



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to subcriterion 1b).

Brief Measure Information

NQF #: 0587

Corresponding Measures:

De.2. Measure Title: Tympanostomy Tube Hearing Test

Co.1.1. Measure Steward: Resolution Health, Inc.

De.3. Brief Description of Measure: This measure identifies the percentage of patients age 2 through 12 years with OME who received tympanostomy tube(s) insertion during the measurement year and had a hearing test performed within 6 months prior to the initial tube placement.

1b.1. Developer Rationale:

S.4. Numerator Statement: Patients from the denominator who underwent hearing testing within 6 months prior to the initial tympanostomy tube(s) insertion

Time Window: See below

S.7. Denominator Statement: Patients age 2 through 12 years old with OME who received tympanostomy tube(s) insertion during the measurement year

Time Window: See below

S.10. Denominator Exclusions: None

De.1. Measure Type: Process

S.23. Data Source: Claims

S.26. Level of Analysis: Clinician : Group/Practice, Clinician : Individual

IF Endorsement Maintenance – Original Endorsement Date: Dec 04, 2009 **Most Recent Endorsement Date:** Dec 04, 2009

IF this measure is included in a composite, NQF Composite#/title:

IF this measure is paired/grouped, NQF#/title:

De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results?

1. Evidence, Performance Gap, Priority – Importance to Measure and Report

Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. **Measures must be judged to meet all subcriteria to pass this criterion and be evaluated against the remaining criteria.**

1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form

[0587_Evidence_MSF5.0_Data-635278492659946532.doc](#)

1b. Performance Gap

Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:

- considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or
- disparities in care across population groups.

1b.1. Briefly explain the rationale for this measure (e.g., the benefits or improvements in quality envisioned by use of this measure)

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. (This is required for endorsement maintenance. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included). This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. (This is required for endorsement maintenance. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the subcriterion on improvement (4b.1) under Usability and Use.

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations.

1c. High Priority (previously referred to as High Impact)

The measure addresses:

- a specific national health goal/priority identified by DHHS or the National Priorities Partnership convened by NQF; OR
- a demonstrated high-priority (high-impact) aspect of healthcare (e.g., affects large numbers of patients and/or has a substantial impact for a smaller population; leading cause of morbidity/mortality; high resource use (current and/or future); severity of illness; and severity of patient/societal consequences of poor quality).

1c.1. Demonstrated high priority aspect of healthcare

1c.2. If Other:

1c.3. Provide epidemiologic or resource use data that demonstrates the measure addresses a high priority aspect of healthcare. List citations in 1c.4.

1c.4. Citations for data demonstrating high priority provided in 1a.3

1c.5. If a PRO-PM (e.g. HRQoL/functional status, symptom/burden, experience with care, health-related behaviors), provide evidence that the target population values the measured PRO and finds it meaningful. (Describe how and from whom their input was obtained.)

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. **Measures must be judged to meet the subcriteria for both reliability and validity to pass this criterion and be**

evaluated against the remaining criteria.

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Ears, Nose, Throat (ENT) : Ear Infection, HEENT

De.6. Non-Condition Specific (check all the areas that apply):

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment:

S.3. For endorsement maintenance, please briefly describe any changes to the measure specifications since last endorsement date and explain the reasons.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome)

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

Patients from the denominator who underwent hearing testing within 6 months prior to the initial tympanostomy tube(s) insertion

Time Window: See below

S.5. Time Period for Data (What is the time period in which data will be aggregated for the measure, e.g., 12 mo, 3 years, look back to August for flu vaccination? Note if there are different time periods for the numerator and denominator.)

S.6. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm.

- >=1 claim with a procedure code for 'Hearing Test' (see below for applicable procedure codes) in the 6 months prior to the 'index tube insertion date' (see denominator details below)

Hearing Test (Procedure)

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Type	Code	Description
CPT4	92506	SPEECH/HEARING EVALUATION
CPT4	92551	SCREENING TEST PURE TONE AIR ONLY
CPT4	92552	PURE TONE AUDIOMETRY; AIR ONLY

CPT4	92553	PURE TONE AUDIOMETRY; AIR AND BONE
CPT4	92555	SPEECH AUDIOMETRY THRESHOLD;
CPT4	92556	SPEECH AUDIOM THRESHLD; W/RECOGNITN
CPT4	92557	COMP AUDIOMETRY THRESHOLD EVAL
CPT4	92561	BEKESY AUDIOMETRY; DIAGNOSTIC
CPT4	92562	LOUD BALANC TEST ALTERN BI/MONAURAL
CPT4	92563	TONE DECAY TEST
CPT4	92564	SHORT INCREMENT SENSITIVITY INDEX
CPT4	92567	TYMPANOMETRY
CPT4	92568	ACOUSTIC REFL THRESHOLD TST
CPT4	92569	ACOUSTIC REFLEX DECAY TEST
CPT4	92570	ACOUSTIC IMMITANCE TESTING
CPT4	92571	FILTERED SPEECH TEST
CPT4	92572	STAGGERED SPONDAIC WORD TEST
CPT4	92575	SENSORINEURAL ACUITY LEVEL TEST
CPT4	92576	SYNTHETIC SENTENCE ID TEST
CPT4	92577	STENGER TEST SPEECH
CPT4	92579	VISUAL REINFORCEMENT AUDIOMETRY
CPT4	92582	CONDITIONING PLAY AUDIOMETRY
CPT4	92583	SELECT PICTURE AUDIOMETRY
CPT4	92585	AUD EVOKD POTNT &/ TEST CNS; COMP
CPT4	92586	AUD EVOKD POTENT &/ TEST CNS; LTD
CPT4	92587	EVOLED OTOACOUSTIC EMISSIONS; LTD
HSREV	0471	Audiology
ICD9P	9541	AUDIOMETRY
ICD9P	9542	CLINICAL TEST OF HEARING
ICD9P	9543	AUDIOLOGICAL EVALUATION
ICD9P	9547	HEARING EXAMINATION NOS

S.7. Denominator Statement (Brief, narrative description of the target population being measured)

Patients age 2 through 12 years old with OME who received tympanostomy tube(s) insertion during the measurement year

Time Window: See below

S.8. Target Population Category (Check all the populations for which the measure is specified and tested if any):

Children

S.9. Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

- Age ≥ 2 years as of start of measurement year AND ≤ 12 years as of the end of the measurement year
- AND ≥ 1 claim with a diagnosis code for 'Otitis Media with Effusion' (see below for applicable diagnosis codes) from an office visit 'Otitis Visit' during the measurement year
- AND ≥ 1 claim with a procedure code for 'Tympanostomy Tube Insertion' (see below for applicable procedure codes) during the measurement year, in which the earliest claim date is considered the 'index tube insertion date'
- AND no claims with a procedure code for 'Tympanostomy Tube Insertion' in the 6 months prior to the 'index tube insertion date'
- AND member eligibility for medical services during the 6 month period prior to the 'index tube insertion date'

Otitis Media with Effusion (Diagnosis)

Type	Code	Description
ICD9	38110	SMPL/UNS CHRON SEROUS OTITIS MEDIA
ICD9	38119	OTHER CHRONIC SEROUS OTITIS MEDIA

ICD9	38120	SMPL/UNS CHRON MUCOID OTITIS MEDIA
ICD9	38129	OTHER CHRONIC MUCOID OTITIS MEDIA
ICD9	3813	OTH&UNS CHRN NONSUPPRATV OTIT MEDIA
ICD9	3814	NONSUPPRATV OTIT MEDIA NOT AC/CHRN

Otitis Visit (Procedure)

Type	Code	Description
CPT4	99201	OFFICE/OUTPATIENT VISIT, NEW
CPT4	99202	OFFICE/OUTPATIENT VISIT, NEW
CPT4	99203	OFFICE/OUTPATIENT VISIT, NEW
CPT4	99204	OFFICE/OUTPATIENT VISIT, NEW
CPT4	99205	OFFICE/OUTPATIENT VISIT, NEW
CPT4	99212	OFC/OUTPT E&M ESTAB MINOR 10 MIN
CPT4	99213	OFC/OUTPT E&M ESTAB LOW-MOD 15 MIN
CPT4	99214	OFC/OUTPT E&M ESTAB MOD-HI 25 MIN
CPT4	99215	OFC/OUTPT E&M ESTAB MOD-HI 40 MIN
CPT4	99241	OFFICE CNSLT NEW/ESTAB MINOR 15 MIN
CPT4	99242	OFC CNSLT NEW/EST LOW SEVER 30 MIN
CPT4	99243	OFFICE CNSLT NEW/ESTAB MOD 40 MIN
CPT4	99244	OFC CNSLT NEW/ESTAB MOD-HI 60 MIN
CPT4	99245	OFC CNSLT NEW/ESTAB MOD-HI 80 MIN
CPT4	99381	INIT PREV MED E&M NEW PT; INFANT
CPT4	99382	INIT PREV MED E&M NEW PT; 1-4 YRS
CPT4	99383	INIT PREV MED E&M NEW PT; 5-11 YRS
CPT4	99384	INIT PREV MED E&M NEW PT; 12-17 YRS
CPT4	99385	INIT PREV MED E&M NEW PT; 18-39 YRS
CPT4	99386	INIT PREV MED E&M NEW PT; 40-64 YRS
CPT4	99387	INIT PREV MED E&M NEW PT; 65 YRS/>
CPT4	99391	PRD PREV MED E&M EST PT; INFNT <1YR
CPT4	99392	PRD PREV MED E&M EST PT; 1-4 YRS
CPT4	99393	PRD PREV MED E&M EST PT; 5-11 YRS
CPT4	99394	PRD PREV MED E&M EST PT; 12-17 YRS
CPT4	99395	PRD PREV MED E&M EST PT; 18-39 YRS
CPT4	99396	PRD PREV MED E&M EST PT; 40-64 YRS
CPT4	99397	PRD PREV MED E&M ESTAB PT; 65 YRS></1YR>

Tympanostomy Tube Insertion (Procedure)

Type	Code	Description
CPT4	69433	TYMPANOSTOMY LOCAL/TOP ANESTHESIA
CPT4	69436	TYMPANOSTOMY GENERAL ANESTHESIA
ICD9P	2001	MYRINGOTOMY WITH INSERTION OF TUBE

S.10. Denominator Exclusions (Brief narrative description of exclusions from the target population)

None

S.11. Denominator Exclusion Details (All information required to identify and calculate exclusions from the denominator such as definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

S.12. Stratification Details/Variables (All information required to stratify the measure results including the stratification variables,

definitions, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b)

S.13. Risk Adjustment Type (Select type. Provide specifications for risk stratification in S.12 and for statistical model in S.14-15)

No risk adjustment or risk stratification

If other:

S.14. Identify the statistical risk model method and variables (Name the statistical method - e.g., logistic regression and list all the risk factor variables. Note - risk model development and testing should be addressed with measure testing under Scientific Acceptability)

S.15. Detailed risk model specifications (must be in attached data dictionary/code list Excel or csv file. Also indicate if available at measure-specific URL identified in S.1.)

Note: Risk model details (including coefficients, equations, codes with descriptors, definitions), should be provided on a separate worksheet in the suggested format in the Excel or csv file with data dictionary/code lists at S.2b.

S.15a. Detailed risk model specifications (if not provided in excel or csv file at S.2b)

S.16. Type of score:

If other:

S.17. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

S.18. Calculation Algorithm/Measure Logic (Describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; aggregating data; risk adjustment; etc.)

S.19. Calculation Algorithm/Measure Logic Diagram URL or Attachment (You also may provide a diagram of the Calculation Algorithm/Measure Logic described above at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

S.20. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

IF a PRO-PM, identify whether (and how) proxy responses are allowed.

S.21. Survey/Patient-reported data (If measure is based on a survey, provide instructions for conducting the survey and guidance on minimum response rate.)

IF a PRO-PM, specify calculation of response rates to be reported with performance measure results.

S.22. Missing data (specify how missing data are handled, e.g., imputation, delete case.)

Required for Composites and PRO-PMs.

S.23. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.24.

Claims

S.24. Data Source or Collection Instrument (*Identify the specific data source/data collection instrument e.g. name of database, clinical registry, collection instrument, etc.*)

IF a PRO-PM, identify the specific PROM(s); and standard methods, modes, and languages of administration.

S.25. Data Source or Collection Instrument (*available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)*

S.26. Level of Analysis (*Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED*)

Clinician : Group/Practice, Clinician : Individual

S.27. Care Setting (*Check ONLY the settings for which the measure is SPECIFIED AND TESTED*)

Outpatient Services

If other:

S.28. COMPOSITE Performance Measure - Additional Specifications (*Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.*)

2a. Reliability – See attached Measure Testing Submission Form

2b. Validity – See attached Measure Testing Submission Form

[0587_MeasureTesting_MSF5.0_Data-635278492660102534.doc](#)

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields? (*i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields*)

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources.

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs

associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Describe what you have learned/modified as a result of testing and/or operational use of the measure regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

IF a PRO-PM, consider implications for both individuals providing PROM data (patients, service recipients, respondents) and those whose performance is being measured.

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Planned	Current Use (for current use provide URL)
Public Reporting	
Quality Improvement (Internal to the specific organization)	

4a.1. For each CURRENT use, checked above, provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included

4a.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

4a.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

4b. Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b.1. Progress on Improvement. (Not required for initial endorsement unless available.)

Performance results on this measure (current and over time) should be provided in 1b.2 and 1b.4. Discuss:

- Progress (trends in performance results, number and percentage of people receiving high-quality healthcare)
- Geographic area and number and percentage of accountable entities and patients included

4b.2. If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4c. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4c.1. Were any unintended negative consequences to individuals or populations identified during testing; OR has evidence of unintended negative consequences to individuals or populations been reported since implementation? If so, identify the negative unintended consequences and describe how benefits outweigh them or actions taken to mitigate them.

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications completely harmonized?

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

Attachment:

Contact Information

Co.1 Measure Steward (Intellectual Property Owner): [Resolution Health, Inc.](#)

Co.2 Point of Contact: [Aurel Iuga](#), aurel.iuga@wellpoint.com, 240-295-6205-

Co.3 Measure Developer if different from Measure Steward: [Resolution Health, Inc.](#)

Co.4 Point of Contact: [Kevin Bowman](#), Kevin.Bowman@anthem.com, 240-295-1398-

Additional Information

Ad.1 Workgroup/Expert Panel involved in measure development

Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.

Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released:

Ad.3 Month and Year of most recent revision:

Ad.4 What is your frequency for review/update of this measure?

Ad.5 When is the next scheduled review/update for this measure?

Ad.6 Copyright statement:

Ad.7 Disclaimers:

Ad.8 Additional Information/Comments: