Acute Otitis Externa (AOE)

Topical Therapy

| PQRI Data Collection Sheet | | | |
|---|---|----|--|
| | | | / / \square Male \square Female |
| Patient's Name Practice Medical Record Nur | t's Name Practice Medical Record Number (MRN) | | Birth Date (mm/dd/yyyy) Gender |
| 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 years and older on date of encounter. | | | Verify date of birth on claim form. |
| Patient has a line item diagnosis of AOE. | | | Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as |
| There is a CPT E/M Service Code for this visit. | | | |
| If No is checked for any of the above, STOP. Do not report a CPT category II code. | | | the quality code(s) identified below. |
| Step 2 Does patient meet or have an acceptable reason for not meeting the measure? | | | |
| Topical Preparations | Yes | No | Code to be Reported on Line 24D of Paper Claim Form, if <i>Yes</i> (or Service Line 24 of Electronic Claim Form) |
| Prescribed ¹ | | | 4130F |
| Not prescribed for one of the following reasons: | | | |
| Medical (eg, not indicated, contraindicated, other medical reason) | | | 4130F-1P |
| Patient (eg, patient declined, economic, social, religious, other patient reason) | | | 4130F-2P |
| Document reason here and in medical chart. | | | If No is checked for all of the above, report 4130F–8P (Topical preparations [including OTC] for acute otisis externa [AOE] not prescribed, reason not otherwise specified.) |

¹"Prescribed" includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.