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Effective Documentation for a Compliant Audiology Practice

AudiologyOnline
Summer 2015

Learning Objectives

After this course, participants will be able to

- List the systems contained in the review of body systems.
- Describe the different aspects of a case history.
- Define and describe what constitutes SOAP notes.

Facts About Documentation

- Think beyond the ear...
- If it is not documented, it did not happen.
- An audiogram in and of itself does not constitute sufficient documentation, specifically as it relates to medical necessity.
- Needs to be complete and legible.
- It needs to be dated.
- Must document name and professional identity.

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Documentation and Medicare

- “Documentation for Orders (Reasons for Tests):
 - The reason for the test should be documented either on the order, on the audiological evaluation report, or in the patient’s medical record. (See subsection C of this section concerning reasons for tests.)
- Documenting skilled services. When the medical record is subject to medical review, it is necessary that the record contains sufficient information so that the contractor may determine that the service qualifies for payment. For example, documentation should indicate that the test was ordered, that the reason for the test results in coverage, and that the test was furnished to the patient by a qualified individual.
 - Records that support the appropriate provision of an audiological diagnostic test shall be made available to the contractor on request”.

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Medicare Medical Necessity

- “Under any Medicare payment system, payment for audiological diagnostic tests is not allowed by virtue of their exclusion from coverage in section 1862(a)(7) of the Social Security Act when:
 - The type and severity of the current hearing, tinnitus, or balance status needed to determine the appropriate medical or surgical treatment is known to the physician before the test; or
 - The test was ordered for the specific purpose of fitting or modifying a hearing aid.”

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Medicare Medical Necessity

- “Examples of appropriate reasons for ordering audiological diagnostic tests that could be covered include, but are not limited to:
 - Evaluation of suspected change in hearing, tinnitus, or balance;
 - Evaluation of the cause of disorders of hearing, tinnitus, or balance;
 - Determination of the effect of medication, surgery, or other treatment;
 - Re-evaluation to follow-up changes in hearing, tinnitus, or balance that may be caused by established diagnoses that place the patient at probable risk for a change in status including, but not limited to: otosclerosis, atelectatic tympanic membrane, tympanosclerosis, cholesteatoma, resolving middle ear infection, Meni ère’s disease, sudden idiopathic sensorineural hearing loss, autoimmune inner ear disease, acoustic neuroma, demyelinating diseases, ototoxicity secondary to medications, or genetic vascular and viral conditions;
 - Failure of a screening test (although a screening test is non-covered);
 - Diagnostic analysis of cochlear or brainstem implant and programming; and
 - Audiology diagnostic tests before and periodically after implantation of auditory prosthetic devices.”
- <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Audiology.html>

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Case History

- This is the first step to strong documentation of patient history and medical necessity.
- Components
 - History of chief complaint(s)
 - Right ear, left ear, or binaural.
 - Acute, chronic, progressive, fluctuating, or sudden.
 - Detailed description of chief complaint(s).
 - Congenital versus acquired.

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Case History

- Components
 - Family history:
 - Health status or cause of death of parents, siblings, and children.
 - Specific disease history of parents, siblings, and children.
 - Hereditary medical conditions.

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Case History

- Components
 - Past history:
 - Prior major diseases, illnesses, injuries, or accidents.
 - Surgical history.
 - Current medications or treatments.
 - Allergies (specifically latex).

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Case History

- Components
 - Social history:
 - Marital status, including domestic partners.
 - Employment/occupational/recreational history.
 - History of drug, alcohol, and tobacco use.

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Case History

- Components
 - Review of systems:
 - Constitutional symptoms.
 - Eyes.
 - Ears, nose, mouth, and throat.
 - Cardiovascular.
 - Respiratory.
 - Gastrointestinal.
 - Genitourinary (urinary/genital).
 - Musculoskeletal.
 - Integumentary (skin and breast).
 - Neurological.
 - Psychiatric.
 - Endocrine.
 - Hematologic/lymphatic.
 - Allergic/immunologic.

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Results

- Need to outline results and explain why you did what you did.
 - Otoscopic inspection.
 - Comprehensive hearing test (air, bone, speech and discrimination).
 - Immittance testing.
 - OAEs.
 - Other tests.

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Recommendations

- Make sure to take into account test results and case history findings.
 - Don't forget:
 - Tinnitus.
 - Aural rehabilitation.
 - Ear protection.
 - Referral information.

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SOAP Notes

- S= Subjective
- O=Objective
- A=Assessment
- P=Plan
- All documentation should contain these components.
- Useful link: <http://www.physiciansoapnotes.com/>

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Example

Dan Brown was seen at the Northwestern University Hearing Clinic on May 21, 2014 for a comprehensive audiologic evaluation. His primary care physician, Ed Jones, MD, referred Mr. Brown to our clinic.

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Example

Mr. Brown reported hearing loss in his left ear, dizziness that is accompanied by nausea, and tinnitus in his left ear. The patient does not report any ear deformities, ear drainage, ear pain, sudden or rapidly progressive hearing loss or foreign bodies in the ear. The patient does report a history of cardiac issues, high blood pressure, smoking and occupational noise exposure. Currently, Mr. Brown is taking Lasix, Lipitor and aspirin daily.

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Example

Otoscopic inspection revealed evidence of non-occluding cerumen in both ears. This cerumen was removed, using a headlight and curette, prior to testing.

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Example

A comprehensive hearing test was completed to determine the patient's hearing sensitivity and speech recognition abilities. Pure-tone audiometry revealed a mild-to-moderate, sensorineural hearing loss in the right ear and a mild-to-severe, sensorineural hearing loss in the left ear. Speech reception thresholds were in good agreement with the pure-tone findings. Speech recognition scores were excellent for the right ear and fair for the left ear at elevated presentation levels. Significant asymmetries were noted between ears throughout the testing, with the left ear being significantly poorer.

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Example

Immittance testing, which accesses the integrity and function of the outer and middle ear systems, revealed normal, Type A tympanograms bilaterally. Acoustic reflex thresholds were established due to the asymmetries between ears and to assist in the differential diagnosis. Acoustic reflex threshold testing was performed to assess the integrity and function of the auditory system. Acoustic reflex thresholds were within normal limits for the right ear but were elevated or absent for the left ear.

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Example

Mr. Brown's test results revealed a bilateral sensorineural hearing loss, with the left ear being significantly poorer. The test results are consistent with possible retrocochlear pathology in the left ear.

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Example

- Recommendations:
 - Comprehensive otologic evaluation with Michael Shinner, MD. I have already contacted Dr. Shinner's office and I have scheduled Mr. Brown to see him on May 24.
 - Hearing aid evaluation and selection once the cause of the patient's hearing loss has been determined, a medical plan of care has been developed and implemented and the patient has been medically cleared for amplification.
 - Consistent use of ear protection in noisy settings. I have provided Mr. Brown with a set of disposable earplugs and have instructed him on their use and purchase.
 - I have cautioned Mr. Brown about the risks of driving or operating heavy machinery while experiencing dizziness.
 - Gave Mr. Brown literature regarding smoking cessation.

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Example

- John Smith was seen at the Northwestern University Hearing Clinic on May 21, 2014 for a comprehensive audiologic evaluation.
- Dr. Smith reported gradual hearing loss in both ears, tinnitus occurring in both ears, and a history of noise exposure. He did not indicate that the tinnitus was problematic. The patient also reported a history of arthritis and musculoskeletal symptoms. Currently, Dr. Smith is taking Ambien (10 mg), Lipitor (10 mg), and Motrin (500mg) daily, as well as Cialis (10 mg) as needed. He displayed none of the additional warning signs of ear disease.
- Dr. Smith filled out a Hearing Handicap Inventory for the Elderly, which reported that he sometimes feels embarrassed and handicapped by his hearing loss. He also reported that his hearing loss causes difficulties in personal and social situations, especially in restaurants.

Example

- Otoscopic inspection revealed an unremarkable ear canal and tympanic membrane bilaterally.
- Pure-tone audiometry was performed to assess the function of the auditory system. Pure-tone testing revealed a mild-to-severe sloping sensorineural hearing loss in both ears. Speech reception thresholds were in good agreement with the pure-tone findings. Speech recognition scores were good for both ears at elevated, comfortable listening levels.
- Immittance testing, which accesses the integrity and function of the outer and middle ear systems, was performed due to the patient's reported tinnitus. Tympanometry revealed normal, Type A tympanograms bilaterally. Acoustic reflex thresholds were within normal limits bilaterally for presentations at 500 Hz and 1000 Hz and elevated or absent for presentations at 2000 Hz and 4000 Hz bilaterally.
- **Dr. Smith's test results revealed a bilateral sensorineural hearing**

Example

- Recommendations:
 - Hearing aid evaluation and selection after the patient has been medically cleared for amplification or has signed a medical evaluation waiver. Dr. Smith is a good candidate for amplification due to his HHIE results and the nature of his hearing loss.
 - Discussion of communication techniques for Dr. Smith to practice and implement before and after amplification. This includes strategies for hearing better in noisy situations and one-on-one communication.
 - Consistent use of ear protection in noisy settings due to history of noise exposure. I have provided Dr. Smith with a set of disposable earplugs and have instructed him on their use and purchase .