

# **Early Hearing Detection and Intervention (EHDI)**

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**“How We Code for EHDI”**

# The Value of Good Data

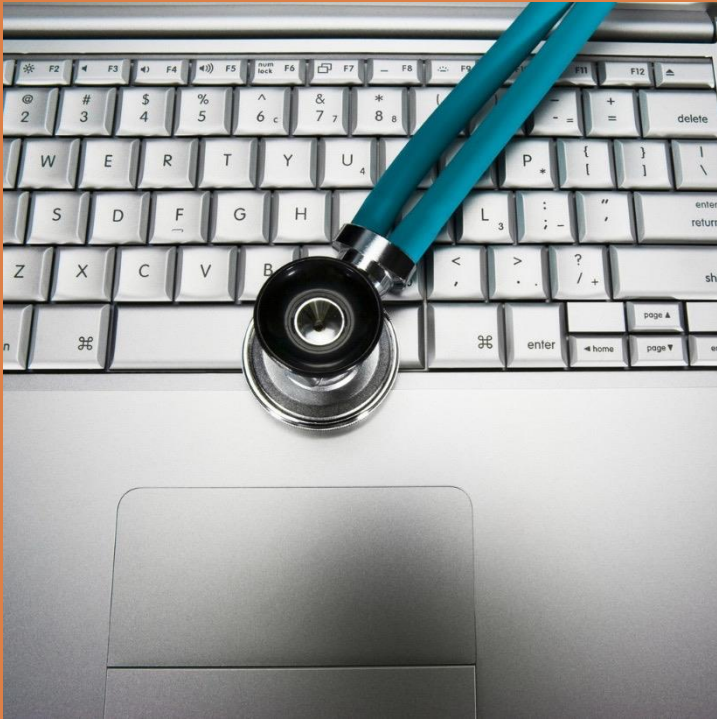
## The Value of Good Data

- 1) Good Data comes from accurate and consistent coding**
- 2) Helps a Practice understand the landscape, improve Patient Care, Family Satisfaction and Parental Competence**
- 3) By sharing good data, Clinicians can learn from each other and improve their clinical care and ultimately job satisfaction**
- 4) Helps in good decision making and ultimate success**
- 5) Provides proof as to the giving of Quality Care**

# How to Find and Use the Data You Need

- 1) Determine the problem you are trying to solve**
- 2) All Clinicians need to understand and use the same codes for the same issue or problem**
- 2) Use codes that exactly or closely match the information you are seeking**
- 3) Sometimes “creative coding” is needed if there is simply no code for or close to what your are seeking**
- 4) Build accurate and consistent reports that will help to provide solutions and or changes**

# Tracking & Data Management



**The success of Data Management depends on:**

- 1) Proper Coding that can be “tracked” and queried**
- 2) Reports that are able to query the codes by Diagnosis, Procedure, or by Referrals to provide detailed reporting**
- 3) Good Follow-up of the report contents allows for improvement and change**

# Your Questions & Our Suggestions

## **1) How / Where can we code to track if a child need to be re-screened?**

- Code for hearing examination after hearing screen not passed – Z01.110
- Build a report that searches this code
- To make the report run faster ... constrain the report by age

# Your Questions & Our Suggestions

## **2) How/where can we code to track a reminder for future risk-assessment conversations?**

- Code to track conversations about Risk Assessment – V72.19 (other examination of ears and hearing)
- Build Report to search for this code.

# Your Questions & Our Suggestions

## **3) How/where can we code to track the kids who have been referred for diagnostic testing so we follow up with family/audiologist?**

- Use the code 92588 – evoked acoustic emissions, comprehensive or diagnostic testing (this is simply to track the referral for further diagnostic testing and plan for follow-up)
- Build report to search for this code and, if desired, constrict the report by date and/or age

# Your Questions & Our Suggestions

## **4) How/where can we code to document conversations?**

- Use code Z71.89 (Other Specified Counseling) to document conversations



# Your Questions & Our Suggestions

## **5) How do we code for Family History of Hearing Loss?**

- Use Code Z82.2 – Family history of deafness and hearing loss.

# Your Questions & Our Suggestions

## **6) How can we integrate questions to be asked at specific visits? (questionnaire? visit reminders?)**

- Create Document Templates OR include in the appropriate visit template, the important questions that need to be asked on those visits.
  - *"Then the Clinician will have the questions right in front of him/her, and can document the answer directly into the chart, and by this will not forget to ask the questions.*
  - *If your group is a level 3 Patient Centered Medical Home, then you will be working in Teams and the Clinicians Nurse may ask the questions and document the answers in the chart. Then the Clinician does the discussion with the Parent or Parents.*

# Your Questions & Our Suggestions

## **7) How to “Flag” patient charts for children that are at risk for late onset hearing loss**

- Use code Z01.10 – Encounter for examination of ears and hearing without abnormal findings. (This can be used to track potential risk even if a child has passed a screening.)
- You may choose to use the diagnostic reason an infant may be at risk - Example Q17.9 (congenital malformation of ear)
- You may choose to use a code of the groups choice even if it does not exactly fit because it will only be used by the Clinicians for this one problem.
- Remember - This is an example of where everyone must use the same code for this one problem.

# Risk Factors

## **Risk Factors for Late Onset Hearing Loss (identify codes for each condition to aid in future search)**

- Family history of hearing loss
- NICU Graduates
- Intrauterine Infections
- Craniofacial, Anomalies
- Genetic Conditions Associated with HL
- Neurodegenerative Disorders
- Serious Head Trauma, Child Abuse
- Meningitis
- Chemotherapy
- Any Parental Concern



**Additional information regarding coding can be found in the [Early Hearing Detection and Intervention Coding Fact Sheet](#) from the American Academy of Pediatrics**