Clinical Indicators: Stapedectomy

Procedure	CPT	Days[1]
Stapedectomy or Stapedotomy with reestablishment of ossicular chain continuity, with or without use of foreign material	69660	90
Revision of stapedectomy or Stapedotomy	69662	90

Indications

1. History (in addition to hearing loss, list all appropriate)

a) Hearing loss - age of onset, duration, progression, and disability. Also see tests.
b) Otosclerosis in opposite ear - not suspected, suspected or confirmed.
c) Family history of otosclerosis - none, suspected, confirmed.
d) Tinnitus - present or absent. Describe severity and frequency.
e) Vertigo - present or absent. Severity and frequency.
f) Prior stapedectomy - outcome for hearing, post-op vertigo?

2. Physical Examination (all required)

a) Absence of acute or chronic infection.
b) Description of both ear canals and tympanic membranes (the tympanic membrane should be intact on the side scheduled for surgery).

3. Tests (all required)

a) Audiometry
- Pure Tone Average - air 25 dB or greater
- Pure Tone - bone - 10-15 dB air bone gap of 0.5 - 2kH . May add 10 dB at 2.0 kH to allow for effect of Carhart notch. In case of profound loss and bone testing not valid, provide rationale for suspecting otosclerosis.
- Speech and discrimination of both ears.

b) Tuning fork - 512 cps Weber and Rinne lateralization to ear for proposed surgery and reversal of Rinne (Bone > Air) strongly support diagnosis and decision to operate at lower Air/Bone gap.
c)* Tympanogram and Acoustic Reflex - normal pressure and absent reflex support diagnosis.

*Guideline Reviewers generally placed more confidence in 512 tuning fork than tympanometry.

1 RBRVS Global Days

Postoperative Observations

a) Vertigo--notify surgeon if unresponsive to medication. Severe symptoms could justify decision to keep patient overnight.
b) Bleeding--reinforce dressing.
c) Facial weakness on side of surgery.
d) Emesis

Outcome Review

1. One Week

a) Healing--Are there signs of infection such as discharge, pain or swelling?
b) Inner ear--Are there signs of inner ear reaction such as vertigo?
c) Untoward reaction to any medications

2. Beyond One Month

a) Hearing--document with audiogram.
b) Tinnitus--none, same, better, worse.
c) Vertigo--none, same, better, worse.

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

385.03	Tympanosclerosis involving tympanic membrane, ear ossicles, and middle ear
385.09	Tympanosclerosis involving other combination of structures
385.10	Adhesive middle ear disease, unspecified as to involvement
385.12	Adhesions of drum head to stapes
385.19	Other middle ear adhesion and combinations
385.22	Impaired mobility of other ear ossicles
385.23	Discontinuity or dislocation of ear ossicles
385.24	Partial loss or necrosis of ear ossicles
387.0	Otosclerosis involving oval window, nonobliterative
387.8	Other otosclerosis
387.9	Otosclerosis, unspecified
389.00	Conductive hearing loss, unspecified
389.1	Sensorineural hearing loss, unspecified
389.18	Sensorineural hearing loss of combined types

Additional Information

Assistant Surgeon -- N
Supply Charges -- Not Allowed
Prior Approval -- N
Anesthesia Code(s)-- 00120; 00124; 00126

Patient Information

Stapedectomy/Stapedotomy is a middle ear operation to restore hearing related to a frozen bone or bones in the middle ear. This allows improvement of hearing by restoring vibration of the middle ear bones to the fluid of the middle ear.

Complications from stapedectomy are infrequent and are usually related to uncommon variations in anatomy or birth defects. The likelihood of total hearing loss is rare. Facial paralysis is extremely rare for stapedectomy. Loss of taste on the side of the tongue is a common complaint that usually resolves within a few months. Some dizziness after surgery is normal and may last several days or weeks. Severe or disabling dizziness is less common and could be a symptom of inner ear disturbances. Tinnitus that was present before surgery commonly persists, but could disappear or diminish. On the other hand, tinnitus may develop as a result of surgery.

Failure to improve hearing occurs in about 2% of cases. If there is deterioration of hearing after successful surgery and adequate nerve function remains, it may be possible to restore that hearing by additional surgery. The likelihood of success in those cases has been estimated at 60-80%. A hearing aid may be a reasonable alternative to surgery and that option should be discussed. Unless otherwise advised by your surgeon, stapedectomy for otosclerosis is an elective procedure.

Important Disclaimer Notice (Updated 8/7/14)

Clinical indicators for otolaryngology serve as a checklist for practitioners and a quality care review tool for clinical departments. The American Academy of Otolaryngology—Head and Neck Surgery, Inc. and Foundation (AAO-HNS/F) Clinical Indicators are intended as ***suggestions, not rules***, and should be modified by users when deemed medically necessary. In no sense do they represent a standard of care. The applicability of an indicator for a procedure must be determined by the responsible physician in light of all the circumstances presented by the individual patient. Adherence to these clinical indicators will not ensure successful treatment in every situation. The AAO-HNS/F emphasizes that these clinical indicators should not be deemed inclusive of all proper treatment decisions or methods of care, nor exclusive of other treatment decisions or methods of care reasonably directed to obtaining the same results. The AAO-HNS/F is not responsible for treatment decisions or care provided by individual physicians. Clinical indicators are not intended to and should not be treated as legal, medical, or business advice.

CPT five-digit codes, nomenclature and other data are copyright 2009 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are

included in CPT. The AMA assumes no liability for the data contained herein.

© 2010 American Academy of Otolaryngology-Head and Neck Surgery. 1650 Diagonal Road, Alexandria, VA 22314.