



## **AAO 18: Percentage of visits with patients with hearing aids where otoscopy is routinely performed**

Patients with hearing aids should be assessed frequently using otoscopy. Even when presenting for a clinical complaint not associated with hearing or hearing aids, a clinical encounter can be an opportunity to assess for factors that would impact the function of the hearing aids. It is recognized that patients coming into the office for non-hearing related complaints may have recently been assessed and that clinicians may be appropriately care for a patient despite not assessing with otoscopy at every single visit. A three month look back period for additional visits where otoscopy was performed was deemed to be satisfactory.

**Quality Domain:** Efficiency and Cost Reduction

Not assessing patients with hearing aids for issues involving the ear canal could result in a missed opportunity to provide care. Cerumen impaction may change hearing aid performance. The normal self-cleaning process of cerumen can be disturbed by the presence of objects such as hearing aids or ear plugs. The presence of foreign objects such as hearing aids and ear plugs can cause stimulation of cerumen glands, leading to excessive cerumen production. Furthermore, the combination of cerumen impaction and hearing aid use may alter external auditory canal bacterial flora to include pathogens that can increase the risk of otitis externa. Current estimates from various hearing aid manufacturers indicate that 60 to 70 percent of all hearing aids sent for repair are damaged as a result of contact with cerumen.

To allow for reasonable practice of medicine, otoscopy completed within the last three months prior to an office visit is sufficient. Expert opinion was used to select a three month window. Patients seen more than three months after a visit with hearing aids should have otoscopy performed at an office encounter regardless of presenting complaint. It is not required to see patients every three months.

**Denominator:** Patients with hearing aids who present for an office visit.

**Denominator Exclusions:** None

**Denominator Exceptions:** None

**Numerator:** Patients examined using otoscopy at the office visit or within 3 months preceding the office visit.

**Measure Type:** Process, Traditional, Proportional, High Priority

**Copyright:** © 2017 American Academy of Otolaryngology – Head and Neck Surgery Foundation. All Rights Reserved.

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g. use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measures require a license agreement between the user and the American Academy of Otolaryngology – Head and Neck Surgery Foundation (AAO-HNSF).

Empowering otolaryngologist–head and neck surgeons to deliver the best patient care

Disclaimer:

The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND. Neither the AAO-HNSF nor its members shall be responsible for any use of the Measures. The AAO-HNSF and its members disclaim all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.