Hearing Testing

PQRI Data Collection Sheet

			/ /	🗆 Male 🛛 Female	
Patient'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 months through 12 years on date of encounter.			Verify date of birth on claim form.		
Patient has a line item diagnosis of OME.			Refer to coding specifications document for list		
There is a CPT Procedure Code for tympanostomy tube insertion.			of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.		
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?					
Hearing Test within 6 Months Prior to Tympanostomy Tube Insertion	Yes	No	Code to be Reported on Line 24 if <i>Yes</i> (or Service Line 24 of Ele		
Performed			3230F		
Not performed for one of the following reasons:Medical (eg, not indicated, contraindicated, other medical reason)			3230F–1P		
 System (eg, resources to perform the services not available, insurance coverage/payer-related limitations, or other reason attributable to health care delivery system) 			3230F-3P		
Document reason here and in medical chart.		·	If No is checked for all of the al 3230F–8P (Tympanic membrane mobility pneumatic otoscopy or tympar otherwise specified.)	not assessed with	