

Disorders of the Ear

Referral for Otologic Evaluation for Patients with a History of Active Drainage From the Ear Within the Previous 90 Days

Physician Quality Reporting System 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
Any patient regardless of age.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a diagnosis for disease of the ear and mastoid processes.	<input type="checkbox"/>	<input type="checkbox"/>	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.
There is a CPT Code for audiologic visits.	<input type="checkbox"/>	<input type="checkbox"/>	
If No is checked for any of the above, STOP. Do not report a G-code.			
Step 2 Does patient also have the other requirements for this measure?			
	Yes	No	Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)
Does patient have a history of active drainage from the ear within the previous 90 days?	<input type="checkbox"/>	<input type="checkbox"/>	If No , report only G8562 and STOP. If Yes , report G8560 and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Patient with Disease of the Ear and Mastoid Processes	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
Referred for Otologic Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	G8559
Not referred for the following reason: • Documented reasons (eg, patients who are already under the care of a physician for active ear drainage.)	<input type="checkbox"/>	<input type="checkbox"/>	G8561
Document reason here and in medical chart. _____ _____			If No is checked for the above, report G8563 (Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)