

▲ Measure #94: Otitis Media with Effusion (OME): Diagnostic Evaluation – Assessment of Tympanic Membrane Mobility

2011 PHYSICIAN QUALITY REPORTING OPTIONS FOR INDIVIDUAL MEASURES:
CLAIMS, REGISTRY

DESCRIPTION:

Percentage of patient visits for those patients aged 2 months through 12 years with a diagnosis of OME with assessment of tympanic membrane mobility with pneumatic otoscopy or tympanometry

INSTRUCTIONS:

This measure is to be reported at each visit for children with OME during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Claims:

ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. CPT Category II codes are used to report the numerator of the measure.

When reporting the measure via claims, submit the appropriate ICD-9-CM diagnosis codes, CPT codes, and the appropriate CPT Category II code **OR** the CPT Category II code **with** the modifier. The modifiers allowed for this measure are: 1P- medical reasons, 2P- patient reasons, 8P- reason not otherwise specified. All measure-specific coding should be reported on the claim(s) representing the eligible encounter.

Measure Reporting via Registry:

ICD-9-CM diagnosis codes, CPT codes, and patient demographics are used to identify patients who are included in the measure's denominator. The numerator options as described in the quality-data codes are used to report the numerator of the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patient visits for those patients aged 2 months through 12 years with a diagnosis of OME

Denominator Criteria (Eligible Cases):

Patients aged 2 months through 12 years on date of encounter

AND

Diagnosis for OME (ICD-9-CM): 381.10, 381.19, 381.20, 381.29, 381.3, 381.4

AND

Patient encounter during the reporting period (CPT): 92567, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

NUMERATOR:

Patient visits with assessment of tympanic membrane mobility with pneumatic otoscopy or tympanometry

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Tympanic Membrane Mobility Assessed

CPT II 2035F: Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry

OR

Tympanic Membrane Mobility not Assessed for Medical or Patient Reasons

Append a modifier (1P or 2P) to CPT Category II code 2035F to report documented circumstances that appropriately exclude patients from the denominator.

2035F *with* 1P: Documentation of medical reason(s) for not assessing tympanic membrane mobility with pneumatic otoscopy or tympanometry

2035F *with* 2P: Documentation of patient reason(s) for not assessing tympanic membrane mobility with pneumatic otoscopy or tympanometry

OR

Tympanic Membrane Mobility not Assessed, Reason not Specified

Append a reporting modifier (8P) to CPT Category II code 2035F to report circumstances when the action described in the numerator is not performed and the reason is not otherwise specified.

2035F *with* 8P: Tympanic membrane mobility not assessed with pneumatic otoscopy or tympanometry, reason not otherwise specified

RATIONALE:

Correctly diagnosing middle ear effusion is essential for proper management. OME is often characterized by a cloudy tympanic membrane with distinctly impaired mobility which can best be determined with pneumatic otoscopy or tympanometry.

CLINICAL RECOMMENDATION STATEMENTS:

Clinicians should use pneumatic otoscopy as the primary diagnostic method for OME. OME should be distinguished from AOM. (Strong Recommendation based on systematic review of cohort studies and preponderance of benefit over harm. [Aggregate evidence quality – Grade A])

Tympanometry can be used to confirm the diagnosis of OME. (Option based on cohort studies and a balance of benefit and harm. [Aggregate evidence quality – Grade B]) (AAFP/AAO-HNSF/AAP)