Clinical Indicators: Myringotomy and Tympanostomy Tubes

### Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
<th>Days¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myringotomy, local anesthesia</td>
<td>69420</td>
<td>10</td>
</tr>
<tr>
<td>Myringotomy, general anesthesia</td>
<td>69421</td>
<td>10</td>
</tr>
<tr>
<td>Tympanostomy tube insertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• local anesthesia</td>
<td>69433</td>
<td>10</td>
</tr>
<tr>
<td>• general anesthesia</td>
<td>69436</td>
<td>10</td>
</tr>
</tbody>
</table>

### 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
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
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
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.

**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.