ASHA’s National Outcomes Measurement System (NOMS)

Clinician User Guide
Audiology Registry

August 2021

ASHA’s National Outcomes Measurement System
# NOMS Clinician User Guide: Audiology Registry

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What Is NOMS?

The National Outcomes Measurement System (NOMS) is a national data collection and reporting registry that benchmarks the outcomes of individuals receiving audiology and speech-language pathology services across the health care continuum. In exchange for participation in NOMS, you will have access to online reports comparing your organization’s data with the national benchmarks.

To access the NOMS Data Collection and Reporting Tool, go to
https://nomsregistry.asha.org/login

You can use the NOMS tool to:
- View your NOMS profile
- View your compliance issues
- Enter data (for web-based users only)

How Do I Submit NOMS Data?

Each organization indicates their preferred data collection method when they register for NOMS.

If your organization has chosen to submit data using the web-based NOMS tool, go to the website above, and log in with your ASHA website email and password.

If your organization has chosen to submit data via your electronic medical record (EMR), you should document your NOMS data in your EMR using the interface and procedures established by your organization.

If you have questions about how clinicians at your organization should submit NOMS data, please contact the NOMS subscriber for your organization or email NOMS@asha.org.

Create a New Record

Once you have logged in, click Patient Records in the left menu. Next, click the Create New Record button located at the top right corner of the page.
Note: If you have been assigned multiple roles, you may need to use the “Switch Profile” button at the top of the page to switch to your Clinician role first. Only users who have been assigned multiple roles will see the “Switch Profile” button. If you are a subscriber and you do not see the “Switch Profile” button, then you need to assign yourself the clinician role first.

Save an Incomplete Form

If you start a new record but you are unable to complete it in one session, use the Save & Exit to save the form. The system will provide you with the NOMS record number, which you should record so you can locate this record again in the future.
Continue an Incomplete Form

You can resume working on an “Incomplete” form by clicking Continue.

Submit a Completed Form

When you have responded to all required questions on the form, click Submit to submit the form.
When you submit a record to NOMS via the web-based tool or via the NOMS app from within your electronic medical record (EMR), the system will provide you with key information that you should save. You can copy the information to your computer’s clipboard to easily include it in the patient’s record.

1. The unique NOMS record number must be used on all subsequent data collection forms.

2. The Copy to Clipboard button makes it easy to save this key information for each submitted form.

If your organization has chosen to submit data from their EMR, please enter the NOMS data into the appropriate area of the EMR. Those data will be transmitted to NOMS following the pre-determined schedule. You will receive the assigned NOMS record number in the results file upon submission.
Edit and Delete a Form

Incomplete Form

Clinicians and subscribers can edit and delete a form with a status of “Incomplete.”

Click **Patient Records** on the left menu. Click on the **Record ID** for the desired patient record. You will be taken to the **Patient Record Details** page. Click **Continue** to edit the form. Click **Delete** to delete the form.

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Complete Form

To edit or delete a form that has been submitted (i.e., has a status of “Complete”), please submit a request to **NOMS@asha.org**, and include the NOMS patient record number.
NOMS Data Collection

The NOMS Audiology Registry captures patient progress using patient-reported outcomes (PROs). For NOMS purposes, audiologists should evaluate their patients on one or more of the following conditions: hearing, tinnitus, and vestibular.

If you evaluate the Hearing condition, you should administer the Hearing Handicap Inventory for the Elderly or Adults (HHIE/HHIA) and/or the Abbreviated Profile of Hearing Aid Benefit (APHAB) PRO.

If you evaluate the Tinnitus condition, you should administer the Tinnitus Handicap Inventory (THI) PRO.

If you evaluate the Vestibular condition, you should include only those patients who have received a vestibular assessment and/or canalith repositioning. Instead of a PRO, you will enter which maneuvers were performed and how many times each maneuver was administered.

Who Should I Include in NOMS?

You should include in NOMS all eligible individuals receiving audiological services. Do not limit data collection to a specific population (e.g., individuals with Medicare as the primary source of funding).

*Eligible* patients meet the following criteria:

- At least 16 years of age
- Received a comprehensive hearing test (hearing condition), tinnitus evaluation (tinnitus condition), and/or vestibular assessment/canalith repositioning (vestibular condition), and treatment recommendations have been made.

When Should I Submit Data to NOMS?

You are not required to create a NOMS submission after every patient visit. Instead, you should submit data to NOMS at key encounters based on the condition(s) you evaluate.

**Hearing**

For the hearing condition, you should submit data to NOMS following a complete audiometric evaluation. This may be an initial hearing evaluation, annual evaluation, or interim evaluation if a significant change in hearing was detected.

For patients with amplification, you should also submit data to NOMS following the initial adjustment/acclimatization period (often the end of the trial period). You should administer the same PRO that you submitted prior to the fitting. You do NOT need to submit data following routine amplification checks or programming adjustments.
**Tinnitus**

For the tinnitus condition, you should submit data following a complete tinnitus evaluation. This may be an initial evaluation or reevaluation.

For patients receiving tinnitus treatment (e.g., sound therapy, habituation training), you should also submit data following the initial adjustment/acclimatization period (often the end of the trial period).

**Vestibular**

For the vestibular condition, you should submit data following a vestibular assessment and/or the administration of canalith repositioning maneuver(s).

Please wait to submit data until your planned treatment with the patient is finished. For example, if you see a patient once and administer the Dix-Hallpike maneuver but plan to see them in 1 week to possibly administer the maneuver again, do not submit to NOMS until after the second visit. At that time, you will enter the total number of visits and maneuvers provided.

**Audiology Data Collection Form**

When you submit data to NOMS, you will be required to fill out the audiology data collection form. The following data elements and descriptions apply to the form.

**Age**

Enter the patient’s age at admission. Patients must be 16 years of age or older. If you enter an age over 89, the age will default to “90+ years.”

**Gender Identity**

Select the individual’s gender identity.

**Race and Ethnicity**

Select the racial and ethnic background of the patient. You can select multiple categories. Consult records that identify the individual’s selection, or enter “Unknown.”

**Diagnosis Codes (ICD-10) Associated With Hearing Loss, Tinnitus, or Vestibular Impairment**

Enter ICD-10 code(s) that correspond to the primary and secondary (if applicable) medical diagnoses associated with the audiology treatment. To locate a code, type the name of the diagnosis or enter the alphanumeric value. You may enter up to 25 codes.

**CPT Code(s)**

Select the CPT code(s) for all services provided at the most recent audiological session or since the previous submission to NOMS (for cases of subsequent submissions). Select from the drop-down menu, or type the numeric value or the description. You may enter more than one code.
## Primary Payer

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIP</td>
<td>Children’s Health Insurance Program (CHIP) is a state-based funding program that acts as either a Medicaid expansion program or a separate program that provides coverage to low-income or uninsured children.</td>
</tr>
<tr>
<td>IDEA/Educational Funding</td>
<td>Funding that is provided through an individualized education program (IEP) based on federal law (the Individuals with Disabilities Education Act [IDEA]) requiring free appropriate public education to school-aged students with disabilities, from 3 years of age to high school graduation.</td>
</tr>
<tr>
<td>Medicare Part A</td>
<td>Government-assisted hospital insurance that covers inpatient care and services provided in skilled nursing facilities, hospices, and home health care.</td>
</tr>
<tr>
<td>Medicare Part B</td>
<td>Government-assisted insurance that covers outpatient care and some home health care.</td>
</tr>
<tr>
<td>Medicare Part C/advantage</td>
<td>Private insurance companies that contract with Medicare to offer insurance coverage under Medicare Part A (hospital insurance) and Medicare Part B (medical insurance).</td>
</tr>
<tr>
<td>Medicaid (fee-for-service)</td>
<td>Government-assisted payment model where services are unbundled and paid for separately.</td>
</tr>
<tr>
<td>Medicaid (managed care)</td>
<td>A network of managed care organizations (MCOs) that have entered a contract or subcontract with the state Medicaid agency to offer benefits and services.</td>
</tr>
<tr>
<td>Organization-sponsored assistance</td>
<td>Funding provided by an outside organization other than a private health insurance company (e.g., Easterseals, Veterans Health Administration [VA], Scottish Rite).</td>
</tr>
<tr>
<td>Private health plan</td>
<td>Funding provided by entities other than the government.</td>
</tr>
<tr>
<td>Tricare</td>
<td>Health care program for uniformed service members, retirees, and their families around the world.</td>
</tr>
<tr>
<td>Workman’s compensation</td>
<td>Business insurance administered by the U. S. Department of Labor that provides benefits to employees who suffer work-related injuries or illnesses.</td>
</tr>
<tr>
<td>Self-pay</td>
<td>Individual or responsible party pays the full amount.</td>
</tr>
</tbody>
</table>
Tinnitus
Indicate if the patient reported experiencing tinnitus.

Vertigo/Balance/Dizziness
Indicate if the patient reported experiencing vertigo/balance problems/dizziness.

Hearing Loss
Indicate if the patient has known hearing loss in at least one ear. If hearing is normal in both ears, select “No.”

Time Since Last Audiogram
Select the length of time that has elapsed since the patient’s most recent audiogram. This does NOT include the current audiogram associated with this NOMS submission.

For example, a patient had a hearing test done in January 2020 prior to your participation in NOMS. The patient is now back in March 2021 for his annual examination, which you will be submitting to NOMS. For this question, you would select “more than 12 months” since last audiogram.

Current Amplification Status
Select which type of amplification the patient is using for both left and right ears. If the patient does not currently utilize amplification, select “none.”

Plan of Care
You may select more than one option if applicable.

<table>
<thead>
<tr>
<th>Plan of Care</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developed in conjunction with the patient</td>
<td>The patient participated in developing the plan of care.</td>
</tr>
<tr>
<td>Developed in conjunction with the family</td>
<td>The plan of care, including amplification options, was discussed with the spouse, family, or other caregivers’ input.</td>
</tr>
<tr>
<td>Developed in conjunction with the educators</td>
<td>The plan of care, including amplification options, was discussed with the educators’ input.</td>
</tr>
<tr>
<td>Shared with the primary care physician</td>
<td>The medical record should corroborate that a plan of care was shared with the primary care physician.</td>
</tr>
<tr>
<td>Shared with the referring physician</td>
<td>The medical record should corroborate that a plan of care was shared with the referring physician (if different than the primary care physician), to close the referral loop.</td>
</tr>
</tbody>
</table>
Conditions

Add a condition that was reported or assessed.

Hearing

Hearing-Related Visits Since Most Recent NOMS Submission

Indicate the number of times the patient has been seen in the office since the previous NOMS submission. This includes any visits for amplification checks or adjustments.

If this is the first submission for the patient, this question will not appear.

Transducer for Pure Tones and Speech

Indicate the transducer used to obtain reported data. This question appears if you select one or more of the following CPT codes on the “Patient Characteristics” tab:

- 92557: Comprehensive audiometric evaluation
- 92552: Pure tone, air only
- 92553: Pure tone, air and bone
- 92579: Visual reinforcement audiometry
- 92582: Conditioning play audiometry
- 92555: Speech audiometry threshold
- 92556: Speech audiometry threshold with speech recognition
- 92583: Select picture audiometry

Current Hearing Status

Select the current hearing status based on the most recent audiogram.

Asymmetric = air-conduction pure-tone average (500 Hz, 1000 Hz, 2000, 3000 Hz) difference of ≥ 15 dB between ears.
If hearing loss is present, indicate the degree, configuration, and type.

**Degree**
Determined by the pure-tone average of 500 Hz, 1000 Hz, and 2000 Hz.

**Configuration**

<table>
<thead>
<tr>
<th>Configuration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flat</td>
<td>No more than 5-10 dB difference per octave</td>
</tr>
<tr>
<td>Sloping</td>
<td>15 dB or greater slope</td>
</tr>
<tr>
<td>Rising</td>
<td>15 dB or greater reverse slope</td>
</tr>
<tr>
<td>Trough</td>
<td>20 dB or greater loss in mid-frequencies than extremes</td>
</tr>
<tr>
<td>Peaked</td>
<td>Hearing threshold at 3 Hz, 4 Hz, and/or 6 kHz is at least 10 dB greater than at other frequencies</td>
</tr>
</tbody>
</table>

**Type**
Indicate the type of hearing loss present.

**Number of Visits to Confirm Hearing Status**
Indicate the number of visits required to complete the audiometric evaluation.

**ABR Stimulus**
Indicate the type(s) of stimulus used to diagnose the hearing loss. This question appears if you select one or more of the following CPT codes on the “Patient Characteristics” tab:

- 92650: Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis
- 92651: For hearing status determination, broadband stimuli, with interpretation and report
- 92652: For threshold estimation at multiple frequencies, with interpretation and report
- 92653: Neurodiagnostic, with interpretation and report

**Central Auditory Processing Test(s)**
Indicate which type(s) of tests were administered. This question appears if you select one or more of the following CPT codes on the “Patient Characteristics” tab:

- 92571: Filtered speech test
- 92572: Staggered spondaic word test
- 92576: Synthetic sentence identification test
- 92620: Bundled central auditory processing test
CAPD Diagnosis

Indicate whether a central auditory processing disorder (CAPD) was diagnosed during this episode of care. This question appears if you select one or more of the following CPT codes on the “Patient Characteristics” tab:

- 92571: Filtered speech test
- 92572: Staggered spondaic word test
- 92576: Synthetic sentence identification test
- 92620: Bundled central auditory processing test

Auditory Neuropathy Spectrum Disorder Confirmation

Indicate which test(s) were administered to confirm diagnosis. This question appears only if you indicate that the patient’s hearing loss type is “Auditory Neuropathy Spectrum Disorder.”

Speech-in-Noise Testing

Select which type of speech-in-noise testing (CNC-Words or SNR-50) was administered. If speech-in-noise testing was not performed, select “was not administered.” Select “with amplification” if testing was done aided; select “without amplification” if testing was done unaided. You may select more than one option, if appropriate.

If scores are entered for both with amplification and without amplification on the same NOMS submission, speech-in-noise will be captured as an outcome within the data reports. This may be helpful when counseling regarding device use.

CNC-Words

For each ear, enter the percent correct of a CNC-word list when presented with noise. Do not enter scores for speech-in-quiet.

SNR-50

For each ear, record the dB level of the required increase in signal-to-noise ratio for the patient to score 50% correct (threshold score). Under “SNR Test Stimulus,” select which SNR test resulted in the SNR-50.
Aural Rehabilitation (AR)

If you provided AR, select the type(s) from the available list. AR includes informational counseling, device management, and device prescription.

<table>
<thead>
<tr>
<th>Type of AR</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory Training</td>
<td>Provided perceptual training to aid in the processing of incoming auditory or auditory-visual signals (e.g., auditory training, lip/speech reading training).</td>
</tr>
<tr>
<td>Communication Strategies</td>
<td>Discussed communication strategies with the patient to maximize understanding from a communication partner (e.g., look at the person who is speaking, and watch for verbal and nonverbal cues).</td>
</tr>
<tr>
<td>Communication With Significant Others</td>
<td>Discussed communication strategies with the patient’s significant other(s) to maximize communication with the patient (e.g., speak slowly, clearly, and from the same room).</td>
</tr>
<tr>
<td>Device Management*</td>
<td>Provided ongoing services for amplification device(s) (e.g., cleaning and checking to ensure proper functioning, programming adjustments).</td>
</tr>
<tr>
<td>Device Prescription*</td>
<td>Initial fitting of amplification device(s).</td>
</tr>
<tr>
<td>Environmental Modifications</td>
<td>Discussed potential changes to the environment to maximize communication (e.g., lighting, positioning of chairs).</td>
</tr>
<tr>
<td>Hearing Loss Education</td>
<td>Provided general information regarding the patient’s hearing loss and diagnosis (e.g., explaining the audiogram in terms of type, severity of hearing loss).</td>
</tr>
<tr>
<td>Hearing Protection</td>
<td>Provided counseling regarding the importance of hearing protection and/or fitted personal hearing protection.</td>
</tr>
<tr>
<td>Managing Stress</td>
<td>Provided information about techniques to manage the stress associated with hearing loss.</td>
</tr>
</tbody>
</table>

*If you select “Device Prescription” or “Device Management,” you will also indicate:

**Type of Verification**
Select which form of verification was used from the available list, or provide a text response in the “other” field.

**Number of Days Since Device Fitting**
Enter how many days have elapsed since the amplification device(s) were fit. This can be estimated if the exact length of time is unknown (e.g., patient reports being fitted approximately 3 years ago by another provider).
**Average Number of Hours of Device Use Per Day**
Enter the average number of hours of device use per day. You can report the value based on data logging and/or patient report. There are two separate entry fields for this information, but only one is required.

**Hearing Self-Assessments**
A hearing self-assessment or PRO is required for an initial NOMS submission for the hearing condition and should be included in subsequent hearing submissions.

**Abbreviated Profile of Hearing Aid Benefit (APHAB)**
Following the scoring guide provided by the APHAB tool, enter the score for each category.
Indicate if the patient completed the questionnaire reflective of hearing abilities with or without amplification by providing the appropriate response to the “Amplification Status” question.

**Hearing Handicap Inventory for Adults (HHIA)**
Following the scoring guide provided by the HHIA tool, enter the “Social Score” (0–48) and “Emotional Score” (0–52).
Indicate if the patient completed the questionnaire reflective of hearing abilities with or without amplification by providing the appropriate response to the “Amplification Status” question.

**Hearing Handicap Inventory for the Elderly (HHIE)**
Following the scoring guide provided by the HHIE tool, enter the “Social Score” (0–48) and “Emotional Score” (0–52).
Indicate if the patient completed the questionnaire reflective of hearing abilities with or without amplification by providing the appropriate response to the “Amplification Status” question.

**Other Hearing Self-Assessment(s) Administered**
Enter the name of any other hearing self-assessments completed by the patient, if applicable. If only the HHIE/HHIA/APHAB was administered, leave this field blank.

On subsequent submissions, a “patient refused” response option is available if the patient did not complete the assessment. If “patient refused” is selected, outcomes will not be available in the data reports for this episode of care. “Patient refused” cannot be selected on two subsequent submissions.

**Length of Time Since Last Hearing Self-Assessment**
Select the amount of time that has elapsed since the selected hearing assessment was last completed by the patient. If this is the first time it has ever been administered, select “N/A (first assessment).”
## Recommendations

Select all recommendations you made to the patient for the hearing condition, regardless of whether the recommendations will be included in the plan of care.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>No further evaluation or recommendations</td>
<td>No action is required on the part of the patient.</td>
</tr>
<tr>
<td>Ongoing audiological monitoring</td>
<td>Patient should be seen in the future for audiological assessment to monitor auditory status (e.g., annual reevaluation).</td>
</tr>
<tr>
<td>Cochlear implant evaluation</td>
<td>Patient is referred to determine cochlear implant candidacy. This may be a referral within the same provider/office or to an external provider.</td>
</tr>
<tr>
<td>Referral to ENT</td>
<td>Patient is referred to an otolaryngologist.</td>
</tr>
<tr>
<td>Amplification (new) – hearing aid (left ear)</td>
<td>A new hearing aid is recommended for the left ear. This may be for a first-time user or an experienced user.</td>
</tr>
<tr>
<td>Amplification (new) – hearing aid (right ear)</td>
<td>A new hearing aid is recommended for the right ear. This may be for a first-time user or an experienced user.</td>
</tr>
<tr>
<td>Amplification (new) – personal sound amplification product (PSAP) - left ear</td>
<td>A new PSAP is recommended for the left ear. This may be for a first-time user or an experienced user.</td>
</tr>
<tr>
<td>Amplification (new) – personal sound amplification product (PSAP) - right ear</td>
<td>A new PSAP is recommended for the right ear. This may be for a first-time user or an experienced user.</td>
</tr>
<tr>
<td>Amplification (continued use) – left ear</td>
<td>Ongoing use of a previously fitted amplification device for the left ear is recommended.</td>
</tr>
<tr>
<td>Amplification (continued use) – right ear</td>
<td>Ongoing use of a previously fitted amplification device for the right ear is recommended.</td>
</tr>
<tr>
<td>Hearing assistive technology/assistive listening device</td>
<td>The use of assistive technology (e.g., FM system) by itself or in conjunction with an amplification device is recommended.</td>
</tr>
<tr>
<td>Use of hearing protection/hearing protective devices (HPDs)</td>
<td>The use of standard or custom hearing protection is recommended for work-related or personal use.</td>
</tr>
</tbody>
</table>
What did the patient agree to include in their plan of care for hearing?

Select all recommendations that will be included in the plan of care. This may be different than your initial recommendation. If the patient did not agree, select “patient did not agree with any of the treatment recommendations.”

On the next hearing submission, you will be asked if the patient accomplished the plan of care to which they agreed. Indicate whether each of the components of the established plan of care was accomplished in the interim.

Tinnitus

Tinnitus-Related Visits Since Most Recent NOMS Submission

Indicate the number of times the patient has been seen in the office since the previous NOMS submission.

If this is the first submission for the patient, this question will not appear.

History of Tinnitus Treatment(s)

Indicate the history of tinnitus treatment(s) for the patient.

Tinnitus Self-Assessment

A tinnitus self-assessment or PRO is required for an initial submission and should be included in subsequent tinnitus submissions.

Tinnitus Handicap Inventory (THI)

Following the scoring guide provided by the THI tool, enter the total score (0–100).

Indicate the appropriate treatment status.

- Select “with treatment” if the patient completed the questionnaire to reflect the difficulties caused by tinnitus during or following treatment.
- Select “without treatment” if the patient completed the questionnaire to reflect the difficulties caused by tinnitus before or in the absence of treatment.

Other Tinnitus Self-Assessment(s) Administered

Enter the name of any other tinnitus self-assessments completed by the patient, if applicable. If only the THI was administered, leave this field blank.

On subsequent submissions, a “patient refused” response option is available if the patient did not complete the assessment. If “patient refused” is selected, outcomes will not be available in the data reports for this episode of care. “Patient refused” cannot be selected on two subsequent submissions.
Length of Time Since Last THI Self-Assessment

Select the amount of time that has elapsed since the THI was last completed by the patient. If this is the first time it has ever been administered, select “N/A (first assessment).”

Recommendations

Select all recommendations you made to the patient for the tinnitus condition, regardless of whether the recommendations will be included in the plan of care.

<table>
<thead>
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<th>Recommendations</th>
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<tbody>
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<tr>
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<td>Patient is referred to determine cochlear implant candidacy. This may be a referral within the same provider/office or to an external provider.</td>
</tr>
<tr>
<td>Referral to ENT</td>
<td>Patient is referred to an otolaryngologist.</td>
</tr>
<tr>
<td>Referral to mental health professional</td>
<td>Patient is referred to a mental health professional (e.g., psychiatrist).</td>
</tr>
<tr>
<td>Sound therapy</td>
<td>Includes the use of hearing aid(s) or sound generators to mask the tinnitus.</td>
</tr>
<tr>
<td>Habituation training</td>
<td>Includes models of therapy that use the neurophysiological model that employs the purposeful use of noise or sound to retrain the brain. Tinnitus Retraining Therapy (TRT) would be included under “habituation training.”</td>
</tr>
<tr>
<td>Education/counseling</td>
<td>Includes support groups and other educational activities.</td>
</tr>
<tr>
<td>Behavioral treatment</td>
<td>Includes behavioral modification techniques and exercises to relieve stress and anxiety related to the tinnitus.</td>
</tr>
</tbody>
</table>

What did the patient agree to include in their plan of care for tinnitus?

Select all recommendations that will be included in the plan of care. This may be different than your initial recommendation. If patient did not agree, select “patient did not agree with any of the treatment recommendations.”
On the next tinnitus submission, you will be asked if the patient accomplished the plan of care to which they agreed. Indicate whether each of the components of the established plan of care was accomplished in the interim.

**Vestibular**

**Total Number of Vestibular-Related Visits**
Enter the total number of visits in which the patient was seen for the current vestibular-related episode of care.

**Vestibular-Related Counseling**
Indicate whether counseling was provided to the patient regarding their current symptoms, diagnosis, or management plan. This includes providing information about potential fall risks.

**Canalith Repositioning**
Indicate whether canalith repositioning was administered during this episode of care. Indicate the outcome of the canalith repositioning by selecting either “resolved” or “unresolved.”

If canalith repositioning was administered, indicate the number of times each selected maneuver was administered. This number should represent the total number of attempts in the office performed by the audiologist. Attempts reported by the patient or by other providers should not be included. Enter “0” for any maneuvers that were not administered.

**Referrals**
Select all referrals that were made to the patient at the completion of the vestibular-related episode. If you select “other,” you may specify the referral in the text box.