

## Suggested Protocol & Documentation Form

### Hearing Screening Record

Child's Name \_\_\_\_\_ ID # \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Clinic \_\_\_\_\_  
 Birth Hospital \_\_\_\_\_

**Periodic Screen - OAE**

Child's Age } Days  2 - 4  
 } Months  1  2  4  6  9  12  15  18  24  36

- Is this the first time the OAE hearing screening has been performed on this child in this clinic/practice?
  - No  Yes -- if Yes:
    - Was child screened for hearing loss at birth?  Unknown  Not Screened  Passed  Referred
    - Any neonatal risk factors or complications?  Unknown  No  Yes: \_\_\_\_\_
    - Any family history of early hearing loss?  No  Yes: \_\_\_\_\_
- Is the parent/caregiver concerned about the child's:
  - Hearing?  No  Yes: \_\_\_\_\_
  - Speech?  No  Yes: \_\_\_\_\_
- Has the child experienced:
  - Head trauma?  No  Yes: \_\_\_\_\_
  - Recurrent ear infections?  No  Yes: \_\_\_\_\_
- Does the child have Pressure Equalization (PE) tubes?  No  Yes \_\_\_\_\_

**Rescreen - OAE** (Conduct rescreen and refer for Audiological Assessment unless OAE pass is obtained.)

**Other** \_\_\_\_\_

Screener: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

CPT  92587 OAE limited  
 code:  92567 Tympanometry  
 Dx  V72.1 "Passed" hearing screen  Other Dx Code: \_\_\_\_\_  
 code:  389.9 Unspecified hearing loss  
 382.9 Unspecified otitis media  
 388.6 Discharging ear, otorrhea

**LEFT**

**Middle Ear Evaluation**  
 (Tympanometry/Pneumatic Otoscopy)

**OAE**

Pass  Pass  \_\_\_\_\_ →

Can't test  →

Refer  Refer   If wax removal  
 If OM, PE tube problem, or other →

**Follow up Recommendation/Target Date** \_\_\_/\_\_\_/\_\_\_

- Schedule OAE Rescreen (w/in 2 weeks) or
- Refer for **Audiological Assessment**
- Schedule OAE Rescreen (after treatment)\* or
- Refer for **Audiological Assessment** \*\*

**RIGHT**

**Middle Ear Evaluation**  
 (Tympanometry/Pneumatic Otoscopy)

**OAE**

Pass  Pass  \_\_\_\_\_ →

Can't test  →

Refer  Refer   If wax removal  
 If OM, PE tube problem, or other →

**Follow up Recommendation/Target Date** \_\_\_/\_\_\_/\_\_\_

- Schedule OAE Rescreen (w/in 2 weeks) or
- Refer for **Audiological Assessment**
- Schedule OAE Rescreen (after treatment)\* or
- Refer for **Audiological Assessment** \*\*

\* For OM, rescreen 4 - 6 weeks after treatment completion allowing time for any remaining fluid to dissipate  
 \*\* If OM remains unresolved for 3 months, refer for audiological assessment