

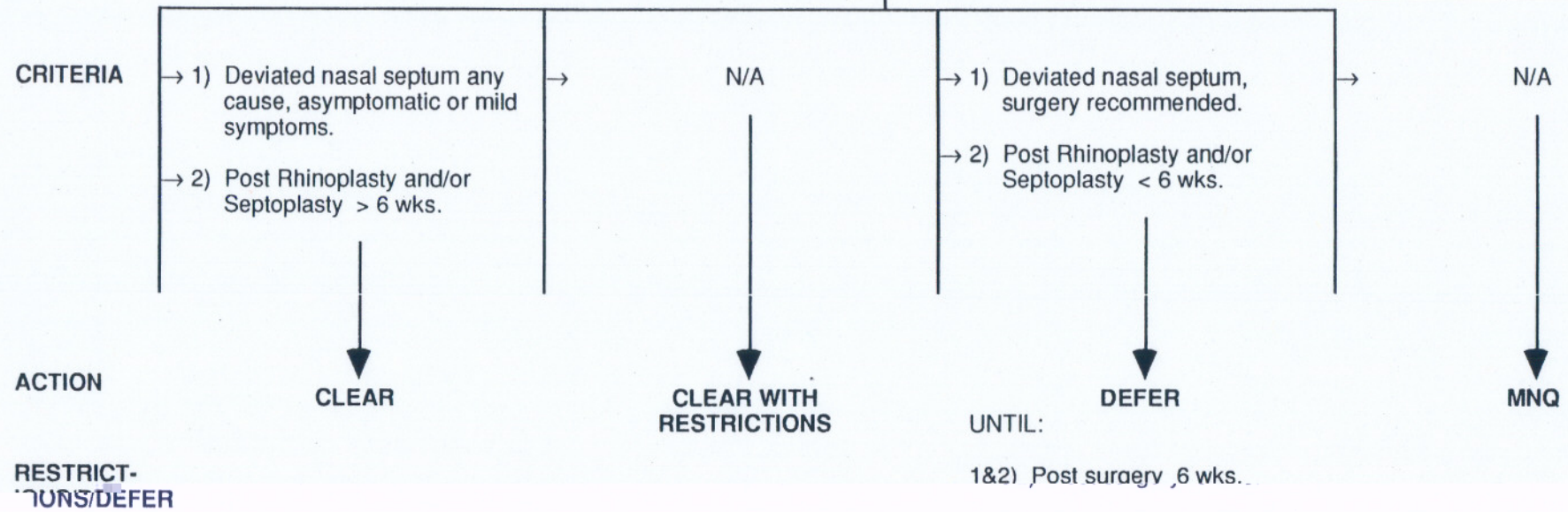
# VERTIGO : Labyrinthitis (386.30), Positional Vertigo (386.11), Vestibular Neuronitis (386.12)

CRITERIA	<ul style="list-style-type: none"> <li>→ 1) Post surgery for Labyrinthitis &gt; 6 mos., asymptomatic.</li> <li>→ 2) Vestibular Neuronitis, resolved &gt; 6 mos., asymptomatic.</li> <li>→ 3) Positional Vertigo resolved &gt; 6 mos., asymptomatic.</li> <li>→ 4) Purulent Labyrinthitis resolved &gt; 1 yr., asymptomatic.</li> </ul>	→	N/A	→	<ul style="list-style-type: none"> <li>→ 1) Purulent Labyrinthitis, current.</li> <li>→ 2) Vestibular Neuronitis, &lt; 6 mos. post.</li> <li>→ 3) Positional Vertigo, &lt; 6 mos. post.</li> <li>→ 4) Surgery for Labyrinthitis &lt; 6 mos. post.</li> </ul>	→	N/A
ACTION	CLEAR		CLEAR WITH RESTRICTIONS		DEFER		MNQ
RESTRICT- IONS/DEFER					UNTIL: <ul style="list-style-type: none"> <li>1) Resolved 1 yr., hearing stable.</li> <li>2&amp;3) Resolved 6 mos. and hearing stable.</li> <li>4) Period &gt; 6 mos. post.</li> </ul>		
RATIONALE	Vestibular Neuronitis and Positional Vertigo are both recurring conditions, no known treatment, that subsides on its own. Neither cause hearing loss. Frequently associated with viral conditions and influenza.						

**MEDICAL INFORMATION NEEDED:** Generic information  
ENT evaluation if purulent labyrinthitis, within 2 yrs.

5/4/93

'LASTY (21.8), SEPTOPLASTY (21.88) ]



## RATIONALE

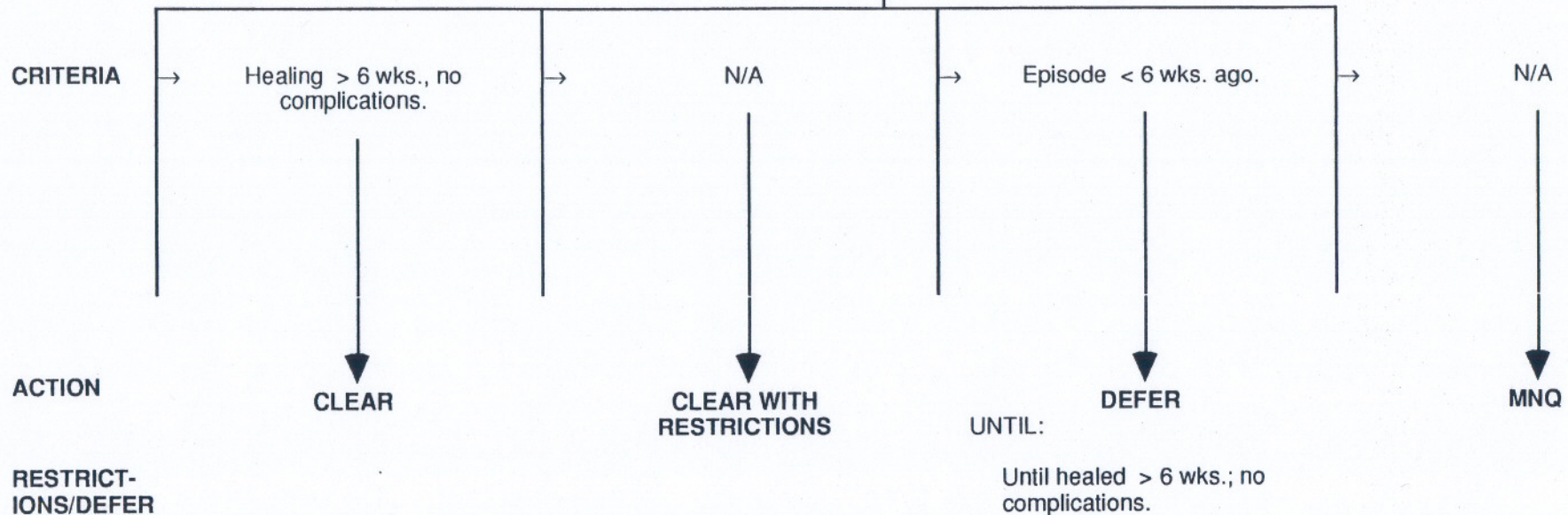
**MEDICAL INFORMATION NEEDED:**

## Generic information

ENT evaluation, if frequent or severe symptoms.



# FRACTURE OF THE NOSE (802)



## RATIONALE

MEDICAL  
INFORMATION  
NEEDED:

Generic information

CRITERIA	→ 1) Nasal Polypectomy > 6 wks. → 2) Minimally, symptomatic polyps, surgery not recommended. → 3) Nasal polyps resolved with Corticosteroids.	→ N/A	→ 1) Nasal polyps current, surgery recommended. → 2) Nasal Polypectomy < 6 wks. → 3) Recurrent or severe polyps, symptomatic (obstruct airways).	→ N/A
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	DEFER	MNQ
RESTRICT- IONS/DEFER			UNTIL: 1) Resolved. 2) Post surgery > 6 wks. 3) Post surgery > 3 mos.	
RATIONALE				

**MEDICAL INFORMATION NEEDED:** Generic information.  
ENT evaluation if current polyps.

5/4/93



## CRITERIA

- N/A

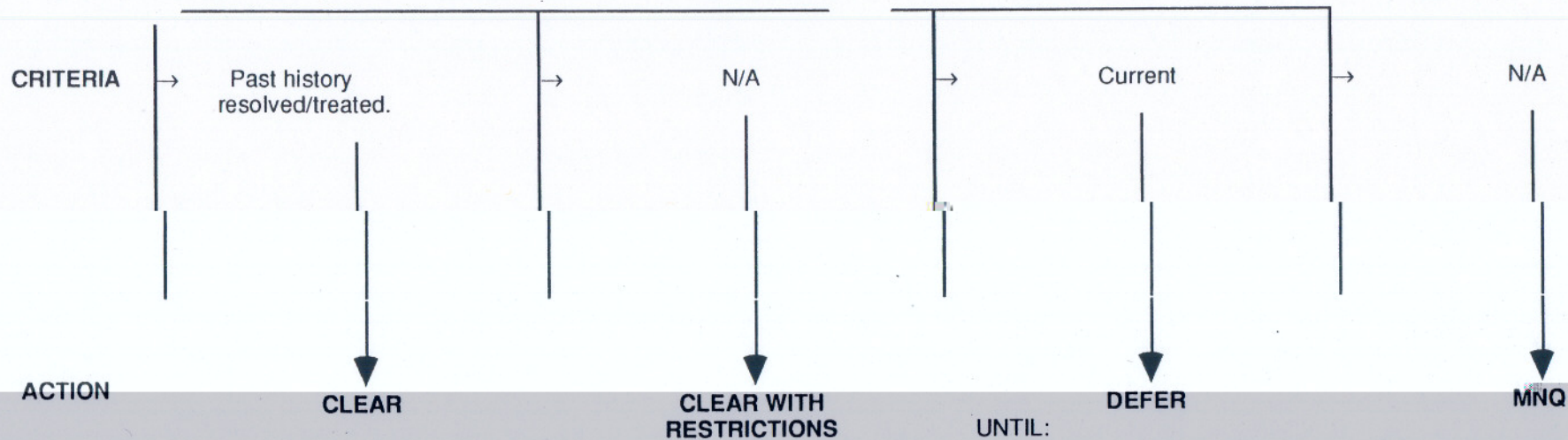
**MNQ**

## RATIONALE

Chronic Sinusitis can be caused by viral, bacterial or fungi infections or allergic reactions.

MD report and allergy evaluation, if necessary.

5/4/93



**RESTRIC-  
TIONS/DEFER**

Resolved or until treated by  
excision or marsupialization.

**RATIONALE** Very rare condition.

**MEDICAL  
INFORMATION  
NEEDED:** Generic information.  
MD report.

5/4/93



# **LEUKOPLAKIA (528.6) / ERYTHROPLASIA (528.7) MALIGNANCIES OF THE MOUTH (145)**

CRITERIA	→	N/A	→	Past history > 1 yr ago Leukoplakia/Erythroplasia benign, treated, no smoking or chewing tobacco, no alcohol.	→	1) Current Leukoplakia / Erythroplasia. → 2) Diagnosed malignant./	→	N/A
ACTION		↓		↓		↓		↓
RESTRICT- IONS/DEFER		CLEAR		CLEAR WITH RESTRICTIONS		DEFER UNTIL:		MNQ
RATIONALE				Occurrence of < 5% of Leukoplakia is cancerous.  Erythroplasia are early carcinomas.		1) Treated, biopsy done if necessary and negative, stopped tobacco in any form and alcohol for 1 yr.  2) Post treatment 5 yrs., no recurrence.  Tobacco, chewed or smoked, is a risk factor for oral cancer.  Alcohol is associated with oral cancer (possibly because it dehydrates the mucus membrane).		

## **MEDICAL INFORMATION NEEDED:**

Generic information  
ENT/Oral Surgeon evaluation.  
Biopsy & path results, if performed.

5/4/93

# **NODULES OF THE VOCAL CORDS (478.5), EXCISION OF (30.09)**

## **CRITERIA**

- 1) Resolved surgically, 2 mos. post op.
- 2) Resolved, voice therapy completed.
- 3) Current, controlled by limiting voice abuse.

N/A

- 1) Current, in voice therapy.
- 2) Post surgery < 2 mos.
- 3) ENT states need for surgery in next 3 yrs. probable.

N/A

## **ACTION**

**CLEAR**

**CLEAR WITH  
RESTRICTIONS**

**DEFER**

**MNQ**

## **RESTRICT- IONS/DEFER**

UNTIL:

- 1) Voice therapy complete.
- 2) Post surgery, 2 mos.
- 3) Surgery completed, 2 months stable.

## **RATIONALE**

99% of nodules of the vocal cords are benign, require ENT evaluation to R/O malignancy.

## **MEDICAL INFORMATION NEEDED:**

Generic information

ENT evaluation if within 2 yrs., need for surgery in next 3 yrs.

11/28/94



## SIALOLITHIASIS (527.5), SIALOSIS (527.8), SIALOADENECTOMY (26.30)

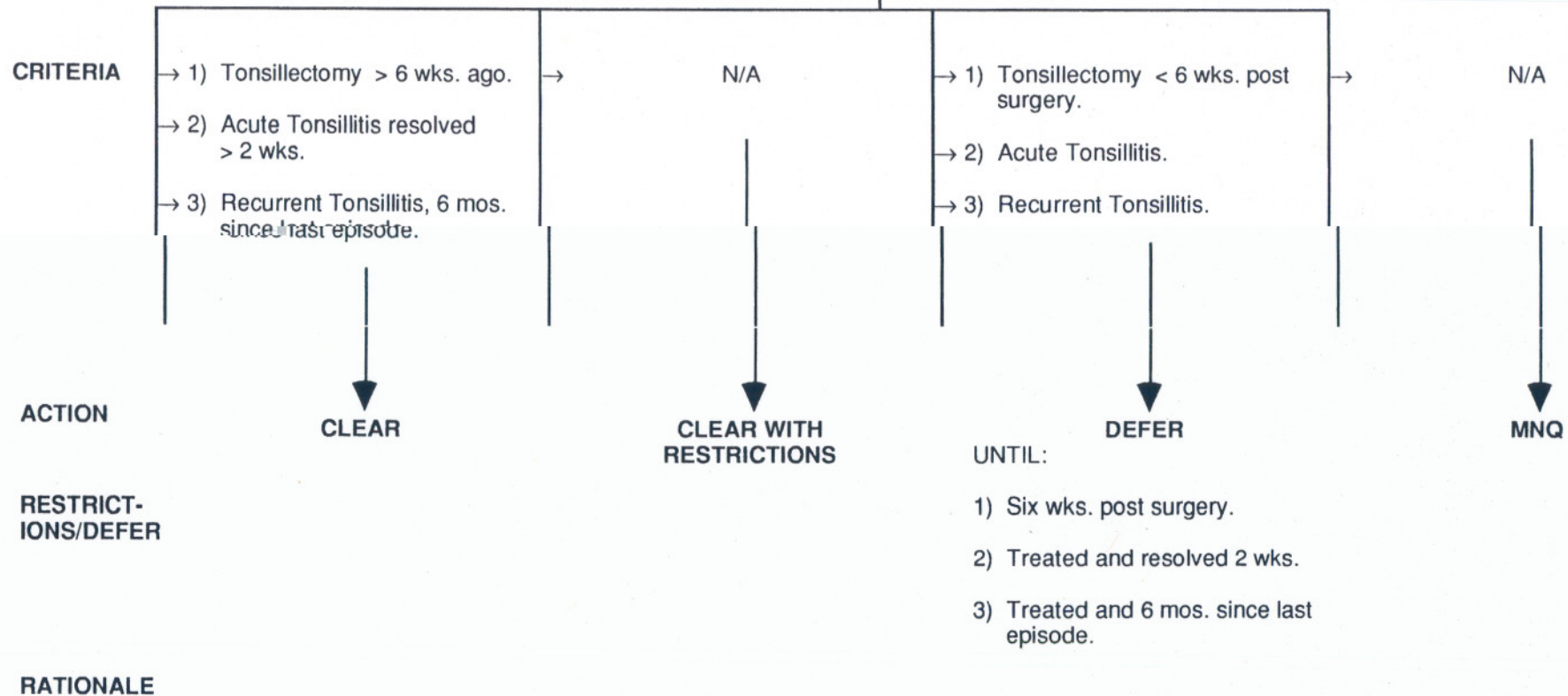
CRITERIA	→ Sialolithiasis resolved surgically or spontaneously, 1 mo.	→	N/A	→	1) Sialolithiasis: • Current • Acute → 2) Sialolithiasis: • Chronic • Recurrent → 3) Sialosis	→	N/A
ACTION	↓ <b>CLEAR</b>		↓ <b>CLEAR WITH RESTRICTIONS</b>		↓ <b>DEFER</b>		↓ <b>MNQ</b>
RESTRICT- IONS/DEFER					<b>UNTIL:</b> 1) Resolved or stone extracted  2) Resolved  3) Associated condition (auto-immune, connective tissue disorder) identified. Clearance based on underlying disorder.		
RATIONALE	Sialolithiasis: stones in the salivary glands.  Surgical treatment: removal of the salivary gland.				Sialosis sometimes caused by Mikulicz - Sjogren syndrome, a rheumatic disorder.		At risk for stone lodging in the duct and gland swelling up. Requires surgical intervention.

### MEDICAL INFORMATION NEEDED:

Generic information

# TONSILLITIS [ ACUTE (463), CHRONIC (474) ]

# SILLECTOMY (28.3), ADENOIDECTOMY (28.6)



## MEDICAL INFORMATION NEEDED:

Generic information.

ENT evaluation if recurrent tonsillitis within 2 yrs.

5/4/93



## ADDENDUM

### EARS, NOSE, AND THROAT

#### Hearing

**Deficit:** Hearing Aid is recommended at 30 decibels.

**Mastoiditis:** is a rare condition today because of improved treatment of Otitis with antibiotics. Six months post resolution of symptoms is adequate time to identify those individuals who relapse.

#### Otitis Media, Acute, Chronic/Perforated

**Tympanic Membrane:** Post Tympanoplasty requires 3 months healing time to assess the acceptance of the graft. Occasionally, grafts are rejected. Repeat surgery is often done and is sometimes successful the second time. Uncorrected perforated tympanic membrane is at risk for repeated episodes of otitis.

**Cholesteatoma:** Is a non-malignant cyst-like growth in the inner ear that destroys the inner ear by compression. Some dangerous complications can occur, such as abscesses or meningitis. Surgical excision is the treatment of choice. Three months post surgery, the patient is usually healed. However, cholesteatoma is difficult to remove. Frequently, it has extended into the mastoid. If any parts remain, the growth will return. To insure that all parts have been excised a CT scan is done. Surgical success rates vary from 60-80%

**Tinnitus:** Requires thorough work up including MRI and Cochleography to r/o malignancy, unless the tinnitus was caused by medication.

**Vertigo:** Purulent Labyrinthitis is a serious disease. It requires one year post episode and complete absence of symptoms to indicate total cure. Vestibular Neuronitis or positional Vertigo require 6 months post episode and asymptomatic to be considered cured. Vertigo is sometimes a complication of a simple viral influenza. The vertigo resolves soon after the flu resolves.

**Sinusitis:** In severe cases, sinusitis is sometimes treated with surgery. The sinuses are opened and scraped, removing the inflamed tissue. Occasionally the sinus is removed. Usually, approximately 6 months post surgery are required for healing and assessment of the treatment.

#### Tornwaldt's

**Cyst:** A very rare condition, almost never seen.

requently, no treatment is done.

ion. A stone will lodge in the duct causing the salivary