



Clinical Indicators: Myringotomy and Tympanostomy Tubes

<u>Procedure</u>	CPT	Days¹
Myringotomy, local anesthesia	69420	10
Myringotomy, general anesthesia	69421	10
Tympanostomy tube insertion		
• local anesthesia	69433	10
• general anesthesia	69436	10

Indications

1. History (One required)

- a) Severe acute otitis media (myringotomy).
- b) Hearing loss > 30 dB in patient with otitis media with effusion (myringotomy or tube).
- c) Poor response (describe) to antibiotic for otitis media (myringotomy or tube).
- d) Impending mastoiditis or intra-cranial complication due to otitis media (myringotomy).
- e) Otitis media with effusion > 3 months (myringotomy or tympanostomy tube).
- f) Recurrent episodes of acute otitis media (more than 3 episodes in 6 months or more than 4 episodes in 12 months) (tympanostomy tube).
- g) Chronic retraction of tympanic membrane or pars flaccida (tympanostomy tube).
- h) Barotitis media control.
- i) Autophony due to patulous eustachian tube.
- j) Craniofacial anomalies that predispose to middle ear dysfunction (e.g., cleft palate).
- k) Middle ear dysfunction due to head and neck radiation and skull base surgery.

2. Physical Examination (required)

- a) Description of tympanic membrane.

¹ RBRVS Global Days



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- b) Description of middle ear space.

3. Tests

- a) Audiometry--pure tones and/or Speech Reception Thresholds.
- b) Tympanometry.

Postoperative Observations

- a) Persistent or profuse bleeding from ear?
- b) Otorrhea?

Outcome Review

1. First Month

- a) Infection--Has there been any discharge from the ear requiring treatment?
- b) Tube-- Check placement and patency of tube.

2. Beyond One Month

- a) Hearing--Is hearing improved? (Document with audiogram or history and physical exam.)
- b) Infection--Has there been a decrease in the number of ear infections?
- c) Tube--Is tympanostomy tube functioning?
- d) Continued follow-up at last 6 months.

Associated ICD-9 Diagnostic Codes (Representative, but not all inclusive codes)

- 381.02 Acute mucoid otitis media
- 381.10 Chronic serous otitis media, simple or unspecified
- 381.20 Chronic mucoid otitis media, simple or unspecified
- 381.30 Other and unspecified chronic nonsuppurative otitis media, not specified as acute or chronic
- 381.7 Patulous eustachian tube
- 381.81 Dysfunction of eustachian tube
- 382.00 Acute suppurative otitis media without spontaneous rupture of tympanic membrane
- 383.00 Acute mastoiditis without complications



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- 383.01 Subperiosteal abscess of mastoid
- 383.02 Acute mastoiditis with other complications
- 385.11 Adhesion of drum head to incus
- 385.12 Adhesion of drum head to stapes
- 385.13 Adhesion of drum head to promontory
- 749.00 Cleft palate, unspecified
- 749.01 Cleft palate
- 749.02 Cleft palate, unilateral, incomplete
- 749.03 Cleft palate, bilateral, complete
- 749.04 Cleft palate, bilateral, incomplete
- 749.20 Cleft palate with cleft lip, unspecified
- 749.21 Cleft palate with cleft lip, unilateral, complete
- 749.22 Cleft palate with cleft lip, unilateral, incomplete
- 749.23 Cleft palate with cleft lip, bilateral, complete
- 749.24 Cleft palate with cleft lip, bilateral, incomplete
- 749.25 Cleft palate with cleft lip, other combinations
- 754.0 Certain congenital musculoskeletal deformities of skull,
face and jaw
- 758 Chromosomal anomalies

Additional Information

Assistant Surgeon -- N
Supply Charges -- not allowed
Prior Approval -- N
Anesthesia Code(s)-- 00126

Patient Information

Myringotomy with or without tympanostomy tube insertion is the most commonly performed ear operation. It is extremely safe and effective. Complications are minor and usually in the form of infection, which may be treated with antibiotics. The tube usually remains in place for 6 to 12 months, although it may be rejected sooner or remain in place for years. Post-op care including



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water precautions are individualized and will be discussed by your physician. Occasionally the tympanic membrane fails to heal after tubes have been removed, and the resulting perforation may require surgical repair. In some cases, tympanostomy tubes may need to be replaced. Hearing improvement is usually immediate after fluid has been removed from the ear. Failure to improve hearing may indicate a second problem in the middle or inner ear.

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