

# Otitis Media with Effusion (OME)

## Hearing Testing

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

Step 1 Is patient eligible for this measure?			
	Yes	No	Code Required on Claim Form
Patient is aged 2 months through 12 years.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis of OME.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes.
There is a CPT Procedure Code for tympanostomy tube insertion.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a CPT category II code.			
Step 2 Does patient meet or have an acceptable reason for not meeting the measure?			
Hearing Test within 6 Months Prior to Tympanostomy Tube Insertion	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Performed	<input type="checkbox"/>	<input type="checkbox"/>	3230F
Not performed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3230F-1P
• System (eg, resources to perform the services not available, insurance coverage/payer-related limitations, or other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	3230F-3P
Document reason here and in medical chart. _____ _____ _____			If <b>No</b> is checked for <b>all</b> of the above, report 3230F-8P (Tympanic membrane mobility not assessed with pneumatic otoscopy or tympanometry, reason not otherwise specified.)