

## **HEARING CONSERVATION PROGRAM**

Effective FY 00 MTF MEPRS reporting activities will capture and report Hearing Conservation Program costs, labor available/productive time and visit workload to **MEPRS code FBN\*, Hearing Conservation Program.**

MTF Occupational Health and Audiology MEPRS work centers are primarily responsible for providing support and care to DoD active duty and civilian employees exposed to hazardous noise work environments enrolled in the DoD Hearing Conservation Program.

For budget and accounting purposes, the Hearing Conservation Program must be separately and discretely identified to permit these costs to be recorded to the DoD Program Element code (PEC) 87705, Military Public/Occupational Health

Tri-Service Audiology, Occupational Health, Preventive Medicine, MEPRS working groups and resource management personnel extensively discussed the capture and reporting of this program data. These working groups in concert with resource management personnel have agreed to capture and report the Hearing Conservation Program to MEPRS Code FBN\*. FBN will report all costs; personnel labor (available/productive time) and visit workload associated with the Hearing Conservation Program. Additionally, with the deployment of MEPRS/EAS IV workload reporting will be expanded to CPT-4 encounter codes.

The following provides the MEPRS Hearing Conservation MEPRS code description and revisions to the Audiology and Occupational Health MEPRS code descriptions, which previously included Hearing Conservation Program functions.

### **Hearing Conservation Program**

**FBN**

**FUNCTION:** The Hearing Conservation Program provides hearing conservation surveillance for military and civilian personnel routinely exposed to hazardous noise. Conducts routine and follow-up audiometric monitoring using the Defense Occupational Health Readiness System - Hearing Conservation

(DOHRS-HC) in both fixed and mobile facilities, e.g., the Military Occupational Health Vehicle. Audiometric monitoring consisting of baseline (reference), periodic (annual, termination and/or other) and all follow-up testing required to identify, confirm and document hearing threshold shifts

resulting from noise exposure. Diagnostic audiology services including hearing loss worker's compensation evaluations; hearing fitness for duty evaluations; hearing profile evaluations for readiness; significant hearing threshold shift evaluations; and, evaluations for acoustic trauma injuries and for difficult to test patients (i.e., non-organic behavior or response). The Hearing Conservation Program performs annual Hearing Protection Evaluation and Fittings for military and civilian personnel routinely exposed to hazardous noise. Determines the appropriate selection of hearing protection style and earplug size based on user needs. Performs otoscopic examination to rule out any contradiction for wearing earplugs. Performs earmold impressions for custom fitted earplugs. Conducts training classes on the effects of noise on hearing; the purpose, advantages, disadvantages and attenuation of various hearing protectors, selection, fitting, care and use of hearing protectors; and, the purpose and procedures of audiometric monitoring. Annually examines hearing protective devices during monitoring audiometry to ensure proper fit and condition. Monitors the proper wear and use of hearing protection during work site visits. Program assessment and analysis consists of monitoring hearing loss trends in work site, military units and the local installation/MTF. Periodically performs work site visits to monitor compliance with local and federal regulations.

The HCPM manages the HC program by providing supervision to hearing conservation technicians, reviewing audiometric monitoring tests and conducting technician hearing conservation certification courses. The HCPM ensures all monitoring audiometry tests meet all federal, DoD and service specific record keeping requirements and are maintained as a medical legal document in the noise-exposed individual's medical record.

**COSTS:** The Hearing Conservation Program shall be a cost center account that includes all operating expenses incurred in performing and maintaining this program.

**PERFORMANCE FACTOR:** Visit

**ASSIGNMENT PROCEDURE:** This is a final operating expense account and shall not be reassigned during the expense allocation process described in Chapter 3.

### **Audiology Clinic**

**BHD**

**FUNCTION:** The Audiology Clinic provides comprehensive audiologic support for active duty and eligible beneficiaries for the determination of etiology, pathology, and magnitude of

hearing loss and potential for remediation and rehabilitation. Assists in the evaluation of auditory and vestibular systems. Specific services include pure tone threshold audiometry; basic and advanced clinical testing; pediatric evaluations; neonatal hearing testing as part of the early hearing loss identification program; hearing aid evaluation, fittings, and repairs; ear mold fittings; vestibular evaluations, dispensing of hearing protection devices (fitting, education, and motivation); determination of proper referral and disposition. Additional support includes healthcare education and counseling on hearing; inpatient audiologic evaluations; auditory monitoring of hearing thresholds following medical and surgical intervention; intraoperative monitoring of cranial nerves; assistive listening device guidance; aural rehabilitation classes; monitoring hearing loss trends in the work site; staff assistance visits to monitor compliance with Federal and local regulations; and providing Audiometric Technician Certification courses and medical provider education programs.

**COSTS:** The Audiology Clinic work center shall be a subaccount that includes all expenses incurred in operating and maintaining the clinic, such as expenses for personnel, supplies, travel, and any other expenses identified directly in support of Audiology Clinic activities.

**PERFORMANCE FACTOR:** Visit

**ASSIGNMENT PROCEDURE:** This final operating expense account shall not be reassigned during the expense allocation process described in Chapter 3.

### **Occupational Health Clinic**

**BHG**

**FUNCTION:** The Occupational Health Clinic supports the evaluation of health conditions in potentially health-hazardous job environments especially but not only industrial settings; provides clinical services for non-acute job-related illnesses and injuries that may occur as a result of exposure to work environment; and performs those functions described in subsection C2.2.8. Primary Medical Care, as appropriate.

**COSTS:** The Occupational Health Clinic work center shall be a subaccount that includes all expenses for personnel, supplies, travel, and any other expenses identified directly in support of Occupational Health Clinic activities.

**PERFORMANCE FACTOR:** Visit

ASSIGNMENT PROCEDURE: This final operating expense account shall not be reassigned during the expense allocation process described in Chapter 3.

**The following provides the FY 00 MEPRS guidance for implementation of this new MEPRS cost code, FBN, Hearing Conservation Program:**

MEPRS cost code FBN\* has been established to separately and discretely identify Hearing Conservation Program costs, personnel labor (available/productive time) and visit workload in MEPRS/EAS.

**Tri-Service Accounting Systems**

MEPRS reporting activities are to establish accounting structures that support and apply the program element code (PEC 87705), Military Public/Occupational Health, to ensure that all commodities used in support of the Hearing Conservation Program are captured and reported (e.g., supplies, equipment, available/productive labor). Service specific financial guidance will address the reporting structures necessary for implementation in FY 00. Additionally, Army and Air Force service specific guidance will address the appropriate use of cost pools for capturing and reporting these costs. Navy does not permit costs pools to be used.

Mobile Vans must be charged to the MEPRS parent facility and not the branch clinic reporting facilities. Do not charge mobile vans to branch clinics. MTFs may use a MEPRS parent facility 4<sup>th</sup> level MEPRS code to distinguish mobile vans used in hearing conservation.

**Manpower and Personnel**

For manpower purposes, the Service-specific manpower documents may be updated to reflect this change, if appropriate. Personnel assigned to the Audiology and/or Occupational Health, Preventive Medicine, etc., areas will continue to report their assigned FTEs to Audiology, Occupational Health, etc., unless a directed manpower change has been requested.

Please be advised that personnel supporting the Hearing Conservation Program may be assigned to Audiology and/or Occupational Health work centers, etc; however, no changes will be made at this time to reflect the new MEPRS cost code as their primary work center. Therefore, non-productive/non-available

time will be reported to the primary work center vice the new MEPRS cost code FBN\*.

Personnel assigned to Audiology, Occupational Health, Preventive Medicine, etc., who support or perform Hearing Conservation patient care and education must change their labor data collection templates, timecards, timesheets in October to reflect an estimated or the actual monthly hours of labor support provided to the Hearing Conservation Program. Personnel who are considered in support of the Hearing Conservation Program include front desk clerks, clinic managers, technicians, nurses, providers, and physicians. These personnel must reflect monthly an appropriate percentage of their time and costs.

The following service-specific systems must capture and report manpower and personnel information:

Navy - Standard Personnel Management System (SPMS)  
Army - Uniform Chart of Accounts Personnel (UCAPERS)  
Air Force - EAS III Personnel Subsystem

The above systems provide the necessary person specific data elements necessary for interfacing FTEs and labor expenses into MEPRS/EAS. These reporting systems must link service-specific accounting data elements accurately or the costs will be inaccurate as well as a financial reconciliation reporting issue for MEPPRS/EAS.

### **CHCS and WAM Reporting**

The performance factor for the Hearing Conservation Program is visits. The Hearing Conservation program should be set up in the CHCS PAS/MCPmodules(s) as it's own clinic using MEPRS cost code FBN\*. It should not be set-up as a 'sub-clinic" within Audiology, Occupational Health, Preventive Medicine, etc.

The Tri-Service Audiology Specialty Advisors have recommended the following appointment types be used in CHCS PAS/MCP modules:

Scheduled

- DOHRS-HC (HCON) = Visit Count
- Audiological Evaluations = Visit Count
- Earplug Fit and Issue = Visit Count

Walk-In Appointments

- DOHRS-HC = Visit Count
- Earplug Fit and Issue = Visit Count

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The following procedures are provided for establishing HC in CHCS:

1. Create New MEPRS Code (F\*\*\*)
2. Create New Clinic using the newly established MEPRS Code
3. Ensure that Providers supporting HC are defined in CHCS
4. Create Clinic Profile for HC
5. Create Provider Profile containing Appointment Types and Provider Preferences
6. Create Schedule Templates
7. Create and Open Schedules

### **ADS**

The Tri-Service Audiology Specialty Advisors have recommended the following in ADS: Need to complete research on 99211.

Hearing Conservation patients can be distinguished easily at the time a patient appointment is made. It is critical that the appointment be made to the CHCS PAS/MCP FBN\* clinic. This will ensure that ADS reports the correct MEPRS code on the ADS bubble sheet and to the local ADS databases. If an appointment is made under an incorrect MEPRS code, then the following would have to take place: The MEPRS code would be changed via CHCS End-of-day (EOD) processing and the appointment under the incorrect MEPRS code would have to be cancelled in ADS and a "walk-in" initiated and completed in ADS to the correct MEPRS code.

**Need to refer to Kathy Gates and other specialty advisors to complete- will complete prior to or in 8 September 1999 meeting:**

#### **ICD-9-CM Diagnoses**

- V65.43 - Counsel Injury Prevention**
- V68.89 - Encounters for Other Specified**
- V72.1 - Examination Ears and Hear**
- V80.3 - Screening for Ear Disease (Excludes V72.1)**
- 388.10 - STS Noise Effects**
- 389.8 - >H-2 Hearing Profile**
- 389.9 - Unspecified Hearing (Needs Referral)**
- 388.12 - PTS after Auditory Diagnosis, NIHL**
- 388.11 - Acoustic Trauma**
- 389.11 - Sensori Hearing Loss**
- 388.30 - Tinnitus**

#### **Evaluation and Management Codes**

- 99202 - New Patient, limited 20 min
- 99211 - Nonphysician, minimal Do not include.
- 99213 - Established Patient, Low Complex 15 min
- 99214 - Established Patient, 25 min
- 99244 - Office Consultation
- 99205 - New comprehensive, 60 min
- 99245 - Consult/Comp High
- 99385 - Prev Med (18-39 yrs) -New Patient, DD2215)
- 99386 - Prev Med (40-64 yrs) -New Patient, DD2215)
- 99395 - Prev Med (18-39 yrs)-Established Patient, DD2216
- 99396 - Prev Med (40-64 yrs) Established Patient, DD2216
- 99401 - Prev Med Counseling, Individ 15 min
- 99402 - Prev Med Counseling, Individ 30 min
- 99403 - Prev Med Counseling, Individ 45 min
- 99404 - Prev Med Counseling, Individ 60 min
- 99411 - Prev Med Counseling, Group 30 min
- 99412 - Prev Med Counseling, Group 60 min
- 99455 - Work Related Exam by Physician
- 99456 - Work Related Exam by Non-physician

**CPT Codes:**

- 92552 - Air Conduction Audio
- 92596 - Ear Protector Eval (Fit Check)
- 99071 - Patient Education Material
- 99078 - Group Health Education/Earplug Fit
- 99070 - Earplug Fit and Issue
- 92559 - r Conduction Threshold, Group (Use with 92552)
- 92599 - Otoscopic Exam
- 99090 - Computer Data Analysis (Subj Hx, Earplug Fit, DOHRS HC Entry)
- 92557 - Comp Audio & Speech Recognition
- 92567 - Tympanometry
- 92568 - Acoustic Reflex
- 92569 - Acoustic Reflex Decay

**MEPRS/EAS Allocation**

In order to appropriately allocate overhead (support service) costs in MEPRS/EAS, FBN\*must be assigned square footage. MTFs that provide clinical and administrative support to the Hearing Conservation Program must determine the amount of square footage used for Hearing Conservation patient care. This data is necessary for the MEPRS/EAS step down process, which allocates overhead support accounts such as plant management based on square footage. To obtain full costs in MEPRS/EAS the Hearing

Conservation Program will receive step down expenses from overhead accounts, as appropriate.

MEPRS/EAS step down guidance provides those accounts for which FBN\* square footage is reported. Refer to service specific financial guidance for details on square footage allocations. Additionally, if a MTF is performing Hearing Conservation in the Occupational Health work center (BHG), then BHG may have square footage (space) solely designated to performing Hearing Conservation activities. MEPRS personnel will add the FBN\* square footage the appropriate MEPRS/EAS square footage Step-down Assignment Statistics (SASs) and reduce/subtract the BHG work center square footage by the amount designated for FBN\*. If the Audiology (BHD) or Occupational Health (BHG) square footage (spaces) are jointly used and the square footage cannot be designated for Hearing Conservation then the square footage reported for FBN\* will be the same as that reported for Audiology and/or Occupational Health, as appropriate.

**Mobile vans** owned or leased used in the performance of Hearing Conservation Care **will not** be included in the square footage calculations.

Additionally, the following MEPRS/EAS Standard SASs will report FBN beginning FY 00:

SAS- 002 - Outpatient Total Visits  
SAS - 003 - Total Outpatient and Inpatient Visits (Note: 002 and 003 must match. FBN will not report inpatient visits)

Appropriate SASs in the 800 Series - MTF Available FTEs.

Hearing Conservation Equipment purchased at 100k or above should be directly depreciated to the FBN account and "F" account depreciation SAS.