HEARING LOSS TEST  Chart [redacted]
DOB: [redacted] (65)  Female
Visit Date: [redacted] at [redacted]

PRESENT ILLNESS INFORMATION
Chief Complaint: Hearing Loss
HPI:
S1: Patient presents today for hearing loss and second ITS injection. The hearing loss was first noted a couple of months ago with associated left sided ear fullness. She denies otalgia today but has experienced minimal pain in the past. Denies otorrhea. She has been treated in the past with Zithromax, Keflex and Cortisporin ear drops for a diagnosis of hemorrhagic tympanic membrane. Subsequently she was seen and sensorineural hearing loss was noted. She was treated with a diagnostic myringotomy which revealed minimal fluid. In addition she was treated with oral steroids and one transtympanic steroid injection. Thus far patient has noted no improvement in her hearing subjectively. Patient has a history of prior myringotomy and tube placement for otitis media.

REVIEW OF SYSTEMS
Constitutional Symptoms: no details provided.
Ears, Nose, Mouth, and Throat:
• Ears: dizziness; hearing loss; pain; and ringing in ears or head noise.
• Nose and Sinuses: nasal congestion; and post-nasal drainage.
• Mouth and Throat: hoarseness or other voice change.
Cardiovascular: swelling including ankles or legs.
Respiratory: shortness of breath or difficulty breathing.
Gastrointestinal: swallowing difficulty.
Musculoskeletal: joint pain; and stiffness in joints.
Neurological: change in sense of smell; and change in sense of taste.
Endocrine: increased appetite; excessive fatigue; and feeling cold.
Allergic, Infectious, Immunologic: sneezing.
The following systems were reviewed and are negative: Eyes, Hematological/Lymphatic.

PAST, FAMILY AND SOCIAL HISTORY
Current Medications:
Allegra (180 MG)
CycloSPORINE Modified (100 MG)
Diovan HCT (320-12.5 MG)
Fenofibrate (160 MG)
Flonase (50 MCG/ACT)
Humira Pen-Crohns Starter (40 MG/0.8ML)
Levemir FlexPen (100 UNIT/ML)
LORazepam (1 MG)
NovoLOG (100 UNIT/ML)
Toprol XL (100 MG)
TraMADol HCl (50 MG)
Cipro: skin rashes, hives
Codeine Sulfate: unknown, unspecified
Penicillins: unknown, unspecified
Tetracyclines: unknown, unspecified
Non-Medication Allergies:
Contact allergies: tape.
Past Health History:
Cancer: breast cancer.
Psychiatric: chronic anxiety.
Endocrine: Type I diabetes.
Problems with anesthesia: none.
Previous surgeries: Integumentary: breast biopsy; and partial mastectomy.
No family history of significant or pertinent health problems.
Current tobacco usage: none.
Past (discontinued) use of tobacco products: none.
Current use of alcoholic beverages: Patient is an “abstainer”.
Past (discontinued) use of alcoholic beverages: none.
Alcoholism: none (denies history of alcoholism).
Treatment for alcohol dependence: none.
Recreational drug use: none.
Drug addiction or dependency: none.
Treatment for drug dependence or addiction: none.
Second-hand smoke exposure: none.
Current exercise level: none (no exercise).
Home living situation and relationships: Lives with spouse.

OBJECTIVE

CONSTITUTION:
Blood Pressure: Right arm - Sitting 128/88 mm Hg. Temperature: 98.8 F (oral). Height: 64 in. Weight: 280 lbs. BMI: 48.1 kg/m2.
General appearance: Well developed, well nourished and groomed. No apparent acute or chronic distress.
Ability to communicate: normal.

HEAD, FACE, SALIVARY GLANDS AND TMJ:
Facial Mobility: Normal.

EAR, NOSE, MOUTH AND THROAT:
Binocular microscopy: Left ear - Scarring and scabbing of posterior TM consistent with prior myringotomy and injection.
Hearing: Weber test at 512 Hz lateralizes to the right. Rinne test at 512 Hz right ear - normal (air > bone); left ear - normal (air > bone).

TESTS AND PROCEDURES

PERFORMED THIS VISIT

69433 Tympanostomy (Requiring Insertion, Ventilating Tube), Local/Topical Anesthesia
Date: [date]
Modifiers: LT Left side
- After obtaining written consent, the left tympanic membrane was visualized with an operating microscope through a speculum. Any cerumen was removed. Topical Phenol was used to anesthetize the tympanic membrane in the inferior aspect. A myringotomy blade was then used to perform a myringotomy in the posterior inferior quadrant over the region of the round window. Minimal middle ear effusion was aspirated with a Frazier suction. The tympanostomy tube was then loaded onto a pair of alligator forceps and placed into the myringotomy. The patient tolerated the procedure well subsequently proceeded with ITS injection. Post tube instructions were then given.

69801 Labyrinthotomy, with perfusion of vestibulotoxic drug(s); transcanal
Date: [date]
- After informed consent obtained, the left ear was examined under microscopic guidance. Through patient's myringotomy tube a 27 gauge needle was then used to enter the posterior/inferior quadrant and the middle ear was filled with dexamethasone 24mg/mL. 1.0 mL was injected into the middle ear. The patient was then allowed to lie still for 30 min. with head turned. The patient was then discharged home. The patient tolerated the procedure well.

92557 Comprehensive Audiometry Threshold Eval & Speech Recognition
Date: [date]
- Significant asymmetry (<10 dB, 3 frequencies): Yes
  Pure tones: R: Mild-Mod SN L: Mod-Sev SN
  SRT: R-30dBHL L-55dBHL
  WD Scores: R-80% correct L-80% correct

ASSESSMENT

CURRENT PROBLEMS

389.18 Hearing loss: Sensorineural hearing loss, bilateral
- 22.Apr.2013 Left sudden SNHL. Differential includes viral versus serous labyrinthitis. MRI with left mastoid inflammatory changes.

382.3 Suppurative and unspecified otitis media: Unspecified chronic suppurative otitis media
780.4 Dysequilibrium

PLAN

Medical Advice:
- Avoid cotton swabs (and similar objects) in the ears.
- Avoid water in the ears.
- Patient's questions were answered.

Schedule Follow-up: in 1 week.
Type of follow-up visit: ITS with audiogram.

Comments: 2013 ICD-10-CM Diagnosis Code H90.3
Sensorineural hearing loss, bilateral

2013 ICD-10-CM Diagnosis Code H66.3X9
Other chronic suppurative otitis media, unspecified ear

2013 ICD-10-CM Diagnosis Code R42
Dizziness and giddiness.

Impression: Patient's MRI and differential reviewed. Patient will bring in her MRI films for our review. In light of MRI showing significant inflammatory changes, recommended both a myringotomy and tube placement along with transtympanic injection. Recommend she have a total of 3 injections to optimize her potential for recovery. Patient tolerated ITS injection #2 and left tympanotomy tube insertion without difficulty. Patient was advised on water precautions. She will follow up in 1 week for her 3rd injection.

The patient's body mass index (BMI) was calculated today. The BMI was noted to be outside of the normal range and therefore the patient is being referred to their primary physician for a follow up and to discuss ways to normalize the BMI.

TESTS AND PROCEDURES
TO BE SCHEDULED
69801 Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal
To be scheduled

[Signature] M.D.
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ICD CODE SUMMARY
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CPT CODE SUMMARY
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  Modifiers: -LT Left side
69801 Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal
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NON-BILLABLE CPT CODES
69801 Labyrinthotomy, with perfusion of vestibuloactive drug(s); transcanal