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

PQRI Data Collection She	et				
				/ /	☐ 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 eligib	le for this measure?				
		Yes	No	Code Required on Claim Form	
Any patient regardless of age.				Verify date of birth on claim form.	
Patient has a line item diagnotraumatic anomalies.	sis of congenital and			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 audio	logic visits.				
If No is checked for any of the a G-code.	e above, STOP. Do not repor	rt			
Step 2 Does patient me for not meeting	•	ble reas	on		
Patient with Congenital or Traumatic Deformity of the Ear		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 Evaluati	on			G8556	
Not referred for the following reason: • Documented reasons (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.)				G8557	
Document reason here and in medical chart.				If No is checked for all of the G8558 (Not referred to a physician (p with training in disorders of th evaluation, reason not specific	referably a physician e ear) for an otologic