Quality ID #261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness

<u>2025 COLLECTION TYPE:</u>
MIPS CLINICAL QUALITY MEASURES (CQMS)

<u>MEASURE TYPE:</u>
Process – High Priority

<u>DESCRIPTION:</u>
Percentage of patients aged birth and older referred to a physician (preferably a physician specially trained in disorders of the ear) for an otologic evaluation subsequent to an audiologic evaluation after presenting with acute or chronic dizziness.

<u>INSTRUCTIONS:</u>
This measure is to be submitted a minimum of **once per performance period** for all patients seen during the performance period who present with acute or chronic dizziness. This measure is intended to ensure that patients with acute or chronic dizziness receive a referral in order to receive appropriate care. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:
Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

<u>DENOMINATOR:</u>
All patients aged birth and older presenting with acute or chronic dizziness.

> <u>Denominator Criteria (Eligible Cases):</u>
> Patients aged birth and older
> <u>AND</u>
> **Diagnosis for Dizziness (ICD-10-CM):** H81.10, H81.11, H81.12, H81.13, R42
> <u>AND</u>
> **Patient encounter during the performance period (CPT):** 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92550, 92557, 92567, 92568, 92570, 92575
> <u>WITHOUT</u>
> **Telehealth Modifier (including but not limited to):** GQ, GT, POS 02, POS 10

<u>NUMERATOR:</u>
Patients referred to a physician for an otologic evaluation subsequent to an audiologic evaluation who present with acute or chronic dizziness.

> *NUMERATOR NOTE: The physician receiving the referral, or providing care currently, should preferably be specially trained in disorders of the ear. Denominator exception will be determined on the date of the denominator eligible encounter.*

Numerator Options:

Performance Met:	Referral to a physician for an otologic evaluation performed **(G8856)**

OR

Denominator Exception:	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness) **(G8857)**

OR

Performance Not Met:	Referral to a physician for an otologic evaluation not performed, reason not given **(G8858)**

RATIONALE:
Studies demonstrate that patients who present with acute or chronic dizziness may suffer from underlying problems, so therefore referral is necessary. Without referral, patients may suffer consequences of the underlying problems.

CLINICAL RECOMMENDATION STATEMENTS:
The American Academy of Otolaryngology-Head and Neck Surgery policy statement (approved 9/12/2002):

Hearing loss and balance disorders are medical conditions. Only licensed physicians with medical training may diagnose and direct the management of disease and medical disorders. A full history and physical examination by a physician (preferably a physician specially trained in disorders of the ear) to determine the accurate medical diagnosis and appropriate medical/surgical treatment for hearing loss and balance disorders are indicated for patients with the following "red flags":

1) Hearing loss with a positive history of familial hearing loss, TB, syphilis, HIV, Meniere's disease, autoimmune disorder, otosclerosis, von Recklinghausen's neurofibromatosis, Paget's disease of bone, head trauma related to onset.
2) History of pain, active drainage, or bleeding from an ear.
3) Sudden onset or rapidly progressive hearing loss.
4) Acute, chronic, or recurrent episodes of dizziness.
5) Evidence of congenital or traumatic deformity of the ear.
6) Visualization of blood, pus, cerumen plug, or foreign body in the ear canal.
7) Conductive hearing loss or abnormal tympanogram.
8) Unilateral or asymmetric hearing loss; or bilateral hearing loss > 80 dB.
9) Unilateral or pulsatile tinnitus.
10) Unilateral or asymmetrically poor speech discrimination scores.

The red flags do not include all indications for a medical referral and are not intended to replace clinical judgment in determining the need for consultation with an otolaryngologist.

21 C.F.R. Section 801.420:
A hearing aid dispenser should advise a prospective hearing aid user to consult promptly with a licensed physician (preferably an ear specialist) before dispensing a hearing aid if the hearing aid dispenser determines through inquiry, actual observation, or review of any other available information concerning the prospective user, that the prospective user has any of the following conditions:

1) Visible congenital or traumatic deformity of the ear.
2) History of active drainage from the ear within the previous 90 days.
3) History of sudden or rapidly progressive hearing loss within the previous 90 days.
4) Acute or chronic dizziness.
5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.
6) Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (Hz), 1,000 Hz, and 2,000 Hz.
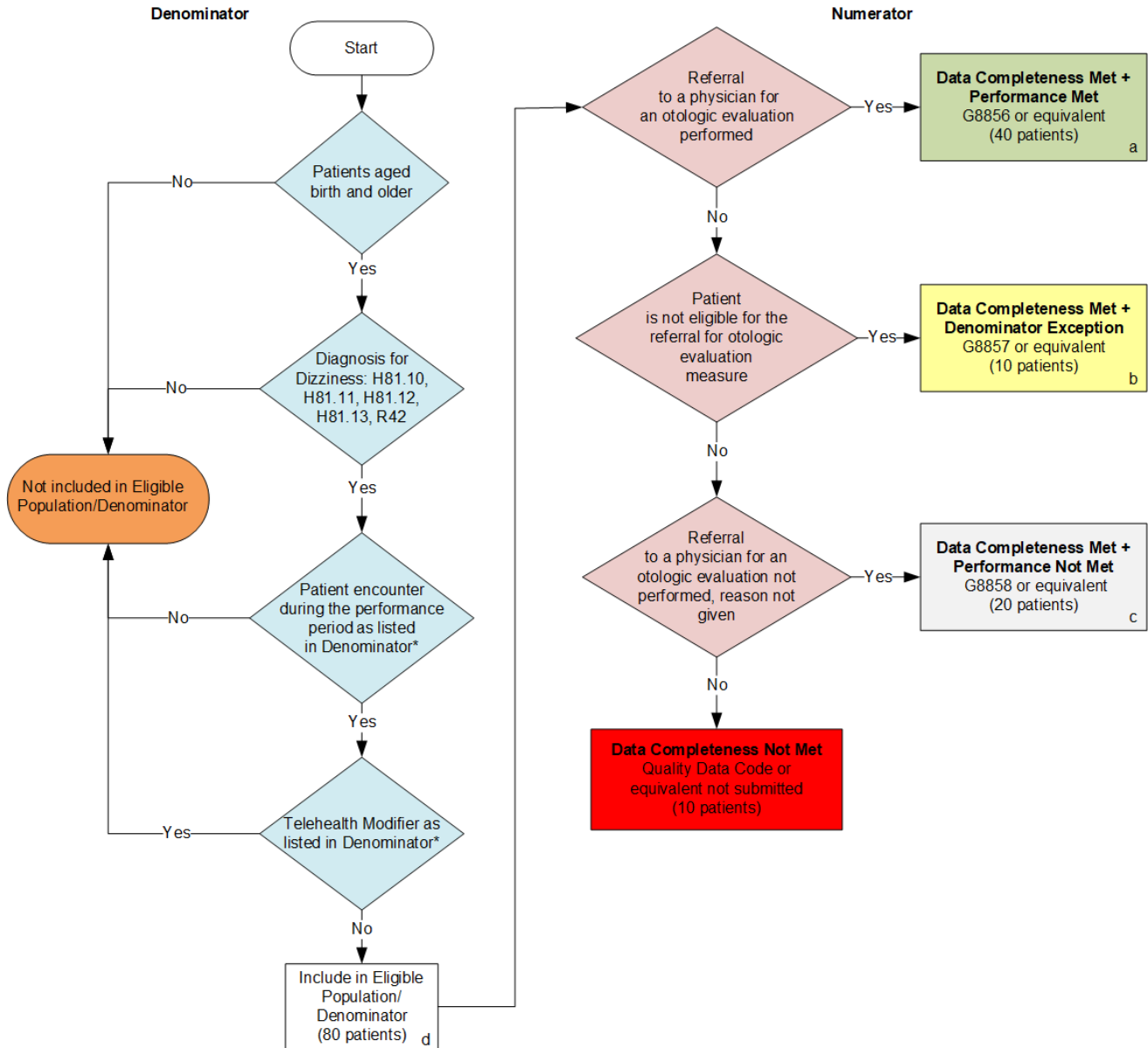7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.

8) Pain or discomfort in the ear.

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2025 Clinical Quality Measure Flow for Quality ID #261:
Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

Denominator

Start

Patients aged birth and older
— No → Not included in Eligible Population/Denominator
— Yes ↓

Diagnosis for Dizziness: H81.10, H81.11, H81.12, H81.13, R42
— No → Not included in Eligible Population/Denominator
— Yes ↓

Patient encounter during the performance period as listed in Denominator*
— No → Not included in Eligible Population/Denominator
— Yes ↓

Telehealth Modifier as listed in Denominator*
— Yes → Not included in Eligible Population/Denominator
— No ↓

Include in Eligible Population/ Denominator (80 patients)   d

Numerator

Referral to a physician for an otologic evaluation performed
— Yes → **Data Completeness Met + Performance Met** G8856 or equivalent (40 patients)   a
— No ↓

Patient is not eligible for the referral for otologic evaluation measure
— Yes → **Data Completeness Met + Denominator Exception** G8857 or equivalent (10 patients)   b
— No ↓

Referral to a physician for an otologic evaluation not performed, reason not given
— Yes → **Data Completeness Met + Performance Not Met** G8858 or equivalent (20 patients)   c
— No ↓

Data Completeness Not Met Quality Data Code or equivalent not submitted (10 patients)

SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 patients) + Denominator Exception (b=10 patients) + Performance Not Met (c=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 patients)}}{\text{Data Completeness Numerator (70 patients) – Denominator Exception (b=10 patients)}} = \frac{40 \text{ patients}}{60 \text{ patients}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.
NOTE: Submission Frequency: Patient-Process

2025 Clinical Quality Measure Flow Narrative for Quality ID #261:
Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator

2. Check *Patients aged birth and older*:

   a. If *Patients aged birth and older* equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patients aged birth and older* equals Yes, proceed to check *Diagnosis for Dizziness*.

3. Check *Diagnosis for Dizziness*:

   a. If *Diagnosis for Dizziness* equals No, do not include *in Eligible Population/Denominator*. Stop processing.

   b. If *Diagnosis for Dizziness* equals Yes, proceed to check *Patient encounter during the performance period as listed in Denominator**.

4. Check *Patient encounter during the performance period as listed in Denominator**:

   a. If *Patient encounter during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Patient encounter during the performance period as listed in Denominator** equals Yes, proceed to check *Telehealth Modifier*.

5. Check *Telehealth Modifier*:

   a. If *Telehealth Modifier* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.

   b. If *Telehealth Modifier* equals No, include in *Eligible Population/Denominator*.

6. Denominator Population:

   a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.

7. Start Numerator

8. Check *Referral to a physician for an otologic evaluation performed*:

   a. If *Referral to a physician for an otologic evaluation performed* equals Yes, include in *Data Completeness Met and Performance Me*t.

      - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 patients in the Sample Calculation.

   b. If *Referral to a physician for an otologic evaluation performed* equals No, proceed to check *Patient is not eligible for the referral for otologic evaluation measure*.

9. Check *Patient is not eligible for the referral for otologic evaluation measure*:

a. If *Patient is not eligible for the referral for otologic evaluation measure* equals Yes, include in *Data Completeness Met and Denominator Exception.*

- *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 patients in the Sample Calculation.

b. If *Patient is not eligible for the referral for otologic evaluation measure* equals No, proceed to check *Referral to a physician for an otologic evaluation not performed, reason not given.*

10. Check *Referral to a physician for an otologic evaluation not performed, reason not given*:

a. If *Referral to a physician for an otologic evaluation not performed, reason not given* equals Yes, include in *Data Completeness Met and Performance Not Met.*

- *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 patients in the Sample Calculation.

b. If *Referral to a physician for an otologic evaluation not performed, reason not given* equals No, proceed to check *Data Completeness Not Met.*

11. Check *Data Completeness Not Met*:

- If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 40 patients) plus Denominator Exception (b equals 10 patients) plus Performance Not Met (c equals 20 patients) divided by Eligible Population/Denominator (d equals 80 patients). All equals 70 patients divided by 80 patients. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 patients) divided by Data Completeness Numerator (70 patients) minus Denominator Exception (b equals 10 patients). All equals 40 patients divided by 60 patients. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Patient-Process

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.