

## Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss

### 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 of hearing loss.	<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 <b>No</b> 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 verification and documentation of sudden or rapidly progressive hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> , report only G8567 and STOP. If <b>Yes</b> , report G8565 and proceed to Step 3.
Step 3 Does patient meet or have an acceptable reason for not meeting the measure?			
Patient with Sudden or Rapidly Progressive Hearing Loss	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"/>	G8564
Not referred for the following reason: • Documented reasons (eg, patients who are under current care of a physician for sudden or rapidly progressive hearing loss.)	<input type="checkbox"/>	<input type="checkbox"/>	G8566
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for the above, report G8568 (Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)