

Audiology Service Provider Notes – SoonerStart Early Intervention Program



Child's Name Last First MI			Date of Birth	Child's County of Residence	Diagnosis Code: 3159	Date of Service
Location Type (Check One): <input type="checkbox"/> County Health Department <input type="checkbox"/> Therapist's Office/Outpatient Clinic <input type="checkbox"/> Other (indicate where): _____			Encounter Type: Audiology Services		Attendance (Check One): <input type="checkbox"/> Attended <input type="checkbox"/> Not Attended - Reason (Check One): <input type="checkbox"/> Client Cancelled <input type="checkbox"/> State Holiday <input type="checkbox"/> Clinic Cancelled <input type="checkbox"/> Couldn't find family <input type="checkbox"/> Client No-Show <input type="checkbox"/> Weather <input type="checkbox"/> Provider Cancelled	
Starting Time:	Ending Time:	Total Time (in minutes)	My signature verifies that this service occurred. Parent/Caregiver Signature			

Did this Audiologist have a current license on the date the services were rendered? ☐ Yes ☐ No

*SoonerStart will not seek reimbursement from Medicaid for EI services provided to children who are **enrolled for Medicaid as well as other medical benefits/insurance**. In these situations, do not complete the procedure code section. Please document procedures performed in the Audiologist Notes section below. This will allow the EI contractor to invoice SoonerStart for services provided, and it will ensure the program does not bill Medicaid for services provided to children enrolled in Medicaid and other insurance.

Check each procedure completed	Procedure Code	Modifications	Procedure Code Description
	92550	TL	Tympanometry & Reflex Threshold Measurement (92567 & 92568 combined)
	92551	TL	Screening test, pure tone, air only
	92552	TL	Pure Tone audiometry (threshold): air only
	92553	TL	Pure Tone audiometry (threshold): air and bone
	92555	TL	Speech Audiometry: threshold only
	92556	TL	Speech Audiometry: threshold with speech recognition
	92557	TL	Comprehensive Audiometry Threshold Evaluation & Speech Recognition (92553 & 92556 combined)
	92567	TL	Tympanometry (Impedance testing)- one or both ears
	92568	TL	Acoustic Reflex Testing; threshold - one or both ears
	92579	TL	Visual Reinforcement Audiometry (VRA)
	92582	TL	Conditioning Play Audiometry
	92585	TL	ABR (Auditory evoked potentials) – comprehensive
	92586	TL	ABR (Auditory evoked potentials) – limited (screening)
	92587	TL	OAE (otoacoustic emissions) – limited / screening (single stimulus level, either transient or distortion products)
	92588	TL	OAE – comprehensive / diagnostic (comparison of transient and or distortion products at multiple levels & frequencies)
	92590	TL	Hearing Aid examination and selection: monaural (one ear)
	92591	TL	Hearing Aid examination and selection: binaural (both ears)
	92592	TL	Hearing Aid check: monaural (one ear)
	92593	TL	Hearing Aid check: binaural (both ears)
	92620	TL	Central auditory function test(s)—initial 60 minutes
	92621	TL	Central auditory function test(s)—each additional 15 minutes
	V5264	TL	Ear Mold (1 mold) / insert, not disposable, any type
	V5275	TL	Ear Mold Impression (each)
	69210	None	Removal of impacted cerumen, one or both ears- needed to be done in order to complete the testing (EI cannot bill Medicaid for this)

AUDIOLOGIST NOTES: ALSO ATTACH A COPY OF THE AUDIOLOGICAL REPORT & TESTING PRINTOUTS. IF MORE ROOM IS NEEDED, USE OSDH FORM 303G AS A CONTINUATION SHEET. ALSO USE OSDH FORM 303G TO DOCUMENT ALL “NON-ENCOUNTER” ACTIVITIES SUCH AS TIME SPENT WRITING EVALUATION REPORTS, STAFFING, PHONE CALLS & CONSULTATION.

Date note written/finished:	Service Provider's Name (print):	Discipline: Audiologist	Service Provider's Signature:

Instructions

Audiology Service Provider Notes – SoonerStart Early Intervention Program
ODH form 641-A – revised 7/2012



Purpose of Form

The Audiology Service Provider Notes, ODH No. 641-A, provide documentation regarding audiological testing & audiological therapeutic services provided for children in the SoonerStart Early Intervention Program, including documentation of all no shows and cancellations (including those due to service provider's vacation or sickness). We are required to account for every hour of service promised on the IFSP. If therapeutic services were provided, the narrative portion of the note should contain enough detail to document that specific IFSP goals were addressed and that the parent/caregivers were involved at each visit. This form is also used to capture information for the EI module in PHOCIS (the OSDH client services database) and for Medicaid billing. **It is critical that all encounters that were “attended” or “not attended” get documented & entered into PHOCIS since this will affect the accuracy of data & reports in PHOCIS regarding services provided or attempted by an individual service provider.**

Preparation of Form

EI audiology contract providers are to complete this form using black or blue ink. Each provider must complete his or her own Service Provider Note even if more than one provider was there (co-writing of notes is no longer allowed). The SoonerStart Early Intervention Program has established a best practice standard that all Service Provider Notes are to be written/finished within the service visit. If more room is needed to document the narrative portion of the note, the Progress Notes, ODH form 303G, is used as a continuation sheet. The ODH 303G should also be used to document all “non-encounter” activities such as telephone calls, evaluation report writing, consultation with the child's doctor, staffing, etc.

Child's Name: Enter the full name of the child. Last, First, Middle Initial.

Date of Birth: Enter the date of birth for the child. (Ex: 1/14/04, 10/15/03, etc...)

Child's County of Residence: Enter the name of the county of the child's residence (ex: Cleveland). If the child has more than one residence, such as in a joint custody situation, enter the county of residence where the EI services are being delivered.

Diagnosis Code: At this point in time, there is only one diagnosis code for all children in SoonerStart. It is “3159 -Unspecified Developmental Delay”. The 3159 code is printed on the form.

Date of Service: Enter the date of service. (Ex: 5/17/04, 10/15/04, etc...).

Encounter Activities

Location Type (Check One): Check one box for the location setting where the service took place. If the encounter was “not attended”, check the box for the location where the visit would have occurred.

Encounter Type: The encounter type, Audiology Services, is printed on the form.

Attendance: Check if the scheduled visit was “attended” or “not attended”. If “not attended”, check one box for the reason why. These reasons why match the choices in the EI module in PHOCIS. Put details regarding the reason for the cancellation in Service Provider note narrative section (ex: Mrs. Gonzales cancelled today's appointment since Juan is in the hospital).

Starting Time: Enter the starting time of the service visit. Use military time (ex: 14:00 for 2:00pm). If “not attended”, enter scheduled starting time in military time.

Ending Time: Enter the ending time of the service visit. Use military time (ex: 14:00 for 2:00pm). If “not attended”, enter scheduled ending time in military time.

Total Time (in minutes): Enter the total length of the service in minutes. If “not attended”, enter the length of time that was scheduled in minutes.

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Parent/Caregiver Signature: If the encounter was “attended”, have the parent/caregiver sign for all services that involved face-to-face contact with them. Explain that their signature just verifies that this service took place at the time and place indicated. If the service was done via videoconferencing, videophone, or other means other than face-to-face contact, write that in the signature blank. If the parent/caregiver refuses to sign, ask for the reasons why and indicate those in the signature blank.

Procedure Information

Did this Audiologist have a current license on the date the services were rendered? : Check “yes” or “no”.

Do not complete this section if the encounter was “not attended”.

Do not complete this section if the child is dually covered by Medicaid and private insurance.

SoonerStart will not seek reimbursement from Medicaid for EI services provided to children who are enrolled for Medicaid as well as other medical benefits/insurance. In these situations, do not complete the procedure code section. Please document procedures performed in the Audiologist Notes section below. This will allow the EI contractor to invoice SoonerStart for services provided, and it will ensure the program does not bill Medicaid for services provided to children enrolled in Medicaid and other medical benefits/insurance.

Procedure Code: For all encounters that were “attended”, check the appropriate CPT/HCPSC procedure code for each procedure completed on that visit regardless of whether or not the child was on Medicaid at the time of the service. Some activities do not have a procedure code (ex: IFSP or IFSP review, Transition Planning Conference). In this case you will just describe the activity in the narrative portion of the note.

Modifier: All CPT & HCPSC codes have at least one modifier. Modifier “TL” has been pre-printed on the form. This modifier indicates that it is a “SoonerStart EI” service.

Audiology Notes Narrative

Audiologist notes should document who was present, parent/caregiver report, Audiologist’s observations, audiological testing results & recommendations. Also attach a copy of the audiological report, audiogram, ABR and/or OAE, tympanometry printout, etc. If therapeutic services were provided, the narrative portion of the note should contain enough detail to document that specific IFSP goals were addressed and that the parent/caregivers were involved at each visit. Notes may be handwritten as long as the handwriting is legible. If not, they should be typed. Unused lines on the narrative section should be deleted by drawing a diagonal line across the unused portion. If more room is needed to document the narrative portion of the note, the Progress Notes, ODH form 303G, is used as a continuation sheet.

Date note written/finished: Enter the date the service provider finished completing this form, including the entire SOAP note narrative. (Ex: 3/17/04, 10/15/04, etc...).

Service Provider’s Name (print): Print the service provider’s full name (first name, last name).

Discipline: “Audiologist” is pre-printed on the form since only Audiologists use this form.

Service Provider’s Signature: The service provider completing this form signs his/her name. The signature must be original (no photocopied signatures). The signature verifies that they did indeed provide this service and that the information contained on this form is accurate.

Routing & Filing: The EI audiology contract providers mail the original to the county who made the referral. The EI clerk will complete data entry for PHOCIS. **It is critical that all encounters that were “attended” or “not attended” get entered into PHOCIS since this will affect the accuracy of data & reports.** After data entry is completed, the original is then filed in the child’s EI health department record.

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