

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

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

- 92557, 92567, 92568, 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