

EAR NOSE THROAT

ENT
EAR NOSE THROAT

DISEASES OF THE EAR, NOSE AND THROAT

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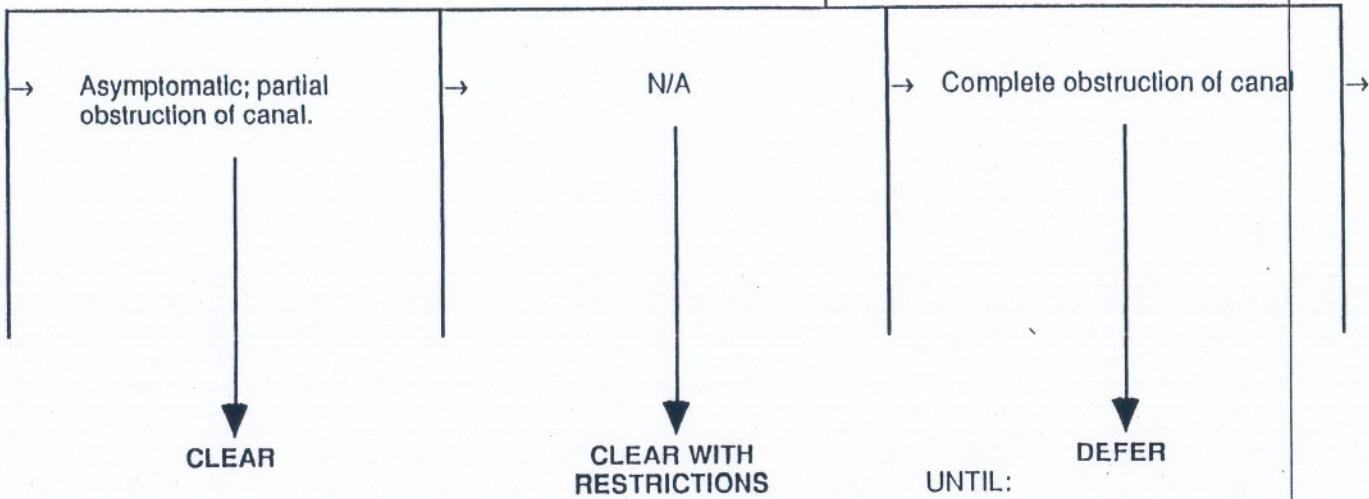
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III.**ADDENDUM**

CERUMEN (380.4)

ITERIA



CTION

RESTRICT-
NS/DEFER

ATIONALE Benign condition

MEDICAL
FORMATION
EEDED:

Generic Information

CHOLESTEATOMA (385.30), EXCISION OF (20.51), RECURRENT (383.32)

CRITERIA	N/A	Cholesteatoma surgically removed 1 yr. without recurrence, hearing WNL, CAT Scan clear.	Cholesteatoma, current, or post surgery < 1 yr.	Cholesteatoma, progressive, invasive, recurs after surgery
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	DEFER	MNQ
RESTRICT- IONS/DEFER		Approved BC ENT for F/U.	UNTIL: Post surgery 1 yr., CAT Scan clear.	
RATIONALE	Cholesteatoma is a cyst-like non-malignant growth that grows in the inner ear, destroying the structures of the inner ear. It can be successfully removed surgically in 50 - 80% of cases without recurrences. It can also invade the mastoid and then it is difficult to remove all parts.			Treatment cannot be supported in PCMU's.
MEDICAL INFORMATION NEEDED:	Generic information and ENT evaluation CAT Scan to R/O recurrence.			
				8/15/93
Ear, Nose & Throat		ENT-2		

$250 \rightarrow 500$
IS IN SIGNIFICANT
SOME RECEIVED
WON'T RECORD
AT THATS

Reading an audiogram:

IN SIGNIFICANT							
250	500	1000	2000	4000	6000	8000	
*	*	*	*				

The boxes marked * represent the levels at which speech is understood. We screen according to the decibel levels recorded therein:

levels

0-20	Within normal limits.
0-25	Borderline normal.
30-50	Mild hearing loss. Can still learn a language.
50-70	Moderate hearing loss.
70-85	Severe hearing loss.
90-above	Profound hearing loss.

We can accept applicants with readings up to 50. A 50 in all three boxes normally indicates the need for a hearing aid.

6. Perforated Tympanic Membrane.

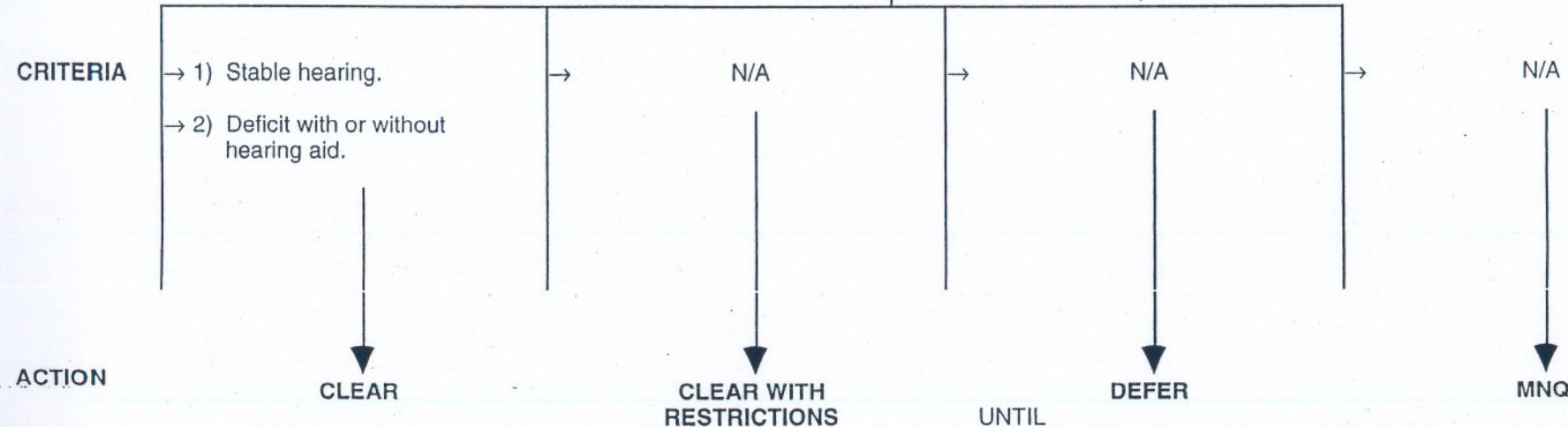
- a. Current. PIE/ENT evaluation to include cause, symptoms, treatment, need for surgery, risk of complications, need for periodic evaluation.

- b. Resolved. Clear.

7. Cerumen (noted on exam).

- a. Complete obstruction of canal. Defer until resolved.
- b. Asymptomatic, partial obstruction of canal. Clear.

HEARING AID (95.49), HEARING DEFICIT (389.), CONGENITAL DEAFNESS(389.9)



**RESTRICT-
IONS/DEFER** 1-2) Notify Placement of deafness or degree of deficit if appropriate.

RATIONALE

MEDICAL INFORMATION NEEDED:	Component	Decibel Level	Criteria	Action
	If ≥ 30 db hearing loss on audiogram: ENT evaluation to include generic information and ENT evaluation to include etiology; likelihood of progression, aggravating factors, functional limitations, need for periodic examination, and need for hearing aid in next 3 yrs. and need for hearing aid in next 3 yrs.	0 - 20 WNL 20 - 25 Borderline. 30 - 50 Mild hearing loss. 70 - 85 Severe hearing loss > 85 Profound hearing loss Frequency: 500 - 2000 Normal range of language learning.	Stable hearing deficit w/wo hearing aid	CLEAR

3/28/94

MALIGNANCIES OF THE EAR (160.1), NOSE (160.0), AND THROAT (146 - 148)
HYPOPHARYNX (148), LARYNX (161), TONSIL (146.0)

CRITERIA	All types/sites 5 yrs. post all treatments cancer free no difficulty with swallowing.	N/A	All sites or types, < 5 yrs. post surgery, radiation and/or chemo.	Difficulty swallowing.
	CLEAR	CLEAR WITH RESTRICTIONS	DEFER	MNQ
RESTRICTIONS/DEFER	The most common malignancy of the ENT is squamous cell cancer of the tonsil and hypopharynx. The cancer usually remains localized for long periods. Head and neck cancers are closely associated with alcohol and tobacco use (85% of patients). <p>Stage I: Primary neoplasm < 2 cm. - 90% 5 yrs. survival rate.</p> <p>Stage II: Primary lesion < 2 cm., < 4 cm or 2 areas in site involved - 75% 5 yr. survival rate.</p> <p>Stage III: Primary neoplasm > 4 cm or 3 areas in site involved - 45 - 75% 5 yr survival rate.</p> <p>Stage IV: Massive cancer or with metastases - < 35% 5 yr. survival rate.</p>		UNTIL: Post all treatment 5 yrs., no evidence of recurrence.	Places PCV at risk for aspiration.
RATIONALE				Treatment of choice is surgery and/or radiation, and sometimes chemotherapy.
MEDICAL INFORMATION NEEDED:	ENT evaluation.			

5/4/93

**MALIGNANCIES OF THE EAR (160,
HYPOPHARYNX (148), I
SE (160.0), AND THROAT (146 - 148)
NX (161), TONSIL (146.0)**

CRITERIA	All types/sites 5 yrs. post all treatments cancer free no difficulty with swallowing.	N/A	All sites or types, < 5 yrs. post surgery, radiation and/or chemo.	Difficulty swallowing.
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	DEFER	MNQ
RESTRICT- IONS/DEFER	The most common malignancy of the ENT is squamous cell cancer of the tonsil and hypopharynx. The cancer usually remains localized for long periods. Head and neck cancers are closely associated with alcohol and tobacco use (85% of patients). Stage I: Primary neoplasm < 2 cm. - 90% 5 yrs. survival rate. Stage II: Primary lesion < 2 cm., < 4 cm or 2 areas in site involved - 75% 5 yr. survival rate. Stage III: Primary neoplasm > 4 cm or 3 areas in site involved - 45 - 75% 5 yr survival rate. Stage IV: Massive cancer or with metastases - < 35% 5 yr. survival rate.		UNTIL: Post all treatment 5 yrs., no evidence of recurrence.	Places PCV at risk for aspiration.
RATIONALE				Treatment of choice is surgery and/or radiation, and sometimes chemotherapy.
MEDICAL INFORMATION NEEDED:	ENT evaluation.			

5/4/93

MASTOIDITIS (383.00), MASTOIDECTOMY (20.4)

CRITERIA

- 1) Resolved > 6 mos. ago, hearing WNL.
- 2) Post Mastoidectomy > 6 mos. hearing WNL.

N/A

- 1) Recent mastoiditis < 6 mos.
- 2) Mastoidectomy < 6 mos.

N/A

ACTION

CLEAR

**CLEAR WITH
RESTRICTIONS**

DEFER

MNQ

RESTRICT- IONS/DEFER

- UNTIL:
- 1) Per. > 6 mos. post infection.
 - 2) Per. > 6 mos. post surgery.

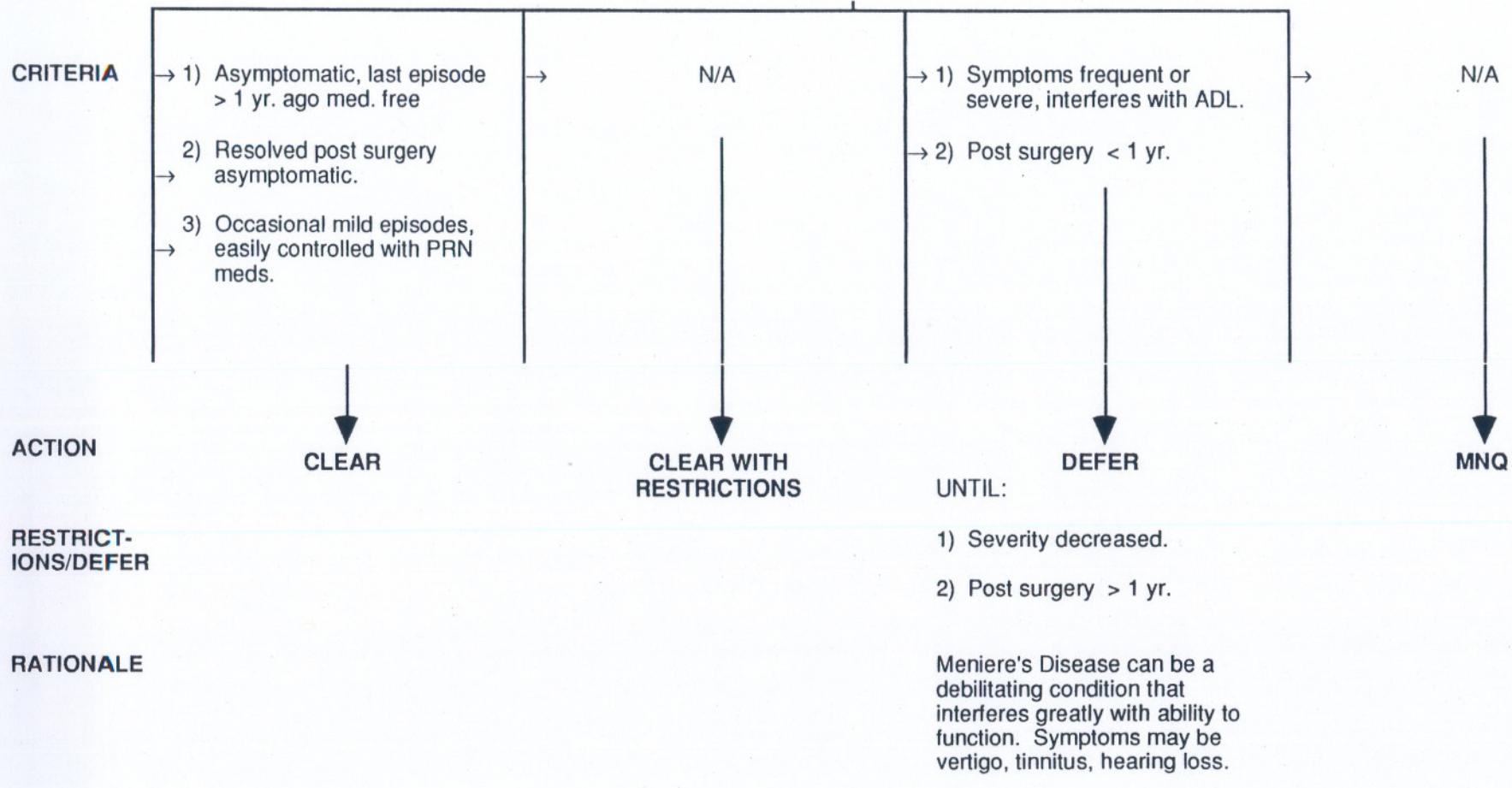
RATIONALE

MEDICAL INFORMATION NEEDED:

- Generic information.
- ENT evaluation if within 2 yrs.
- Audiogram.

5/4/93

MENIERE'S
ASE (386.00)



**MEDICAL
INFORMATION
NEEDED:**

ENT evaluation, and Audiogram, if within 5 yrs.

8/9/93

OTITIS MEDIA ACUTE (381.0), CHRONIC (382.3), OR SEROUS (381.01)
MYRINGOTOMY (20.0), TYMPANOPLASTY (19.5), MYRINGOTOMY WITH INSERTION OF TUBES (20.01)

CRITERIA	→ 1) Acute, isolated incident resolved → 2) Post Typanoplasty > 6 mos., healing stable. → 3) Post Myringotomy > 3 mos. → 4) Chronic Otitis, resolved, no episode within last year → 5) Serous Otitis Media, resolved. → 6) Post traumatic perforated TM, healed > 3 mos.	N/A	→ 1) Myringotomy current < 3 mos. post. → 2) Acute OM → 3) Chronic Otitis, exacerbation within last 1 yr. → 4) Serous Otitis media, current → 5) Typanoplasty < 6 mos. post → 6) Post traumatic perforated TM < 3 mos.	→ N/A
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	DEFER	MNQ
RESTRICT. IONS/DEFER			UNTIL: 1) Post surgery > 3 mos. 2&4) resolved 3) Episode free for 1 yr. 5) Post surgery 6 mos. graft accepted, requires 6 mos. to ascertain if graft will be rejected or accepted. 6) Healed, 3 mos.	
RATIONALE	Trauma induced perforated TM usually heal in 2 mos. If persists after 2 mos. may require surgery.			

MEDICAL INFORMATION NEEDED: Generic Information
ENT evaluation if chronic Otitis in last 2 yrs.

5/4/93

TINNITUS (388.30)

CRITERIA	→ 1) Single episode resolved. → 2) Recurrent or continuous cause treated and resolved.	N/A	→ 1) Tinnitus, benign cause, tolerated well, MRI and Cochleography WNL. → 2) Current, under treatment.	→ Hx > 1 episode or continuous, cause unknown.	N/A
ACTION	CLEAR	CLEAR WITH RESTRICTIONS	MRB/ MED ADVISOR	DEFER UNTIL: Cause diagnosed and meets criteria for Clear.	MNQ
RESTRICT- IONS/DEFER			Note: consider NM REST		
RATIONALE	Tinnitus is a symptom. The underlying pathophysiology must be identified, i.e., ototoxicity, hearing loss, labyrinthitis, ear neoplasms, cardiovascular diseases, head trauma. <i>-Chl/Med: one cause for all tinnitus</i>				
MEDICAL INFORMATION NEEDED:	Generic information. <i>contraindications to chloroquine?</i> ENT evaluation, if current/recent symptoms. Audiogram.				5/4/93