Importance of Documentation

- Differentiates an audiologist from a hearing aid dispenser
- A provision of quality patient care
  - If you do not ask, you do not know
- Physician communication (and marketing)
- Patient communication
- Documenting medical necessity
- Risk management
- Reimbursement

Reimbursement

- Insurance providers may require reasonable documentation
  - Validate that services are consistent with the insurance coverage provided including:
    - Site of service
    - Medical necessity/appropriateness of services provided
    - Proof that services provided are accurately reported
- Particularly with E/M (Evaluation and Management codes)
Components of Documentation

- Case history
  - Why you did it
- Test results
  - What you found
- Recommendations
  - What you recommend

Case History

- Types of history
  - Problem focused
  - Expanded problem focused
  - Detailed
  - Comprehensive

Type of Case History

- Problem focused
  - Chief complaint
  - Brief case history related to chief complaint
- Expanded problem focused
  - Chief complaint
  - Brief case history related to chief complaint
  - Problem pertinent review of system (ear)
Type of Case History

› Detailed
  • Chief complaint
  • Extended case history related to chief complaint
  • Problem pertinent review of systems, including additional systems (ear, neurologic, cardiovascular)
  • Pertinent past, family, or social history related to chief complaint

› Comprehensive
  • Chief complaint
  • Extended case history related to chief complaint
  • Complete review of systems
  • Complete past, family, or social history related to chief complaint

Case History

› Chief complaint
  • Nature of presenting problem
  • Why is the patient there today
  • Assists in driving your test protocol for each patient

› For audiologists, most are considered of low severity
  • This risks of mortality or morbidity without treatment is low

Case History

› History of present illness
  • Symptoms
    • Brief ➔ Acute
    • Extended ➔ Chronic
Case History

- Review of 18 systems
  - Head
  - Neck
  - Chest
  - Abdomen
  - Genitalia
  - Back
  - Extremities
  - Eyes
  - Ears, nose, mouth and throat
  - Cardiovascular
  - Respiratory
  - Gastrointestinal
  - Genitourinary
  - Musculoskeletal
  - Skin
  - Neurologic
  - Psychiatric
  - Hematologic, lymphatic, immunologic

Case History

- Past history can include:
  - Birth history
  - Childhood illnesses/injuries
  - Prior operations
  - Prior hospitalizations
  - Current medications
  - Allergies

- Social history can include:
  - Marital status
  - Employment
  - Occupational history
  - Drugs
  - Alcohol / tobacco consumption
  - Educational history
  - Sexual orientation

- None
- Pertinent
- Complete

Case History – Example

- Chief Complaint: Possible decrease in hearing sensitivity bilaterally. None of the warning signs of ear disease (visible congenital/traumatic deformity of the ear, history of active drainage from the ear, history of sudden or rapidly progressive hearing loss, acute or chronic dizziness, unilateral hearing loss, an audiometric air–bone gap equal to or greater than 15dB, evidence of significant cerumen build–up, and/or ear pain or discomfort) noted. Past History: High blood pressure, migraines. Currently taking the following medications: Cozaar, Cardizem. Social History: Married, non-smoker, does not consume alcohol.
Results

- Tests performed
- Medical necessity
  - Why the test was performed
- Findings of the tests performed

Abnormal / Unexpected Findings
- Must be documented
- Listing “Abnormal” alone is insufficient

Normal Findings
- Stating “Normal” or “Negative” is acceptable

Otoscopy: Clear ear canals, bilaterally. Tympanometry:
Normal TM mobility, middle ear pressure, and ear canal volume, bilaterally. Pure tone testing (Bilateral):
Mild sensorineural hearing loss in the low frequencies sloping to a moderately–severe sensorineural hearing loss in the high frequencies. Word Recognition:
Excellent bilaterally. Otoacoustic Emissions (OAE) screening: Bilateral – Abnormal. OAE results are consistent with a sensory hearing loss. Speech Recognition Thresholds (SRTs) were in agreement with Pure Tone Averages (PTAs) indicating good reliability for today’s behavioral results. Test Reliability:
Excellent.
Recommendations

- Should reflect the findings of both the case history and the testing (not just the testing)
  - Reflective of the whole patient, not just their auditory/vestibular system
  - Our risks of morbidity and mortality are low
  - Think beyond merely amplification
  - Tinnitus
  - Aural rehabilitation
  - Falls risk
  - Dizziness
  - Medication interactions
  - Coordination of care

Recommendations – Example

1. Follow-up with Amy Wilson, M.D. to review today’s results.
2. Repeat audiologic evaluation if the patient reports any change in balance, otalgia, tinnitus, or changes in hearing are noted.
3. Clinical trial with amplification recommended. Earmold impressions were taken and a follow-up hearing aid fitting was scheduled.
4. Wear hearing protection whenever in noisy situations.
5. Utilize strategies for improving speech understanding including: 1) Encouraging face-to-face communication with the speaker, 2) Reduce background noise, 3) Decrease the distance between listener and the speaker, and 4) Enhance room lighting.

Documentation Requirements

- Complete and Legible
- Date of service
  - Timestamp required in some states
- Legible identity of provider

- Should support: CPT and ICD–9–CM codes reported on the health insurance claim form or billing statement.
Effective Report Writing

- Techniques include:
  - Using clear, concise statements
  - Completing / sending reports promptly
  - Accuracy
  - Quality of care
  - Making results, impressions, and recommendations interpretable for unfamiliar readers
  - Know your audience

CounselEAR – Professional Report