

<b>Department:</b>	Medical Management	<b>Original Approval:</b>	04/21/2016
<b>Policy #:</b>	MM146	<b>Last Approval:</b>	03/01/2019
<b>Title:</b>	Tympanostomy Tubes		
<b>Approved By:</b>	UM Medical Subcommittee		

## REQUIRED DOCUMENTATION

1. History and physical examination notes and relevant specialty consultation notes that address the problem and need for the service
2. Previous treatments for the problem, including dates and the patient's response to the treatment
3. Audiology report
4. Tympanogram results

## Medical records detailing

### BACKGROUND

Middle ear inflammation (otitis media) is one of the most common ailments of childhood, with a diagnostic frequency second only to upper respiratory infection. Otitis media can present as an ear infection (acute otitis media) or as fluid in the middle ear in the absence of an infection (otitis media with effusion). In some children, ear infections do not respond to antibiotic therapy or recur within a month of completing antibiotics (persistent otitis media). They may also recur within six to twelve months (recurrent otitis media).

Persistent or recurrent otitis media as well as chronic otitis media with effusion can lead to long-term hearing problems, frequent doctor visits, decreased quality of life for both the child and parent, as well as missed school and work. Further, hearing loss can lead to a number of developmental delays, including speech, language, and cognitive problems, the impact of which are likely even greater in children already at risk for developmental difficulties or delays (including those with conditions such as autism spectrum disorders, Down syndrome, among others).

Tympanostomy tube insertion is the primary surgical treatment for otitis media with or without effusion, and is performed in approximately 667,000 children each year. Tympanostomy tubes are small tubes that are inserted into the eardrum in order to allow the flow of both air and fluid between the middle and outer ear. Tube placement is performed under general anesthesia, and tubes typically fall out within 12 to 14 months.

Tympanostomy tubes may decrease the occurrence of otitis media, and may improve hearing and quality of life. Risks of tympanostomy tube insertion may include otorrhea, blockage of the tube lumen, granulation tissue formation, premature tube extrusion, and tube displacement. In addition, there are

risks associated with use of general anesthesia. In the longer term, tympanostomy tubes may lead to changes in the eardrum as well as possible long-term hearing loss. Other treatment options include antibiotics or other medications such as steroids or mucolytics, myringotomy (eardrum incision), adenoidectomy, or auto-inflation of the Eustachian tube. In addition, because otitis media often resolves spontaneously, especially within the first six months, and may not cause long-term hearing or developmental problems, watchful waiting or delayed tube placement may be considered.

## DEFINITIONS

This policy pertains to Medicare Members and to Washington Apple Health members. (There is no Medicare NCD or LCD.)

## CLINICAL COVERAGE CRITERIA for Medicare and for Apple Health Members

- Myringotomy with tympanostomy tube insertion may be indicated for **1 or more** of the following(1)(2):
  - **Recurrent Acute Otitis Media:**
    - AOM with complications or individuals immunocompromised or otherwise at-risk for complications of infection, OR
    - With 3 episodes of AOM in the last 6 months or 4 episodes in last 12 months with one occurring in the last 6 months and presence of effusion at the time of assessment for surgical candidacy.
  - Complication of otitis media, as indicated by **1 or more** of the following(4)(5):
    - Facial nerve paralysis
    - Intracranial abscess
    - Labyrinthitis
    - Lateral (sigmoid) sinus thrombosis(6)
    - Mastoiditis(8)
    - Meningitis
    - Sepsis
    - Vestibular and balance problems
  - Otitis media with effusion in adult (21 years of age or older), as indicated by ALL of the following:
    - Duration 3 months or longer
    - Head and neck tumor (eg, nasopharyngeal carcinoma) has been ruled out by endoscopy

- Underlying conditions have been ruled out or treated (such as, sinusitis, posttraumatic hemotympanum, smoking-induced nasopharyngeal hyperplasia, adenoid hypertrophy)
- Urgent need to resolve effusion, as indicated by **1 or more** of the following:
  - Impending airplane trip
  - Intolerable discomfort
  - Retractable pockets on physical examination
  - Symptomatic conductive hearing loss with persistent, high, negative, middle ear pressure or flat tympanogram
- Otitis media with effusion in a child (20 years of age or less), as indicated by **one or more** of the following
  - An effusion for 3 months or longer and documented hearing loss, or
  - An effusion for less than 3 months but with a disproportionate risk from the effects of hearing loss, including one of the following:
    - Adhesive otitis
    - Autism spectrum disorder
    - Blindness or uncorrectable visual impairment
    - Child younger than 4 years with increased risk for recurrent infection (such as, in day care)
    - Craniofacial abnormality (eg, cleft palate, Down syndrome)
    - Developmental delay or intellectual disability
    - Hearing loss
    - Language delay
    - Ossicular erosion
    - Retractable pockets on physical examination
    - Significant symptoms (such as, pain, pressure)
    - Structural abnormality of eardrum

## **SPECIAL CONSIDERATIONS**

None.

## **LIMITATIONS/EXCLUSIONS**

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	<a href="http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides">http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides</a>
WASHINGTON APPLE HEALTH	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>
INTEGRATED MANAGED CARE	<a href="http://chpw.org/our-plans/apple-health/">http://chpw.org/our-plans/apple-health/</a>

### Citations & References

<b>CFR</b>		
<b>WAC</b>		
<b>RCW</b>		
<b>Contract Citation</b>	<input checked="" type="checkbox"/> WAH	11.2.9 The Contractor shall follow the coverage decisions of the Health Technology Assessment (HTA) program (chapter 182-55 WAC)
	<input checked="" type="checkbox"/> IMC	
	<input checked="" type="checkbox"/> MA	
<b>Other Requirements</b>		
<b>NCQA Elements</b>		

### Revision History

Revision Date	Revision Description	Revision Made By
04/20/2016	New policy written	Kate Brostoff MD
04/21/2016	Approval	MMLT
04/10/2017	Policy edited to include Non-Covered indicators	LuAnn Chen, MD
04/10/2017	Minor editing	Cyndi Stilson, RN
04/12/2017	Approval	MMLT
03/27/2018	Changed from UM023 to MM146	Cindy Bush
04/05/2018	Transferred to new template	Cindy Bush
04/06/2018	Links updated	LuAnn Chen, MD
04/10/2018	Approval	UM Medical Subcommittee
02/24/2019	Added criteria for adults and clarified that the policy applies to Medicare and Apple Health Members. Added required documentation.	LuAnn Chen, MD

03/01/2019	Approval	UM Medical Subcommittee
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