

## Referral for Otologic Evaluation for Patients with a History of Sudden or Rapidly Progressive Hearing Loss

### PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

#### Clinical Information

#### Billing Information

<b>Step 1 Is patient eligible for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code Required on Claim Form</b>
Any patient regardless of age.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of hearing loss.	<input type="checkbox"/>	<input type="checkbox"/>	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 audiologic visits.	<input type="checkbox"/>	<input type="checkbox"/>	
If <b>No</b> is checked for any of the above, STOP. Do not report a G-code.			
<b>Step 2 Does patient also have the other requirements for this measure?</b>			
	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form (or Service Line 24 of Electronic Claim Form)</b>
Does patient have verification and documentation of sudden or rapidly progressive hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>	If <b>No</b> , report only G8567 and STOP. If <b>Yes</b> , report G8565 and proceed to Step 3.
<b>Step 3 Does patient meet or have an acceptable reason for not meeting the measure?</b>			
<b>Patient with Sudden or Rapidly Progressive Hearing Loss</b>	<b>Yes</b>	<b>No</b>	<b>Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)</b>
Referred for Otologic Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	G8564
Not referred for the following reason: • Documented reasons (eg, patients who are under current care of a physician for sudden or rapidly progressive hearing loss.)	<input type="checkbox"/>	<input type="checkbox"/>	G8566
Document reason here and in medical chart. _____ _____			If <b>No</b> is checked for the above, report G8568 (Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)