



Clinical Indicators: Tympanoplasty

<u>Procedure</u>	CPT	Days¹
Confined to drum head (myringoplasty)	69620	90
Tympanoplasty Type V (fenestration)	69820	90
Tympanoplasty revision	69840	90
Without mastoidectomy or ossiculoplasty	69631	90
• ossiculoplasty (homograft)	69632	90
• ossiculoplasty (prosthesis)	69633	90
• mastoidectomy or antrostomy	69635	90

Rarely if ever performed.

Indications

1. History (one required)

- a) Conductive hearing loss due to TM perforation.
- b) Conductive hearing loss due to ossicular continuity or necrosis.
- c) Conductive hearing loss due to ossicular ankylosis.
- d) Chronic or recurrent otitis media.
- e) Recurrent middle ear infections due to contamination through perforation of TM.
- f) Progressive hearing loss due to chronic middle ear pathology.
- g) Perforation or hearing loss persistent for more than three months due to trauma, infection, or prior surgery.
- h) Inability to safely bathe or participate in water activities due to perforation of TM with or without hearing loss.
- i) Create a safe ear.

2. Physical Examination (required)

- a) Description of complete ear examination, including both normal and abnormal findings.

3. Tests (required & dated within 3 months of surgery)

- a) Air and bone-pure tone audiogram.
- b) SRT and discrimination.

¹ RBRVS Global Days



Postoperative Observations

- a) Vertigo and nystagmus--appropriate medication. If severe, notify surgeon.
- b) Drainage--reinforce or change dressing.
- c) Jaw pain--reassure.
- d) Facial motion--notify surgeon of weakness or paralysis.
- e) Moderate tinnitus--reassure. Notify surgeon.
- f) Change or loss of sense of taste (usually will resolve over weeks to months).

Outcome Review

1. One Week

- a) Incision and ear canal--Signs of infection?
- b) Inner ear-Complaint of vertigo?

2. Beyond One Month

- a) Hearing result--document with audiogram.
- b) Tympanic membrane--Is it intact?

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

- 382.01 Acute suppurative otitis media with spontaneous rupture of tympanic membrane
- 382.1 Chronic tubotympanic suppurative otitis media
- 382.3 Unspecified chronic suppurative otitis media
- 384.20 Perforation of tympanic membrane, unspecified
- 384.21 Central perforation of tympanic membrane
- 84.24 Multiple perforations of tympanic membrane
- 389.02 Conductive hearing loss, tympanic membrane
- 872.61 Open wound of tympanic membrane, uncomplicated

Additional Information

Assistant Surgeon -- N
Supply Charges -- not allowed
Anesthesia Code(s) -- 00120; 00124; 00126

Patient Information

Tympanoplasty or reconstruction of the middle ear hearing mechanism serves the purpose of rebuilding the tympanic membrane and/or middle ear bones. An excellent result may be expected in 80-90% of cases, failure to improve is not a complication. Success depends almost as much on



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the ability of the body to heal and preserve the reconstruction as it does on the surgeon's skill. Fortunately, even those cases that fail may be revised and have the same high degree of expected good result. There are, nevertheless, some complications that do occasionally occur. Further hearing loss (rarely total) happens less than 10% of the time when the middle ear bones are rebuilt, and for that reason ossiculoplasty is not advised unless hearing is poor. Hearing loss is uncommon if the operation is limited to repairing the tympanic membrane. Injury to the facial nerve as a result of this surgery is rare. There is a slightly greater risk when mastoidectomy is also performed, but once again, the most experienced surgeons may only encounter this complication once or twice in a career.

As a general statement, complete success in restoring hearing without complication is related to the severity of the disease present before surgery, and those are the cases that have the highest priority for surgical management. Loss of sense of taste on the side of the tongue may occur. It is usually only a minor inconvenience for a few weeks. Persistent post operative dizziness is almost unheard of after surgery limited to the repair of a tympanic membrane perforation and uncommon after rebuilding the ear bones. Unless control of infection or concern of cholesteatoma (as skin in the middle ear exists) is the reason for surgery, tympanoplasty is an elective procedure. Use of a hearing aid may be an alternative to reconstructive surgery. If the tympanic membrane perforation is not repaired, ear plugs are recommended to protect the middle ear from contamination when bathing. This may help to prevent infection and its complications.

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