

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

2026 COLLECTION TYPE:

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) CLINICAL QUALITY MEASURE (CQM)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

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.

INSTRUCTIONS:

Reporting Frequency:

This measure is to be submitted a minimum of once per performance period for denominator eligible cases as defined in the denominator criteria.

Intent and Clinician Applicability:

This measure is intended to reflect the quality of services provided for patients acute or chronic dizziness. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions as defined by the numerator based on the services provided and the measure-specific denominator coding.

Measure Strata and Performance Rates:

This measure contains one strata defined by a single submission criteria.

This measure produces a single performance rate.

Implementation Considerations:

For the purposes of MIPS implementation, this patient-process measure is submitted a minimum of once per patient for the performance period. The most advantageous quality data code will be used if the measure is submitted more than once.

Telehealth:

NOT TELEHEALTH ELIGIBLE: This measure is not appropriate for nor applicable to the telehealth setting.

Patient encounters for this measure conducted via telehealth should be removed from the denominator eligible patient population. Therefore, if the patient meets all denominator criteria but the encounter is conducted via telehealth, it would be appropriate to remove them from the denominator eligible patient population. Telehealth eligibility is at the measure level for inclusion within the denominator eligible patient population and based on the measure specification definitions which are independent of changes to coding and/or billing practices.

Measure Submission:

The quality data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this collection type for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. The coding provided to identify the measure criteria: Denominator or Numerator, may be an example of coding that could be used to identify patients that meet the intent of this clinical topic. When implementing this measure, please refer to the 'Reference Coding' section to determine if other codes or code languages that meet the intent of the criteria may also be used within the medical record to identify and/or assess patients. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients aged birth and older presenting with acute or chronic dizziness.

Denominator Criteria (Eligible Cases):

Patients aged birth and older

AND

Diagnosis for Dizziness (ICD-10-CM): H81.10, H81.11, H81.12, H81.13, R42

AND

Patient encounter during the performance period (CPT): 92540, 92541, 92542, 92544, 92545, 92546, 92548, 92550, 92557, 92567, 92568, 92570, 92575

WITHOUT

Encounters conducted via telehealth: M1440

NUMERATOR:

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.

REFERENCES:

There are no sources in the current document.

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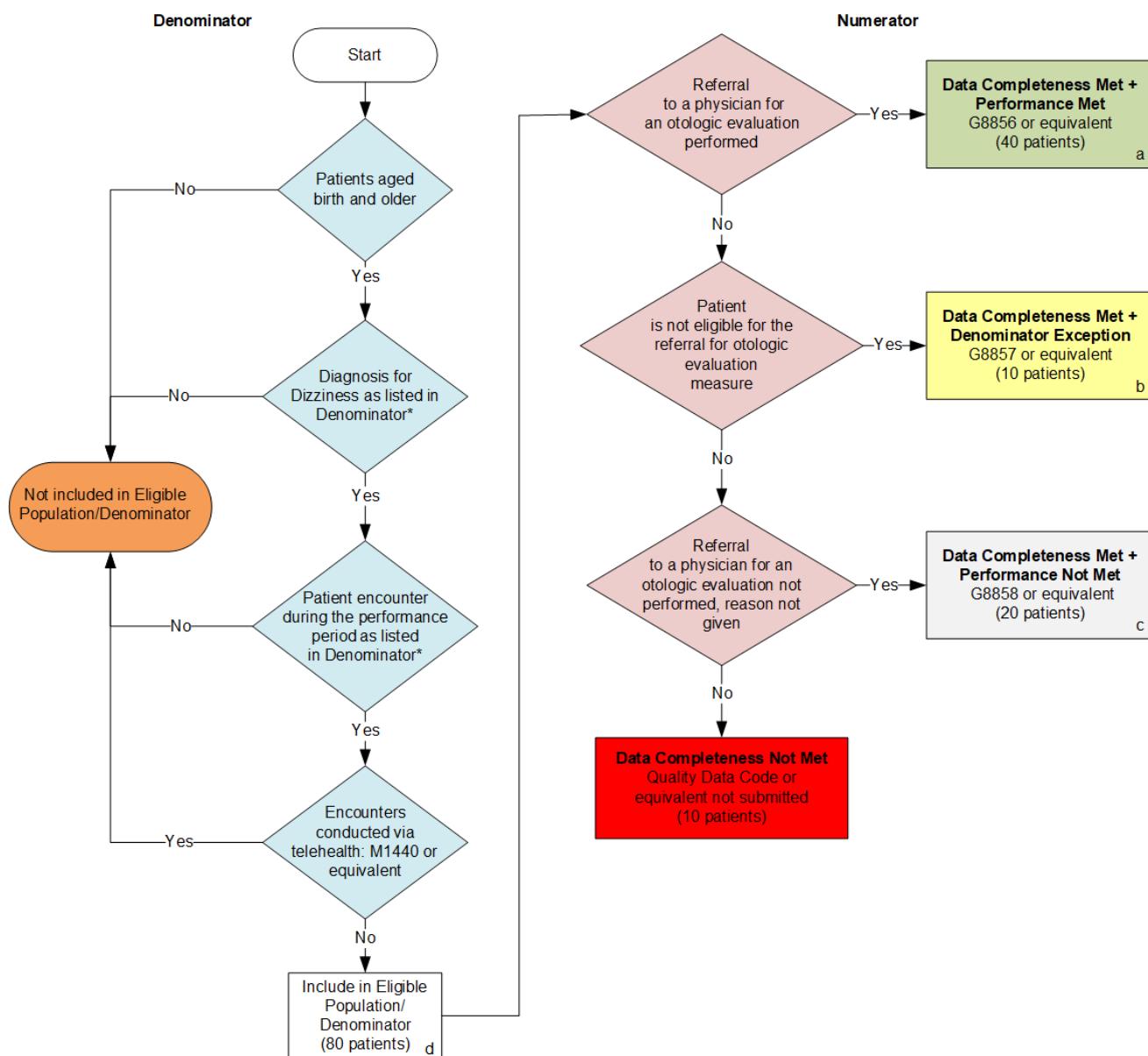
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2026 Clinical Quality Measure Flow for Quality ID #261: Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness

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



SAMPLE CALCULATIONS

Data Completeness=

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

Performance Rate=

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

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

NOTE: Submission Frequency: Patient-Process

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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.

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2026 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 as listed in Denominator*.
3. Check *Diagnosis for Dizziness as listed in Denominator*:
 - a. If *Diagnosis for Dizziness as listed in Denominator* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for Dizziness as listed in Denominator* 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 *Encounters conducted via telehealth*.
5. Check *Encounters conducted via telehealth*:
 - a. If *Encounters conducted via telehealth* equals Yes, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Encounters conducted via telehealth* equals No, include in *Eligible Population/Denominator*.
6. Denominator Population:
 - 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 Met*.
 - *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.