

SHIP8 Clinical Commissioning Groups Priorities Committee

Policy title Number/version 2.0	Policy 37 Grommet insertion - adults and children (2018, updated 2021¹)
Policy position	Criteria Based Access
Update	This policy will be updated as per 3 year cycle or in light of a substantial body of new evidence or new national guidance (e.g. NICE)

Myringotomy/Grommet Insertion for Children (over 3 years but under 12 years old)

This procedure is not routinely funded. The possible option of a hearing aid and the use of nasal balloons such as Otovent must be discussed.

Children under 3 years of age may be treated without prior approval. For children over 3 years of age, prior approval will be considered under the following conditions:

- To treat a tympanic membrane retraction pocket.
- For children with Otitis Media with Effusion (OME) when:
 - There has been a period of watchful waiting for three months in primary care from a diagnosis of OME, followed by a further period of watchful waiting for three months after referral where the OME persists; and
 - The child has reported speech or language delay or behavioural problems; and
 - The child has a documented hearing level in the better ear of 25-30dBHL or worse averaged at 0.5, 1, 2 and 4kHz (or equivalent dBA where dBHL not available)

Myringotomy/Grommet Insertion for Adults (12 years old and over) This procedure is not routinely funded for adults except where prior approval is granted under the following conditions:

- A middle ear effusion causing measured conductive hearing loss, persisting for 3 months and resistant to medical treatments. The patient must be experiencing disability due to deafness. The possible option of a hearing aid and balloons must be discussed
- Persistent Eustachian tube dysfunction resulting in pain
- As one possible treatment for Meniere's disease
- Severe retraction of the tympanic membrane if the clinician feels this may be reversible and reversing it may help avoid erosion of the ossicular chain or the development of cholesteatoma

¹Updated 2021 due to publication of EBI guidance for adjuvant adenoidectomy
SHIP Policy v2.0. For review 07/2021.

Adjuvant adenoidectomy should not be routinely performed in children (under 18) undergoing grommet insertion for the treatment of otitis media with effusion. Adjuvant adenoidectomy for the treatment of glue ear should only be offered when one or more of the following clinical criteria are met:

- The child has persistent and / or frequent nasal obstruction which is contributed to by adenoidal hypertrophy (enlargement)
- The child is undergoing surgery for re-insertion of grommets due to recurrence of previously surgically treated otitis media with effusion
- The child is undergoing grommet surgery for treatment of recurrent acute otitis media.

Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status

Clinical Coding

Diagnosis

EBI codes:

H65.2 Chronic serous otitis media

H65.3 Chronic mucoid otitis media

H65.4 Other chronic nonsuppurative otitis media

H65.9 Unspecified nonsuppurative otitis media

H66.1 Chronic tubotympanic suppurative otitis media

H66.3 Other chronic suppurative otitis media

H66.4 Suppurative otitis media, unspecified

H66.9 Otitis media, unspecified

H68.1 Obstruction of Eustachian tube

H69.8 Other specified disorders of Eustachian tube

H69.9 Unspecified Eustachian tube disorder

Additional codes

H73.8 Tympanic membrane retraction pocket

H81.0 Meniere disease

F80.9 Developmental disorder of speech and language, unspecified

Procedure codes

E20.1 Total adenoidectomy

E20.4 Suction diathermy adenoidectomy

E20.8 Other specified operations on adenoid

with

D15.1 Myringotomy with insertion of ventilation tube through tympanic membrane