

Department:	Medical Management	Original Approval:	04/21/2016
Policy No:	MM146	Last Approval:	09/10/2025
Policy Title:	Tympanostomy Tubes Clinical Coverage Criteria		
Approved By:	UM Criteria Subcommittee		
Applicable Line(s) of Business:	<input checked="" type="checkbox"/> Washington Apple Health (Medicaid) <input type="checkbox"/> Behavioral Health Services Only <input checked="" type="checkbox"/> Apple Health Expansion <input type="checkbox"/> Medicare Advantage/Special Needs Plan <input type="checkbox"/> Medicare Advantage Only <input checked="" type="checkbox"/> Cascade Select		

This policy applies to Community Health Plan of Washington (CHPW) Apple Health Integrated Managed Care and Individual & Family (Cascade Select).

Required Clinical Documentation for Review

1. Medical records detailing 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
5. Details of any specific needs related to risk, trauma, or cultural concerns, specifically to address health equity concerns.

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

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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

None.

Indications/Criteria

Clinical Coverage Criteria for Apple Health and Individual & Family (Cascade Select) 17 Years of Age And Older:

1. Myringotomy with tympanostomy tube insertion may be indicated for **1 or more** of the following:
 - a. **Recurrent Acute Otitis Media:**
 - i. AOM with complications or individuals immunocompromised or otherwise at-risk for complications of infection, OR

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- ii. 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.
2. Complication of otitis media, as indicated by **1 or more** of the following:
- a. Facial nerve paralysis
 - b. Intracranial abscess
 - c. Labyrinthitis
 - d. Lateral (sigmoid) sinus thrombosis
 - e. Mastoiditis
 - f. Meningitis
 - g. Sepsis
 - h. Vestibular and balance problems
3. Otitis media with effusion in adult (21 years of age or older), as indicated by ALL of the following:
- a. Duration 3 months or longer
 - b. Head and neck tumor (e.g., nasopharyngeal carcinoma) has been ruled out by endoscopy
 - c. Underlying conditions have been ruled out or treated (such as, sinusitis, posttraumatic hemotympanum, smoking-induced nasopharyngeal hyperplasia, adenoid hypertrophy)
 - d. Urgent need to resolve effusion, as indicated by 1 or more of the following:
 - i. Impending airplane trip
 - ii. Intolerable discomfort
 - iii. Retractable pockets on physical examination
 - iv. Symptomatic conductive hearing loss with persistent, high, negative, middle ear pressure or flat tympanogram
4. Otitis media with effusion in a child (20 years of age or less), as indicated by **one or more** of the following
- a. An effusion for 3 months or longer and documented hearing loss, or
 - b. An effusion for less than 3 months but with a disproportionate risk from the effects of hearing loss, including one of the following:
 - i. Adhesive otitis
 - ii. Autism spectrum disorder
 - iii. Blindness or uncorrectable visual impairment
 - iv. Child younger than 4 years with increased risk for recurrent infection (such as, in day care)

- v. Craniofacial abnormality (e.g., cleft palate, Down syndrome)
- vi. Developmental delay or intellectual disability
- vii. Hearing loss
- viii. Language delay
- ix. Ossicular erosion
- x. Retractable pockets on physical examination
- xi. Significant symptoms (such as, pain, pressure)
- xii. Structural abnormality of eardrum

CLINICAL COVERAGE CRITERIA FOR APPLE HEALTH AND INDIVIDUAL & FAMILY (Cascade Select) MEMBERS 16 YEARS OF AGE AND UNDER:

See [HTA 20151120B – Tympanostomy Tubes in Children](#)

1. For AOM – Acute Otitis Media:

- a. With complications or individuals immunocompromised or otherwise at-risk for complications of infection, OR
- b. 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.

2. OME – Otitis Media with Effusion

- a. If the duration of effusion is 3 months or greater, AND there is documented hearing loss, OR
- b. At-risk children:
 - i. Children at risk for persistent effusion based on anatomic abnormalities, OR
 - ii. Children at disproportionate risk from the effects of hearing loss, such as those with speech delay, underlying sensory-neuro hearing loss, or cognitive disorders.

Special Considerations

None.

Limitations/Exclusions

Please see link to member coverage documents below:

Line of Business	Link to Member Coverage Documents
Medicare Advantage Plans (Including D-SNP)	https://medicare.chpw.org/

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	Select the appropriate plan from the “Plans” drop down on the top navigation bar.
Apple Health	https://www.chpw.org/for-members/benefits-and-coverage-imc/
Individual & Family (Cascade Select)	https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/

List of Appendices

None.

Citations & References

CFR		
WAC	182-500-0070; 284-43-5642	
RCW		
LOB & Contract Citation	<input checked="" type="checkbox"/> WAHIMC <input type="checkbox"/> BHSO <input type="checkbox"/> Wraparound <input type="checkbox"/> SMAC <input type="checkbox"/> HH	IMC Section 1.191: Medically Necessary Services; IMC Section 11.1: Utilization Management General Requirements; IMC Section 11.3: Medical Necessity Determination
	<input checked="" type="checkbox"/> AHE	AHE Section 1.151: Medically Necessary Services; AHE Section 11.1: Utilization Management General Requirements; AHE Section 11.3: Medical Necessity Determination
	<input type="checkbox"/> MA/DSNP	
	<input checked="" type="checkbox"/> CS	P&P supports all LOB requirements
Other Requirements		
NCQA Elements	UM 2, UM 5	
References	UM 2, UM 5	

Revision History

Revision Date	Revision Description	Revision Made By
04/20/2016	New policy written	Kate Brostoff MD

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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
02/12/2020	Added HTCC criteria for tympanostomy tubes in children to the policy. WAH-IMC and MA Contract Citations updated.	LuAnn Chen, MD
02/13/2020	Approval	UM Medical Subcommittee
01/28/2021	Reviewed policy. Updated citations. Minor edits.	LuAnn Chen, MD
01/29/2021	Approval	UM Medical Subcommittee
12/02/2021	Minor edits and updates to citations.	LuAnn Chen, MD
12/15/2021	Approval	UM Medical Subcommittee
11/18/2022	Reviewed without changes.	LuAnn Chen, MD
11/22/2022	Approval	UM Medical Subcommittee
11/01/2023	Reviewed. Citations updated.	LuAnn Chen, MD
11/02/2023	Approval	UM Medical Subcommittee
10/07/2024	Removed Medicare, added AHE LOB	LuAnn Chen, MD
10/09/2024	Approval	UM Criteria Committee
09/03/2025	Updated links and citations.	LuAnn Chen, MD
09/10/2025	Approval	UM Criteria Committee

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