Referral for Otologic Evaluation for Patients with Congenital or Traumatic Deformity of the Ear

Coding Specifications

Codes required to document patient has a congenital or traumatic deformity of the ear and a visit occurred:

A line item ICD-9-CM diagnosis code for congenital or traumatic deformity of the ear and a CPT code are required to identify patients to be included in this measure.

All measure-specific coding should be reported ON THE SAME CLAIM.

Congenital or traumatic deformity of the ear line item ICD-9-CM diagnosis codes

- 744.01, 744.02, 744.03, 744.09, 380.00, 380.01, 380.02, 380.03, 380.10, 380.30, 380.31, 380.32, 380.39, 380.51, 380.81, 380.89, 380.9

AND

CPT codes

- 92557, 92567, 92568, 92575

Quality codes for this measure:

G-Code descriptors

(Data collection sheet should be used to determine appropriate code.)

- *G8556:* Referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation
- *G8557:* Patient is not eligible for the referral for otologic evaluation measure (eg, patients for whom an assessment of the congenital or traumatic deformity of the ear has been performed by a physician (preferably a physician with training in disorders of the ear) within the past six months, patients who are already under the care of a physician (preferably a physician with training in disorders of the ear) for congenital or traumatic deformity of the ear.)
- *G8558:* Not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified