Patient(s) less than 12 years of age that had tympanostomy tube placement and met clinical criteria for this procedure.

This document addresses tympanostomy tube placement in patients less than 12 years of age at the end of the report period. The earliest claim for tympanostomy tube placement was identified during the time period 365 days prior to the common report period end date. Patients with diagnosis for ear/nose/throat (ENT) congenital and acquired anomalies were excluded from this condition.

Clinical indicators for tympanostomy tube placement have been developed by the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) (1). These clinical indicators include the following: hearing loss greater than 30 dB in patients with otitis media with effusion, poor response to antibiotic treatment for otitis media, otitis media with effusion greater than 3 months, recurrent episodes of acute otitis media (more than 3 episodes in 6 months or more than 4 episodes in 12 months), chronic retraction of the tympanic membrane or pars flaccida, barotitis media control, autophony due to patulous eustachian tube, craniofacial anomalies that predispose to middle ear dysfunction, or middle ear dysfunction due to head and neck radiation and skull base surgery. Based on these AAO-HNS clinical indicators and the consensus opinion of experts, a patient was adherent to this measure if one of the following clinical criteria was met: 1) three or more face-to-face encounters at least 7 days apart during the time period 182 days prior to tympanostomy tube placement where the diagnosis was acute or chronic otitis media or four or more face-to-face encounters at least 7 days apart during the time period 365 days prior to tympanostomy tube placement where the diagnosis was acute or chronic otitis media where at least one face-to-face encounter occurred during the time period 365 days through 90 days prior to the tympanostomy tube placement; or at least one face-to-face encounter during the time period 365 days prior to tympanostomy tube placement where the diagnosis was acute mastoiditis, facial nerve disorder, conductive hearing loss, adhesive middle ear disease, pars flaccida, patulous eustachian tube, or otitic barotrauma.

A limitation of claims data is the inability to identify all clinical indicators and medical situations where tympanostomy tube placement may be appropriate.