

AAO32: Standard Benign Positional Paroxysmal Vertigo (BPPV) Management (Inverse Measure)

High Priority Status: Yes; Appropriate Use

NQF Number: N/A

Percentage of Benign Positional Paroxysmal Vertigo (BPPV) patients who received vestibular testing, imaging, and antihistamine or benzodiazepine medications.

Denominator:

Patients diagnosed with posterior canal BPPV.

Denominator Exclusions:

Patients whose diagnosis of BPPV was made after vestibular testing, imaging, or antihistamine or benzodiazepine was prescribed are not included in the eligible population for the denominator.

Denominator Exceptions:

For numerator component A, patients may be excluded if they have:

- · Negative Dix-Hallpike maneuver
- Dizziness that lasts longer than one minute
- Postural or gait abnormalities
- Transient dizziness that is unresponsive to repositioning

For numerator component B, patients may be excluded if they have:

- Atypical BPPV (anterior canal, relapsing BPPV [To be captured via search term processing this exclusion should be written as "Patient has relapsing BPPV"], BPPV associated with other neurological conditions, or severe multicanal BPPV)
- Focal deficit or unilateral hearing loss
- Vision changes
- Trauma history
- Recent surgery

For numerator component C, patients may be excluded if they have:

- · Patient refuses other treatment options
- · Severe symptoms during positioning
- Nausea or vomiting during positioning
- Patient requires prophylaxis
- Clinical indication for long-term use present (e.g., anxiety disorder)

Numerator:

- A. Patients with BPPV referred for vestibular testing by the encounter provider.
- B. Patients with BPPV referred, recommended, or ordered a CTA, CT, MRA, or MRI by the encounter provider.
- C. Patients with BPPV prescribed antihistamine or benzodiazepine medications by the encounter provider.
- D. Total patient performance on the 3 above components (All-or-nothing calculation).

Numerator Exclusions:

None

Measure Classifications:

Measure Type: Process

National Quality Strategy (NQS) domain: Efficiency and Cost Reduction

Meaningful Measures Area: Appropriate Use of Healthcare Care Setting(s): Ambulatory Care: Clinician Office/Clinic

Includes Telehealth: Yes

Number of Performance Rates: 1 Inverse measure: Yes Continuous measure: No Proportional measure: Yes

Ratio measure: No Risk-adjusted measure: No © 2022 American Academy of Neurology and American Academy of Otolaryngology-Head and Neck Surgery Foundation. All rights reserved. Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. The measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g. use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the measures for commercial gain, or incorporation of the measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the measures require a license agreement between the user, the American Academy of Neurology (AAN), and the American Academy of Otolaryngology – Head and Neck Surgery Foundation. The measure is not a clinical guideline, does not establish a standard of medical care, and has not been tested for all potential applications. The measure and specifications are provided "as is" without warranty of any kind. Neither the American Academy of Otolaryngology - Head and Neck Surgery Foundation (AAO-HNSF), nor its members shall be responsible for any use of the measure. The AAO-HNSF and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications. Empowering otolaryngologist-head and neck surgeons to deliver the best patient care