



AAO16: Age-Related Hearing Loss: Comprehensive Audiometric Evaluation

High Priority Status: Yes / Care Coordination

CBE Number: N/A

Measure Description:

Percentage of patients aged 50 years and older who failed a hearing screening and/or who report suspected hearing loss who received, were ordered, or were referred for comprehensive audiometric evaluation within 4 weeks of the office visit.

Instructions:

This measure is to be submitted a minimum of **once per performance period** for patients seen for suspected/unspecified hearing loss during the performance period. This measure may be submitted by clinicians based on the services provided and the measure-specific denominator coding.

Denominator:

All patients aged 50 years and older who failed a hearing screening and/or who report suspected hearing loss

Denominator Note:

To meet the denominator criteria, a patient must present with first time hearing difficulties or hearing difficulties are suspected, or unspecified hearing loss. Patients with a confirmed diagnosis of hearing loss are excluded from this measure.

Denominator Exclusions:

None

Numerator:

Patients who received, were ordered, or were referred for comprehensive audiometric evaluation* within 4 weeks of the office visit

*Comprehensive audiometric evaluation: The hearing evaluation should include a physical examination of the patient's ears and an evaluation of the patient's hearing acuity using an audiometer in a sound booth. The hearing evaluation may include the use of pure tone audiometry, bone conduction hearing testing, Hearing in Noise Test, speech tests, acoustic reflex test, auditory brainstem response testing (e.g. when patient is not able to complete behavioral audiometry) or other appropriate hearing evaluation tests.

Numerator Note:

To meet the intent of the measure, the numerator quality action must be performed during or within 4 weeks of the encounter in which suspected hearing loss is documented.

Denominator Exceptions:

Medical reason(s) for not evaluating for hearing loss include patients who had an audiogram within last year; patients with an active diagnosis of deafness, hearing impairment, head or ear trauma, history of other hearing impairment. Patient refusal.

Measure Classifications:

Submission Pathway: Traditional MIPS, MIPS Value Pathways (MVP)

Measure Type: Process

High Priority Type: Care Coordination

Meaningful Measures Area: Preventive Care

Care Setting(s): Ambulatory Care: Clinician Office/Clinic

Includes Telehealth: Yes

Number of Performance Rates: 1

Inverse measure: No

Continuous measure: No

Empowering otolaryngologist-head and neck surgeons to deliver the best patient care

Proportional measure: Yes
Ratio measure: No
Risk Adjusted measure: No

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