Documentation for Doctors: A Workshop on Documentation in an AuD Practice

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AUDIOLOGY RESOURCES INC.
YOUR GUIDE TO PRACTICE MANAGEMENT SINCE 2001

Learning Outcomes

- Participants will be able to list the aspects of a review of systems.
- Participants will be able to implement SOAP documentation in their practice.
- Participants will be able to describe the key components of a comprehensive case history.

Fundamentals of 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.
  - Does the testing result in payment?
  - Was the testing ordered?
- Needs to be complete and legible.

Fundamentals of Documentation

- Need to document name and professional identity of provider who provided the service and their supervising provider, if appropriate.
- Document time for timed codes.
- It needs to be dated as the date the service was performed or the item was dispensed.
- Do not focus on things they deny.
- Need to document student supervision.

SOAP Notes

Resources

- Medicare
  - Complying with Medical Record Documentation Requirements
  - Evaluation and Management Services Guide
  - 1997 Documentation Guidelines
- SOAP
  - SOAP Notes
  - How to Write SOAP Notes
  - What Are SOAP Notes?

Subjective

Obtained at Intake

Patient Registration Form/Brief Case History

- Demographic information that informs subjective documentation.
  - Date of birth.
  - Marital /domestic partner status.
    - Communication partner.
  - Primary language.
    - Interpreter needed.
  - Occupation and occupational status.
    - Noise exposure.
    - Communication needs in workplace/accommodations.

Obtained at Intake

Patient Registration Form/Brief Case History

- Demographic information that informs subjective documentation.
  - Ordering physician or qualified non-physician practitioner.
    - Required by Traditional Medicare.
  - Treating/attending/primary care physician or qualified non-physician practitioner.

Obtained at Intake

Patient Registration Form/Brief Case History

- Demographic information that informs subjective documentation.
  - Chief complaint.
    - History.
      - Right, left, binaural.
      - Acute, chronic, gradual, sudden, fluctuating, or progressive.
  - Current medications.
    - Drug name.
    - Route.
    - Frequency.
    - Dosage.

Obtained at Intake

Patient Registration Form/Brief Case History

- Demographic information that informs subjective documentation.
  - Family history.
  - Past history.
    - Surgical.
    - Co-morbidities.
  - Social history.
    - Drug, alcohol, and marijuana use.
    - Recreational noise exposure.

Obtained at Intake

Patient Registration Form/Brief Case History

- Demographic information that informs subjective documentation.
  - Medical history.
    - Surgical history.
    - Food and Drug Administration (FDA) Signs of Ear Disease.
      - Active drainage within previous 90 days.
      - History of sudden or rapidly progressive hearing loss.
      - Unilateral hearing loss.
      - Conductive hearing loss or air-bone gap.
      - Impacted cerumen or foreign body in the ear canal.
      - Pain or discomfort.
      - Visibly congenital or traumatic deformity of the ear.
      - Acute or chronic dizziness.

Obtained at Intake

Review of Systems

- Constitutional symptoms.
  - Weight loss, fever, chills, fatigue
  - Non-specific
- Eyes.
- Ears, nose, mouth, and throat.
- Cardiovascular.
- Respiratory.
- Gastrointestinal.
- Genitourinary (urinary/genital).

- Musculoskeletal.
- Integumentary (skin and breast).
- Neurological.
- Psychiatric.
- Endocrine.
- Hematologic/lymphatic.
- Allergic/immunologic.

Patient Encounter

- Previously obtained medical records are reviewed.
- Questions arising from patient registration form, case history, and inventory/questionnaire language is clarified with the patient and/or their guardian or caregiver.

Objective

Obtained at Intake

Inventories and Questionnaires

- Abbreviated Profile of Hearing Aid Benefit (APHAB)
- Client Oriented Scale of Improvement (COSI)
- Hearing Handicap Inventory - Adult (HHI-A)
- Hearing Handicap Inventory - Elderly (HHI-E)
- Hearing Handicap Inventory for Elderly – Screening (HHIE-S)
- Self-Assessment for Communication (SAC)
- International Outcome Inventory for Hearing Aids (IOI-HA)
- Scale of Subjective Well-Being of Hearing Loss (SWB-HL)

Medical Necessity

- Why the reason for each, individual item and service results in coverage.
  - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf (section 80.3, E).
  - In other words, why you did what you did.
  - Payers do not always cover routine testing, items or services for personal comfort/preference, or testing for the sole purpose of fitting or modifying a hearing aid.

Findings from Evaluation

Results of Assessment

- Inventories and/or questionnaires.
- Otoscopy.
- Audiometric and vestibular test results.
    - Cerumen management.
    - Audiometry.
    - Immittance.
    - Evoked potentials.
    - OAEs.
    - Auditory prosthetic device evaluation.
    - APD
    - Tinnitus.
    - Vestibular.

Findings from Evaluation

Results of Assessment

- Screenings.
- Cognitive Screenings
- Depression Screenings
- Falls Risk Assessments
- Speech-Language Screenings
- Tobacco Cessation
- Tinnitus Inventories
- Hearing Handicap Inventories
- Postural Blood Pressure
- Body Mass Index
- Pain Measurement
    - All as allowed by state licensure

Assessment

Assessment

Medical Decision Making

- This is a one to two sentence summary of the documented diagnoses and findings from the visit.
  - Do not restate test results or impart recommendations.
  - Short and to the point.

Plan of Care/
Care Plan

Plans of Care/Care Plans

Think Beyond the Hearing Aid!

- We have to have recommendations beyond provider delivered hearing aids to be respected and taken seriously in the healthcare arena.

Plan of Care/Care Plan

Recommendations for Next Steps

- Referrals for further evaluation and screenings.
    - Medication management.
- Monitoring of co-morbidities.
- Ear protection.
- Further audiologic and vestibular evaluation:
    - Communication and functional needs assessments.
    - Tinnitus evaluation and management.
    - Vestibular evaluation or management.
    - Auditory processing evaluation and management.

Plan of Care/Care Plan

Recommendations for Next Steps

- Amplification.
  - Auditory prosthetic devices.
  - Assistive listening devices.
  - Hearing aids
    - Delivery:
      - Provider delivered.
      - OTC/DTC.
      - Telehealth.
      - Concierge.
  - Accessories.
- Auditory rehabilitation.

Example – Audiometric Testing

Subjective

Andrew Jones (date of birth of August 29, 1952) was seen on October 1, 2021 for a comprehensive audiologic evaluation. His testing was ordered by Jane Smith, PA.

Mr. Smith reported a gradual hearing loss and bothersome tinnitus in both ears. He has a family history of hearing loss, as well as a history of occupational and recreational noise exposure. He takes 3.125 mg of Coreg twice per day to manage high blood pressure and 10mg of Claritin once per day to manage seasonal allergies.

He was accompanied to this visit by his spouse, Mary Jones.

Objective

Mr. Smith was screened, using the Hearing Handicap Inventory Screening for Adults (HHI-S) and the Tinnitus Handicap Inventory (THI), for handicapping hearing loss and tinnitus respectfully. The HHI-S revealed a mild-to-moderate hearing handicap and the THI revealed a mild tinnitus handicap.

Otoscopy was unremarkable bilaterally.

Pure-tone audiometry was performed to assess the patient's audiometric thresholds and aid in the differential diagnosis. Pure-tone audiometry revealed a mild-to-severe, sensorineural hearing loss bilaterally. Speech audiometry was performed to confirm the pure-tone findings and document the patient's speech understanding abilities in a quiet, comfortably loud condition. Speech reception thresholds were in good agreement with the pure-tone findings. Speech recognition scores were good bilaterally at comfortable loudness levels.

Assessment

Findings support a bilateral, mild-to-moderate sensorineural hearing loss and bilateral tinnitus.

Plan of Care

The patient is an excellent candidate for bilateral amplification and tinnitus management. Mr. Smith has been scheduled for a communication and functional needs and comprehensive tinnitus assessment on October 5, 2021.

From this we will develop a remediation plan for his hearing loss and tinnitus. In the meantime, we have recommended use of ear protection at work and while hunting. We have provided him with several pairs of disposable ear protection and will address the potential of custom ear protection at the next visit. We have also provided him with some communication and tinnitus strategies to help alleviate some of his difficulties in the interim.

We recommended that he discuss the noise in the workplace and workplace ear protection with his supervisor. We recommend that noise assessment and management should be part of the company process. His hearing loss and tinnitus should be monitored annually both at work and privately through an audiologist.

Kim Cavitt, AuD

Providing 100% personal supervision of AuD Student, Ann Jones, BA.

Example – Communication and Functional Needs Assessment

Subjective

Andrew Jones (date of birth of August 29, 1952) was seen on October 5, 2021 for a communication and functional needs assessment and tinnitus assessment. Mr. Smith reported a gradual hearing loss and bothersome tinnitus in both ears. He has a family history of hearing loss, as well as a history of occupational and recreational noise exposure. He takes 3.125 mg of Coreg twice per day to manage high blood pressure and 10mg of Claritin once per day to manage seasonal allergies. He has been found, in previous assessment, to have a bilateral sensorineural hearing loss and bilateral tinnitus.

He was accompanied to this visit by his spouse, Mary Jones.

Objective

A tinnitus assessment was performed due to the mild tinnitus handicap reported on the Tinnitus Handicap Inventory (THI). Pitch, loudness matching, and masking were performed. We were able to match the pitch of the tinnitus, bilaterally, at 3000Hz, the loudness, bilaterally, at 45 dB and mask the tinnitus, bilaterally, using white noise presented at 50dB.

Objective

A communication and functional needs assessment was performed to determine a care plan for treatment and management of his hearing loss and tinnitus. Otoscopy was unremarkable bilaterally. Speech in noise testing was performed due to his mild-to-moderate hearing handicap reported on the Hearing Handicap Inventory for the Elderly-Screening (HHIE-S). The testing revealed a signal to noise ratio loss of 8dB. Acceptable noise level testing was performed to determine comfortable and uncomfortable loudness levels, with noise being denoted as an issue in his HHIE-S results. His uncomfortable comfortable level was 95dBHL, the most comfortable loudness level-quiet was 65dbHL, and most comfortable loudness level-noise was 75dBHL. Cognitive screening was performed due to his speech in noise difficulties. The results of a MiniCog cognitive screening test were negative.

Objective

Mr. and Mrs. Jones were interviewed to gather information on the patient's lifestyle, their cosmetic desires, their financial limitations and the psychological, medical, educational, emotional, social, and/or vocational impact of their hearing loss and tinnitus. A Client Oriented Scale of Improvement (COSI) was created to determine Mr. Jones' most problematic communication situations. He reported difficulty understanding speech in noisy settings, especially at work, family gatherings and restaurants and bothersome tinnitus when trying to fall sleep or when experiencing stress. He expressed no cosmetic concerns or financial limitations.

Assessment

Mr. Jones indicated that he will proceed with any recommended treatment options for his hearing loss and tinnitus. He also stated that his employer will be working to abate environmental noise in the workplace, annually monitoring his hearing loss and fund any required custom ear protection.

Plan of Care

Bilateral, Oticon More MiniRITE R aids, with an embedded receiver (to aid in retention and noise abatement in some work situations) were recommended for the treatment of the hearing loss and tinnitus. The LectroFan EVO or Honeywell 8-speed tower fan should be used to aid in white noise masking for sleep. These devices can be purchased from Amazon. Custom ear protection is recommended for hunting and noisy recreational settings. Finally, an auditory rehabilitation and tinnitus management plan will be finalized following the hearing aid fitting, addition of ear protection and use of environmental masking devices.

Plan of Care

Mr. Jones opted to proceed with the execution of this care plan through our practice. A medical waiver form was completed. Earmold impressions were taken bilaterally and otoscopy was again unremarkable following impressions. He was scheduled for a hearing aid fitting and orientation on October 19, 2021.

Hearing Aid Fitting Example

Hearing Aid Fitting

Ann Jones had a hearing aid fitting on October 1, 2021. Mrs. Jones was fit with binaural Resound One RIE 61 receiver in canal hearing aids. These aids replaced her four year old, binaural Resound Linx receiver in canal hearing aids. Per the requirements of her healthcare plan, these hearing aids were recommended by her primary care physician, Jennifer Patterson, MD. Aids were programmed, using real-ear measurement, to NAL-NL2 targets. Mrs. Jones was happy with the sound quality with minimal adjustment from target. Aided speech in noise testing was completed and we documented significant improvement in her signal to noise ratio.

Hearing Aid Fitting

Fitting and orientation of the devices were provided and use and care was explained and documented via the hearing aid orientation checklist. A user brochure was provided. We encouraged her to review our videos on hearing use and care and auditory rehabilitation if interested in more information. We also requested that she complete our post-fitting survey and APHAB upon receipt via email.

We will be following up with Mrs. Jones in two weeks via telehealth and will schedule any necessary follow-up visits following. We encouraged her to sign up for one of our auditory rehabilitation classes.

Thank You for Attending!
Questions?

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