

Otitis Media with Effusion (OME): Diagnostic Evaluation — Assessment of Tympanic Membrane Mobility

Physician Quality Reporting System Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	/ /	<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
Patient is aged 2 months through 12 years on date of encounter.	<input type="checkbox"/>
Patient has a diagnosis of OME.	<input type="checkbox"/>
There is a CPT Code for this visit.	<input type="checkbox"/>
If No 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?	
Tympanic Membrane Mobility (with pneumatic otoscopy or tympanometry)	Yes
Assessed	No
Assessed	<input type="checkbox"/>
Not assessed for one of the following reasons:	<input type="checkbox"/>
<ul style="list-style-type: none"> • Medical (eg, not indicated, contraindicated, other medical reason) 	<input type="checkbox"/>
<ul style="list-style-type: none"> • Patient (eg, patient declined, economic, social, religious, other patient reason) 	<input type="checkbox"/>
Document reason here and in medical chart. _____ _____	
Code Required on Claim Form Verify date of birth on claim form. 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.	
Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form) 2035F 2035F-1P 2035F-2P If No is checked for all of the above, report 2035F-8P (Tympanic membrane mobility not assessed with pneumatic otoscopy or tympanometry, reason not otherwise specified.)	