

Otitis Media with Effusion (OME): Avoidance of Topical Intranasal Corticosteroids

Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed topical intranasal corticosteroids

AAO 48

Reporting Option: N/A

Quality Domain: Effective Clinical Care

Instructions: N/A

Denominator: All patients aged 2 months through 12 years with a diagnosis of OME

Denominator Criteria (Eligible Cases):

- Patients aged 2 months through 12 years on date of encounter
AND
- Diagnosis of OME (ICD-09): 381.01, 381.02, 381.04, 381.05, 381.06, 381.10, 381.19, 381.20, 381.29, 381.3, 381.4, 381.00 (ICD-10-CM): H65.00, H65.01, H65.02, H65.03, H65.04, H65.05, H65.06, H65.07, H65.20, H65.21, H65.22, H65.111, H65.112, H65.113, H65.114, H65.115, H65.116, H65.117, H65.119, H65.191, H65.192, H65.193, H65.194, H65.195, H65.196, H65.197, H65.199, H65.23, H65.30, H65.31, H65.32, H65.33, H65.411, H65.412, H65.413, H65.419, H65.491, H65.492, H65.493, H65.499, H65.90, H65.91, H65.92, H65.93
AND
- Patient encounter during the reporting period (CPT)

Denominator Exceptions: Documentation of medical reason(s) for prescribing topical intranasal corticosteroids

Numerator: All patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed topical intranasal corticosteroids

Numerator Quality-Data Coding Options for Reporting Satisfactorily:

Performance Met: Patients who were not prescribed topical intranasal corticosteroids
OR

Medical Performance Exception: Documentation of medical reason(s) for prescribing topical intranasal corticosteroids
OR

Performance Not Met: Patients who were prescribed topical intranasal corticosteroids, reason not otherwise specified

Rationale: OME usually resolves spontaneously with indications for therapy only if the condition is persistent and clinically significant benefits can be achieved. Systemic antimicrobials have no proven long-term effectiveness and have potential adverse effects.

The purpose of the corresponding guideline statement is to reduce ineffective and potentially harmful medical interventions in OME when there is no long-term benefit to be gained in the vast majority of cases. Medications have long been used to treat OME, with the dual goals of improving QOL and avoiding more invasive surgical interventions. Both the 1994 guidelines and the 2004 guidelines determined that the weight of evidence did not support the routine use of steroids (either oral or intranasal), antimicrobials, antihistamines, or decongestants as therapy for OME.

Clinical Recommendation Statements: Clinicians should recommend against using intranasal steroids or systemic steroids for treating OME. *Strong recommendation against based on systematic review of RCTs and preponderance of harm over benefit. [Aggregate evidence quality – Grade A] (AAO-HNSF, 2016)*

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