



Clinical Indicators: Mastoidectomy

<u>Procedure</u>	CPT	Days¹
Simple mastoidectomy	69501	90
Complete mastoidectomy	69502	90
Modified radical mastoidectomy	69505	90
Radical mastoidectomy	69511	90
Petrous apicectomy (including radical mastoidectomy)	60530	90
Revision mastoidectomy, resulting in		
• complete mastoidectomy	69601	90
Revision mastoidectomy, resulting in		
• modified radical mastoidectomy	69602	90
Revision mastoidectomy, resulting in		
• radical mastoidectomy	69603	90
Revision mastoidectomy, resulting in tympanoplasty	69604	90
Revision mastoidectomy, with apicectomy	69605	90
Tympanoplasty with antrotomy or mastoidotomy,		
• without ossicular chain reconstruction	69635	90
• with ossicular chain reconstruction	69636	90
• with ossicular chain reconstruction and synthetic prosthesis	69637	90
Tympanoplasty with mastoidectomy, without ossicular chain reconstruction	69641	90
• with ossicular chain reconstruction	69642	90
• with intact or reconstructed canal wall, without ossicular chain reconstruction	69643	90
• with intact or reconstructed canal wall, with ossicular chain reconstruction	69644	90
• radical or complete, without ossicular chain reconstruction	69645	90
• radical or complete, with ossicular chain reconstruction	69646	90
Mastoid obliteration	69670	90

¹ RBRVS Global Days



**AMERICAN ACADEMY OF
OTOLARYNGOLOGY–
HEAD AND NECK SURGERY**

Indications

1. History (One or more required)

- a) Postauricular periosteal swelling or pain unresponsive to medical treatment.
- b) Infected drainage from the ear unresponsive to medical treatment.
- d) Planned second look for intact wall mastoidectomy.
- e) Persistent middle ear disease unresponsive to management.
- f) Fullness in the ear, hearing loss or pain.
- g) Approach to failed tympanoplasty.
- h) Evidence of chronic disease in patient who may not be aware of a problem such as retraction pockets with squamous debris, cholesteatoma, mucous crusts from non-infected discharge, and glomus tympanicum.

2. Physical Examination (required)

- a) Complete bilateral description of ear canal, tympanic membrane, postauricular area (if abnormal), facial nerve function and description of nystagmus (if present).
- b) Description of middle ear.
- c) Description of gross hearing.

3. Tests

- a) Audiometry--pure tone and speech bilateral.
- b) Imaging--CT scan optional.

Postoperative Observations

- a) Bleeding.
- b) Facial weakness.
- c) Dizziness.
- d) Mental status.
- e) Pain.
- f) Dressing.

Outcome Review

1. One Week

- a) Incision and cavity--Is there evidence of infection?
- b) Inner ear and facial nerve--Is there dizziness or facial weakness?



2. Beyond Two Months

- a) Hearing--document with audiogram.
- b) Tympanic membrane--Status of TM if tympanoplasty done.
- c) Mastoid cavity--Is it healed and dry?
- d) Infection--If this was the reason for surgery, has it been controlled?

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

1) Nonsuppurative otitis media and eustachian tube disorder

- 381.0 Acute nonsuppurative otitis media
- 381.00 Acute nonsuppurative otitis media, unspecified
- 381.01 Acute serous otitis media
- 381.02 Acute mucoid otitis media
- 381.03 Acute sanguinous otitis media
- 381.04 Acute allergic serous otitis media
- 381.05 Acute allergic mucoid otitis media
- 381.06 Acute allergic sanguinous otitis media
- 381.1 Chronic serous otitis media
- 381.10 Chronic serous otitis media, simple or unspecified
- 381.19 Other: Serosanguinous chronic otitis media
- 381.2 Chronic mucoid otitis media
- 381.20 Chronic mucoid otitis media, simple or unspecified
- 381.29 Other: Mucosanguinous chronic otitis media
- 381.3 Other unspecified chronic nonsuppurative otitis media
- 381.5 Eustachian salpingitis
- 381.50 Eustachian tube salpingitis, unspecified
- 381.51 Acute eustachian salpingitis
- 381.52 Chronic eustachian salpingitis
- 381.6 Obstruction of eustachian tube
- 381.60 Obstruction of eustachian tube, unspecified
- 381.61 Osseous obstruction of eustachian tube
- 381.62 Intrinsic cartilagenous obstruction of eustachian tube
- 381.63 Extrinsic cartilagenous obstruction of eustachian tube
- 381.8 Other disorders of eustachian tube
- 381.81 Dysfunction of eustachian tube



2) Suppurative and unspecified otitis media

- 382.0 Acute suppurative otitis media
- 382.00 Acute suppurative otitis media without spontaneous rupture of ear drum
- 382.01 Acute suppurative otitis media with spontaneous rupture of ear drum
- 382.02 Acute suppurative otitis media in diseases classified elsewhere
- 382.1 Chronic tubotympanic suppurative otitis media
- 382.2 Chronic atticofacial suppurative otitis media

3) Mastoiditis and related conditions

- 383.00 Acute mastoiditis without complications
- 383.01 Subperiosteal abscess of mastoid
- 383.02 Acute mastoiditis with other complications
- 383.1 Chronic mastoiditis
- 383.2 Petrositis
- 383.20 Petrositis, unspecified
- 383.21 Acute petrositis
- 383.22 Chronic petrositis
- 383.3 Complications following mastoidectomy
- 383.30 Postmastoidectomy complication, unspecified
- 383.31 Mucosal cyst of postmastoidectomy cavity
- 383.32 Recurrent cholesteatoma of postmastoidectomy cavity
- 383.33 Granulations of postmastoidectomy cavity
- 383.8 Other disorders of mastoid
- 383.81 Postauricular fistula

4) Other disorders of middle ear and mastoid

- 385.3 Cholesteatoma of middle ear and mastoid
- 385.30 Cholesteatoma, unspecified
- 385.31 Cholesteatoma of attic
- 385.32 Cholesteatoma of middle ear
- 385.33 Cholesteatoma of middle ear and mastoid
- 385.35 Diffuse cholesteatosis
- 385.8 Other disorders of middle ear and mastoid
- 385.82 Cholesterol granuloma



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Additional Information

Assistant Surgeon -- Y

Supply Charges -- N

Prior Approval -- N

Anesthesia Code(s)—00210; 00124; 00126

Patient Information

Mastoidectomy is an operation to remove disease from the bone behind the ear, when medical management is inadequate. Sometimes a mastoidectomy is required in order to gain better exposure to the disease. Although complications do not often occur, they include persistent ear drainage, infection in the mastoid cavity, and hearing loss. Weakness of the face on the side of the surgery is a rare but potential hazard in mastoid surgery. There may be dizziness for a short time after surgery, but it is rarely permanent. Loss of taste on the side of the tongue may occur and last a few weeks, but may be permanent.

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