

Provider Update

Medical Appropriateness of Tympanostomy/Myringotomy

Background: Research shows the medical necessity of many myringotomy and tympanostomy tube insertions treating children with Otitis Media with Effusion (OME) is not supported by documentation in the medical record. Before this surgical procedure is recommended for any child, medical documentation of clinical, physical and audiometric findings must be consistent with established guidelines. If documentation to support a request for this procedure does not detail relevant clinical information, requests may be denied.

For children at risk of OME, myringotomy and tympanostomy tube insertions may preserve hearing and prevent severe infectious complications. In children with recurrent Acute Otitis Media (AOM), factors that may increase the risk of middle ear conditions in children are exposure to infectious illnesses, day care, environmental pollutants, improper bottle feeding techniques and upper respiratory allergies.

Seasonality of precipitating upper respiratory infections or allergies should be considered in the timing of surgery; there is insufficient evidence for reduction in the frequency of acute ear infections after the procedure for more than six months.

What this means to you: Before recommending or treating OME or recurrent AOM with myringotomy or tympanostomy tube insertions, you must document relevant clinical information or else your request may be denied.

What is required?

The referring Primary Care Provider (PCP) or the requesting otolaryngologist must support the medical necessity for insertion of myringotomy or tympanostomy tubes with relevant clinical information for the following indications:

- **OME present for at least 12 weeks**
 - Date of onset OME with subsequent dates and findings of pneumatic otoscopy or visual inspection and tympanometry in affected ear(s) during the period of observation. Eustachian tube dysfunction associated with middle ear effusion will be reviewed according to medical criteria for OME.
 - Episode dates of AOM speech or language delays, hearing testing, or tympanometry and other related medical conditions or precautions.
- **Recurrent or persistent AOM – Recurrent AOM** is defined as three or more distinct episodes within the past six months or four distinct episodes within the past 12 months occurring in the same or both ear(s). **Persistent AOM** is defined as a single episode of AOM that does not respond to two or more sequential courses of an appropriate antibiotic.
 - Episode dates of AOM within the defined time period with documentation of symptoms and findings supporting the presence of acute inflammation with each episode
 - Names, dates, adherence and adverse effects of antibiotics prescribed for each episode

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Where can I find more information?

- American Academy of Family Physicians, American Academy of Otolaryngology: Head and Neck Surgery and American Academy of Pediatrics Subcommittee on OME and Pediatrics 2004;113:1412-29
- InterQual Procedures Pediatric Criteria Myringotomy and +/- Tympanostomy Tubes (pediatric) guidelines

What if I need assistance?

If you have questions or need assistance with any of the information contained in this update, please contact your local Provider Relations representative or call Provider Services toll free at 1-800-454-3730.

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