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III. ADDENDUM
CERUMEN (380.4)

CRITERIA

Asymptomatic; partial obstruction of canal. → N/A

CLEAR

Clear with restrictions

UNTIL:

DEFER

TOSSED

RATIONALE

Benign condition

MEDICAL INFORMATION

Generic Information

Ear, Nose & Throat

ENT-1
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

RESTRICTIONS/DEFER  
- Approved BC ENT for F/U.
- 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.

Ear, Nose & Throat  
8/15/93
Reading an audiogram:

<table>
<thead>
<tr>
<th>Decibel Levels</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>Within normal limits.</td>
</tr>
<tr>
<td>0-25</td>
<td>Borderline normal.</td>
</tr>
<tr>
<td>30-50</td>
<td>Mild hearing loss. Can still learn a language.</td>
</tr>
<tr>
<td>50-70</td>
<td>Moderate hearing loss.</td>
</tr>
<tr>
<td>70-85</td>
<td>Severe hearing loss.</td>
</tr>
<tr>
<td>90-above</td>
<td>Profound hearing loss.</td>
</tr>
</tbody>
</table>

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

- 250: Some hearing loss won't record
- 500: Some hearing loss won't record
- 1000: Some hearing loss won't record
- 2000: Some hearing loss won't record
- 4000: Some hearing loss won't record
- 6000: Some hearing loss won't record
- 8000: Some hearing loss won't record

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.

7. Cerumen (noted on exam).
   a. Complete obstruction of canal. Defer until resolved.
HEARING AID (95.49), HEARING DEFICIT (389.), CONGENITAL DEAFNESS (389.9)

CRITERIA

1) Stable hearing.
2) Deficit with or without hearing aid.

ACTION

CLEAR
CLEAR WITH RESTRICTIONS
DEFER
MNQ

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

RATIONALE

MEDICAL INFORMATION NEEDED:
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.

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. | 0 - 20 WNL | Stable hearing deficit w/wo hearing aid | CLEAR
MALIGNANCIES OF THE EAR (160.1), NOSE (160.0), AND THROAT (146 - 148)
HYOPHARYNX (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.

**ACTION**
- 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).

- **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.

**RATIONALE**
Treatment of choice is surgery and/or radiation, and sometimes chemotherapy.

**MEDICAL INFORMATION NEEDED:**
ENT evaluation.

5/4/93
ENT evaluation.

**MALIGNANCIES OF THE EAR (160.0), HYPOPHARYNX (148), I**

**I**

**MALIGNANCIES OF THE EAR (160.0), HYPOPHARYNX (148), I**

**MEDICAL INFORMATION NEEDED:**

**ENT evaluation.**

**5/4/93**

**Ear, Nose & Throat**

**ENT- 4**
CRITERIA

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

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

RESTRICTIONS/DEFER

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

RATIONALE

1) Per. > 6 mos. post infection.
2) Per. > 6 mos. post surgery.

MEDICAL INFORMATION NEEDED:

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

5/4/93

Ear, Nose & Throat ENT- 5
MENIERE'S  

CRITERIA

1) Asymptomatic, last episode > 1 yr. ago med. free

2) Resolved post surgery asymptomatic.

3) Occasional mild episodes, easily controlled with PRN meds.

ACTION

CLEAR

CLEAR WITH RESTRICTIONS

DEFER

UNTIL:

RESTRICTIONS/DEFER

1) Severity decreased.

2) Post surgery > 1 yr.

RATIONALE

Meniere's Disease can be a debilitating condition that interferes greatly with ability to function. Symptoms may be vertigo, tinnitus, hearing loss.

MEDICAL INFORMATION NEEDED:

ENT evaluation, and Audiogram, if within 5 yrs.

8/9/93

Ear, Nose & Throat  ENT-6
### Otitis Media Acute (381.0), Chronic (382.3), or Serous (381.01)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute, isolated incident resolved</td>
<td>Clear</td>
<td>Trauma induced perforated TM usually heal in 2 mos. If persists after 2 mos. may require surgery.</td>
</tr>
<tr>
<td>Post Tympanoplasty &gt; 6 mos., healing stable</td>
<td>Clear with restrictions</td>
<td></td>
</tr>
<tr>
<td>Post Myringotomy &gt; 3 mos.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Otitis, resolved, no episode within last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serous Otitis Media, resolved</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post traumatic perforated TM, healed &gt; 3 mos.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Action</th>
<th>Rationale</th>
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### 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.
- Hx > 1 episode or continuous, cause unknown.
- N/A

**Action**
- CLEAR
- CLEAR WITH RESTRICTIONS
- MRB/MED ADVISOR
- DEFER
- MNQ

**Restrictions/Deferral**
- Cause diagnosed and meets criteria for CLEAR.

**Rationale**
Tinnitus is a symptom. The underlying pathophysiology must be identified, i.e., ototoxicity, hearing loss, labyrinthitis, ear neoplasms, cardiovascular diseases, head trauma.

**Medical Information Needed:**
- Generic information.
- ENT evaluation, if current/recent symptoms.
- Audiogram.

Ear, Nose & Throat

ENT-8

5/4/93