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

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RESTRICTIONS/DEFER</th>
<th>RATIONALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>→ 1) Post surgery for Labyrinthitis &gt; 6 mos., asymptomatic.</td>
<td>CLEAR</td>
<td>N/A</td>
<td>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.</td>
</tr>
<tr>
<td>→ 2) Vestibular Neuronitis, resolved &gt; 6 mos., asymptomatic.</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>1) Resolved 1 yr., hearing stable.</td>
<td></td>
</tr>
<tr>
<td>→ 3) Positional Vertigo resolved &gt; 6 mos., asymptomatic.</td>
<td>DEFER</td>
<td>2&amp;3) Resolved 6 mos. and hearing stable.</td>
<td></td>
</tr>
<tr>
<td>→ 4) Purulent Labyrinthitis resolved &gt; 1 yr., asymptomatic.</td>
<td></td>
<td>4) Period &gt; 6 mos. post.</td>
<td></td>
</tr>
</tbody>
</table>

| MEDICAL INFORMATION NEEDED: | Generic information |
| ENT evaluation if purulent labyrinthitis, within 2 yrs. | 5/4/93 |
DEVIATED NASAL SEPTUM (470) [ R' LASTY (21.8), SEPTOPLASTY (21.88) ]

CRITERIA

→ 1) Deviated nasal septum any cause, asymptomatic or mild symptoms.
→ 2) Post Rhinoplasty and/or Septoplasty > 6 wks.

→ N/A

→ 1) Deviated nasal septum, surgery recommended.
→ 2) Post Rhinoplasty and/or Septoplasty < 6 wks.

→ N/A

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

UNTIL:

1&2) Post surgery, 6 wks.

RESTRICTIONS/DEFER

RATIONAL

MEDICAL INFORMATION NEEDED:

Generic information

ENT evaluation, if frequent or severe symptoms.
FRACTURE OF THE NOSE (802)

CRITERIA → Healing > 6 wks., no complications. → N/A → Episode < 6 wks. ago. → N/A

ACTION → CLEAR → CLEAR WITH RESTRICTIONS → DEFER → MNQ

RESTRICTIONS/DEFER → Until healed > 6 wks.; no complications.

RATIONALE

MEDICAL INFORMATION NEEDED:

Generic information

Ear, Nose & Throat

ENT-11 5/4/93
<table>
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<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>RATIONALE</th>
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<tbody>
<tr>
<td>→ 1) Nasal Polypectomy &gt; 6 wks.</td>
<td>CLEAR</td>
<td>1) Resolved.</td>
</tr>
<tr>
<td>→ 2) Minimally, symptomatic polyps, surgery not recommended.</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>2) Post surgery &gt; 6 wks.</td>
</tr>
<tr>
<td>→ 3) Nasal polyps resolved with Corticosteroids.</td>
<td></td>
<td>3) Post surgery &gt; 3 mos.</td>
</tr>
<tr>
<td>→ 1) Nasal polyps current, surgery recommended</td>
<td>DEFER UNTIL:</td>
<td></td>
</tr>
<tr>
<td>→ 2) Nasal Polypectomy &lt; 6 wks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>→ 3) Recurrent or severe polyps, symptomatic (obstruct airways).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL INFORMATION NEEDED:**
- Ear, Nose & Throat
- ENT evaluation if current polyps.
**CRITERIA**

1) Acute Sinusitis resolved
2) Seasonally acute Sinusitis, uncomplicated.
3) Post Sinusotomy and/or Ethmoidectomy, 6 mos.

**ACTION**

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

UNTIL:

1) Resolved, allergies diagnosed, or treated with appropriate meds.
2) Post surgery 6 mos.

**RESTRICTIONS/DEFER**

Restrict EE/CIS

**RATIONALE**

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

**MEDICAL INFORMATION NEEDED:**

Generic information.

MD report and allergy evaluation, if necessary.

5/4/93
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>ACTION</th>
<th>REASONS/DEFER</th>
<th>RATIONALE</th>
<th>MEDICAL INFORMATION NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past history resolved/treated.</td>
<td>CLEAR WITH RESTRICTIONS</td>
<td>N/A</td>
<td>Very rare condition.</td>
<td>Generic information.</td>
</tr>
<tr>
<td>Current</td>
<td>DEFER</td>
<td>N/A</td>
<td></td>
<td>MD report.</td>
</tr>
</tbody>
</table>

- **TORNWAL**
- **YST (478.26)**

**UNTIL:** Resolved or until treated by excision or marsupialization.

**5/4/93**
LEUKOPLAKIA (528.6) / ERYTHROPLASIA (528.7)
MALIGNANCIES OF THE MOUTH (145)

CRITERIA

→ N/A

ACTION

→ CLEAR

→ CLEAR WITH RESTRICTIONS

RESTRICTIONS/DEFER

→ BCE ENT/Oral Surgeon for F/U every year.

UNTIL:

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.

RATIONALE

Occurrence of < 5% of Leukoplakia is cancerous.

Erythroplasia are early carcinomas.

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

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Ear, Nose & Throat
NODULES OF THE VOCAL CORDS (478.5), EXCISION OF (3.0.09)

CRITERIA

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

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

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 rule out 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)

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<th>CRITERIA</th>
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<th>RESTRICTIONS/DEFER</th>
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<tr>
<td>Sialolithiasis resolved surgically or spontaneously, 1 mo.</td>
<td>CLEAR</td>
<td>CLEAR WITH RESTRICTIONS</td>
</tr>
<tr>
<td>N/A</td>
<td>DEFER</td>
<td>N/A</td>
</tr>
</tbody>
</table>

→ 1) Sialolithiasis:
   - Current
   - Acute

→ 2) Sialolithiasis:
   - Chronic
   - Recurrent

→ 3) Sialosis

UNTIL:
1) Resolved or stone extracted
2) Resolved
3) Associated condition (auto-immune, connective tissue disorder) identified.
   Clearance based on underlying disorder.

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.

RATIONALS:
Sialolithiasis: stones in the salivary glands.
Surgical treatment: removal of the salivary gland.

MEDICAL INFORMATION NEEDED:
Generic information

Ear, Nose & Throat

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5/4/93
TONSILLITIS [ ACUTE (463), CHRONIC (474) ]

- 1) Tonsillectomy > 6 wks. ago.
- 2) Acute Tonsillitis resolved > 2 wks.
- 3) Recurrent Tonsillitis, 6 mos. since last episode.

CRITERIA

SILLECTOMY (28.3), ADENOIDECTOMY (28.6)

- 1) Tonsillectomy < 6 wks. post surgery.
- 2) Acute Tonsillitis.
- 3) Recurrent Tonsillitis.

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

UNTIL:

1) Six wks. post surgery.
2) Treated and resolved 2 wks.
3) Treated and 6 mos. since last episode.

RESTRICTIONS/DEFER

RATIONALE

MEDICAL INFORMATION NEEDED:

Generic information.
ENT evaluation if recurrent tonsillitis within 2 yrs.

5/4/93

Ear, Nose & Throat

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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 will 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 rule out 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.