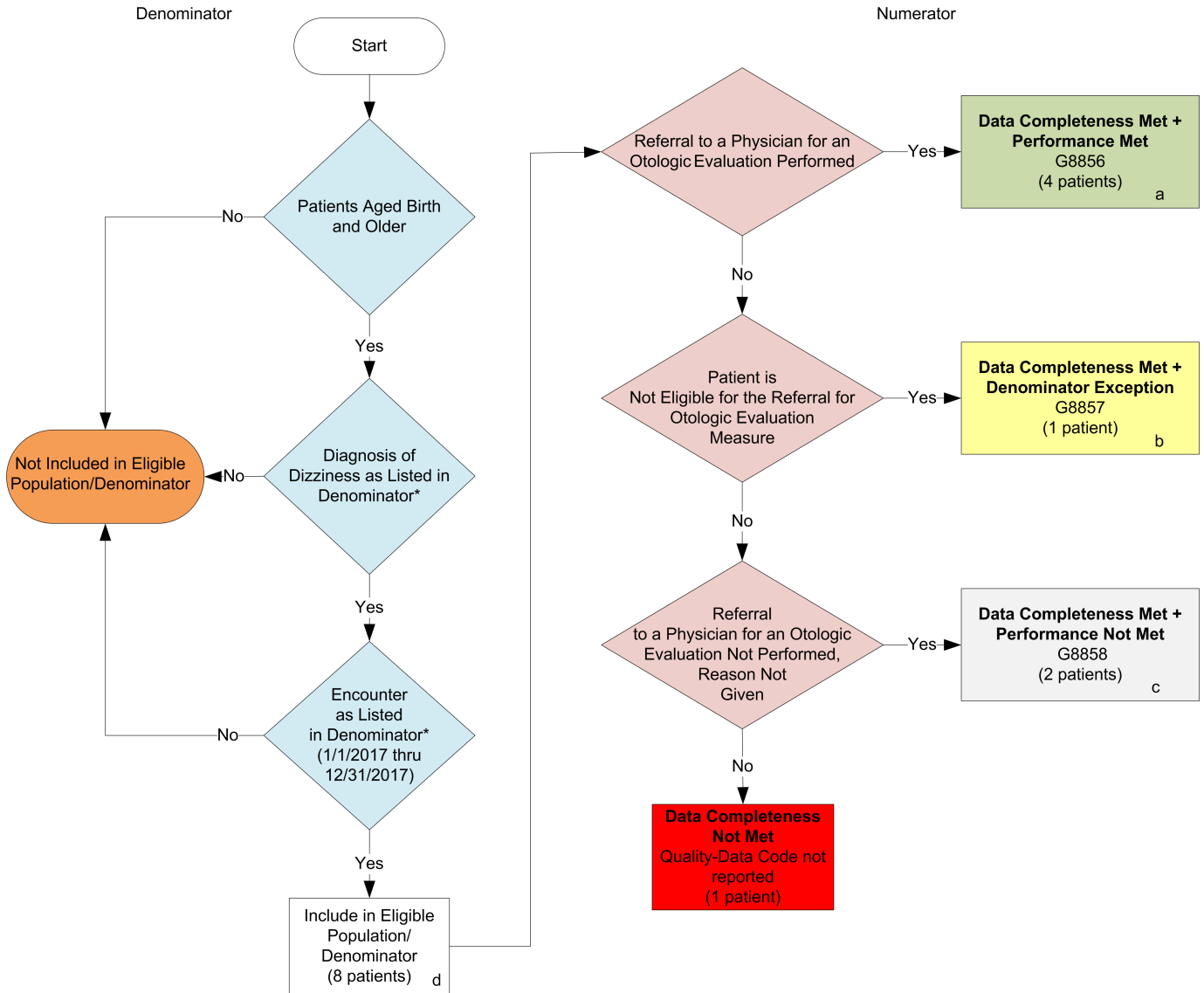
A hearing aid dispenser should advise a prospective hearing aid user to consult promptly with a licensed physician (preferably an ear specialist) before dispensing a hearing aid if the hearing aid dispenser determines through inquiry, actual observation, or review of any other available information concerning 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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2017 Registry Individual Measure Flow #261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness



SAMPLE CALCULATIONS:

Data Completeness=

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

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients) - Denominator Exception (b=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$

*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.

2017 Registry Individual Measure Flow
#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 Data Completeness Met and Performance Met.
 - b. 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 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 Data Completeness Met and Denominator Exception.

- b. 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 1 patient in the Sample Calculation.
 - c. If Referral for Otologic Evaluation Not Performed for Documented Reasons equals No, proceed to Referral for Otologic Evaluation Not Performed, Reason Not Given.
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 Data Completeness Met and Performance Not Met.
 - b. 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 2 patients in the Sample Calculation.
 - c. If Referral for Otologic Evaluation Not Performed, Reason Not Given equals No, proceed to Data Completeness Not Met.
10. Check Data Completeness Not Met
- a. If Data Completeness 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:

Data Completeness=

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

Performance Rate=

$$\frac{\text{Performance Met (a=4 patients)}}{\text{Data Completeness Numerator (7 patients) – Denominator Exception (b=1 patient)}} = \frac{4 \text{ patients}}{6 \text{ patients}} = 66.67\%$$