



The Art and Science of Documentation: From Case Histories to Physician Referrals

Areas to Consider

- ✓ Are You Documenting Medical Necessity?
- ✓ What Do Physicians Expect?
- ✓ What Makes Their Job Easier?
- ✓ Do Your Reports Promote Your Practice?

Components of Documentation

- ✓ Case history → Why you did it
- ✓ Test Results → What you found
- ✓ Recommendations → What you recommend

FDA 8 Warning Signs of Ear Disease

1. Visible congenital or traumatic deformity of the ear
2. History of active drainage from the ear in the previous 90 days
3. History of sudden or rapidly progressive hearing loss within the previous 90 days
4. Acute or chronic dizziness
5. Unilateral hearing loss of sudden or recent onset within the previous 90 days
6. Audiometric air-bone gap equal to or greater than 15 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz
7. Visible evidence of significant cerumen accumulation or a foreign body in the ear canal
8. Pain or discomfort in the ear

Chief Complaint

- ✓ Nature of presenting problem
 - Why the patient is here today
- ✓ Defines Medical Necessity
- ✓ Assists in driving your test protocol for each patient

Results

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

Recommendations

- Think Beyond the Hearing Aid
 - ✓ Tinnitus
 - ✓ Aural rehabilitation
 - ✓ Falls risk
 - ✓ Dizziness
 - ✓ Medication interactions
 - ✓ Coordination of care

Documentation Requirements

- ✓ Patient Name and DOB
- ✓ Legible Provider Name (Including Title / Credentials)
- ✓ Date of service
- ✓ Signature
- ✓ Timestamp required in some states
- ✓ Should support Dx / CPT Codes

Effective Report Writing

- ✓ Use clear, concise statements
- ✓ Be accurate
- ✓ Demonstrate quality of care
- ✓ Make results, impressions, and recommendations interpretable for unfamiliar readers
- ✓ Know your audience

What Do Physicians Expect?

- ✓ Comprehensive Case History
- ✓ Clear / Concise Results and Recommendations
- ✓ Justified Tests, Results, and Recommendations
- ✓ Thinking Beyond the Hearing Aid

Report Writing Examples

History – Chief Complaint: Possible decrease in hearing sensitivity bilaterally. **Tinnitus:** Intermittent bilaterally. **Noise exposure:** Significant history (gunfire - right-handed shooter). **Family history of hearing loss:** Father. Denied any aural fullness, otalgia, fluctuations in hearing, vertigo, ear drainage, or ear surgery. **Medical History:** High blood pressure, migraines. **Medications:** Cozaar, Cardizem.

Results – Otoscopy: Clear ear canals, bilaterally. **Tympanometry:** Normal TM mobility, middle ear pressure, and ear canal volume, bilaterally. **Pure tone testing (Symmetric): Right Ear** - Mild-Moderately Severe Sensorineural Sloping Hearing Loss; **Left Ear** - Normal-Moderately Severe Sensorineural Sloping Hearing Loss. **Word Recognition:** Excellent bilaterally. **Otoacoustic Emissions (OAE) screening:** - Abnormal bilaterally; consistent with a sensory hearing loss. **QuickSIN:** Mild Signal-to-Noise Ratio (SNR) loss indicating difficulty with speech understanding in the presence of background noise.

Recommendations

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. 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.