CHAPTER 13
SECTION 9.1
ADDENDUM 1, SECTION 15

TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES - AUDITORY SYSTEM

The number following the procedure code is the TRICARE payment group.

EXTERNAL EAR

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
EXCISION		
69110	2	Excision external ear; partial, simple repair
69120	4	Excision external ear; complete amputation
69140	4	Excision exostosis(es), external auditory canal
69145	4	Excision soft tissue lesion, external auditory canal
69150	5	Radical excision external auditory canal lesion; without neck dissection
REMOVAL OF FOREIGN BODY		
69205	3	Removal of foreign body from external auditory canal; with general anesthesia
REPAIR		
69310	5	Reconstruction of external auditory canal (meatoplasty)(eg, for stenosis due to trauma, infection), (separate procedure)
69320	9	Reconstruction external auditory canal for congenital atresia, single stage

MIDDLE EAR

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
INCISION		
69421	3	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	1	Ventilating tube removal when originally inserted by another physician
69436	3	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	5	Middle ear exploration through postauricular or ear canal incision
69450	2	Tympanolysis, transcanal
EXCISION		
69501	9	Transmastoid antrotomy ("simple" mastoidectomy)
69502	9	Mastoidectomy; complete
69505	9	Mastoidectomy; modified radical
69511	9	Mastoidectomy; radical
69530	9	Petrous apicectomy including radical mastoidectomy
69550	7	Excision aural glomus tumor; transcanal
69552	9	Excision aural glomus tumor; transmastoid

MIDDLE EAR (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
REPAIR		
69601	9	Revision mastoidectomy; resulting in complete mastoidectomy
69602	9	Revision mastoidectomy; resulting in modified radical mastoidectomy
69603	9	Revision mastoidectomy; resulting in radical mastoidectomy
69604	9	Revision mastoidectomy; resulting in tympanoplasty
69605	9	Revision mastoidectomy; with apicectomy
69620	7	Myringoplasty (surgery confined to drumhead and donor area)
69631	8	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	7	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction
69633	7	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis, PORP), total ossicular replacement prosthesis (TORP)
69635	9	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
69636	9	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69637	9	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis, (PORP), total ossicular replacement prosthesis (TORP)
69641	9	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	9	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643	9	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644	9	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	9	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646	9	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650	9	Stapes mobilization
69660	7	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material

MIDDLE EAR (CONTINUED)

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
69661	7	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662	7	Revision of stapedectomy or stapedotomy
69666	6	Repair oval window fistula
69667	6	Repair round window fistula
69670	5	Mastoid obliteration (separate procedure)
69676	5	Tympanic neurectomy
OTHER PROCEDURES		
69700	5	Closure postauricular fistula, mastoid (separate procedure)
69710	5	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
69711	2	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69720	7	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725	7	Decompression facial nerve, intratemporal; including medial to geniculate ganglion
69740	7	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	7	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion

INNER EAR

PROCEDURE CODE	PAYMENT GROUP	DESCRIPTION
INCISION, DESTRUCTION		
69801	7	Labyrinthotomy, with or without cryosurgery or other nonexcisional destructive procedures or tack procedure; transcanal
69802	9	Labyrinthotomy, with or without crysurgery or other nonexcisional destructive procedures or tack procedure; with mastoidectomy
69805	9	Endolymphatic sac operation; without shunt
69806	9	Endolymphatic sac operation; with shunt
69820	7	Fenestration semicircular canal
69840	7	Revision fenestration operation
EXCISION		
69905	9	Labyrinthectomy; transcanal
69910	9	Labyrinthectomy; with mastoidectomy
69915	9	Vestibular nerve section, translabyrinthine approach
INSERTION		
69930	9	Cochlear device implantation, with or without mastoidectomy

Except as provided below, all procedures are effective as of November 1, 1994

[1] Code added for services performed on or after January 1, 1995
[2] Code added for services performed on or after February 27, 1995
[3] Code deleted for services performed on or after April 1, 1995
[4] Code deleted for services performed on or after April 26, 1995
[5] Payment group changed for services performed on or after February 27, 1995

[6] Code added October 1995 effective for services performed on or after November 1, 1994
[7] Code deleted for services performed on or after March 31, 1996
[8] Code added for services performed on or after January 1, 1996
[9] Code added for services performed on or after January 1, 1997
[10] Code deleted for services performed on or after January 1, 1997
[11] Code added for services performed on or after November 1, 1998