

Tonsillectomy & Adenoidectomy

Adjudication Guideline

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Table of Contents

1.	Abstract	3
1.1	For Members.....	3
1.2	For Medical Professionals.....	3
2.	Scope	4
3.	Adjudication Policy.....	4
3.1	Eligibility / Coverage Criteria.....	4
3.2	Requirements for Coverage	5
3.3	Non-Coverage.....	6
3.4	Payment and Coding Rules	6
4.	Denial Codes.....	6
5.	Appendices	7
5.1	References	7
5.2	Revision History	8

1. Abstract

1.1 For Members

Tonsillectomy is a surgery performed to remove the tonsils. The tonsils are two oval-shaped lumps of tissue at the back of the throat, they are considered immune system's first line of defence against germs and viruses that enter the mouth, there's one tonsil on each side. This work puts the tonsils at high risk of infection and swelling and irritation, called Tonsillitis.

Adenoids are similar but sit higher up, behind your nose. You can't see them without special tools, but they also help trap germs that come in through your nose.

Sometimes, tonsils and adenoids get too big or infected too often. That can lead to:

- Trouble breathing or sleeping well.
- Frequent sore throats or ear infections.
- Speaking or swallowing issues.

An adenoidectomy is the surgical removal of the adenoids. It is one of the most common surgical procedures done in children.

1.2 For Medical Professionals

There are two major indications for tonsillectomy and/or adenoidectomy:

- Obstruction:
 - Moderate obstructive symptoms, requires a 1-year follow-up and failure of antimicrobial and glucocorticoid treatment.
 - Severe obstructive symptoms is an absolute indication.
- Recurrent infection following "paradise criteria":
 - ≥ 7 episodes in one year.
 - ≥ 5 episodes in two years.
 - ≥ 3 episodes in three years.

Other causes indicating tonsillectomy and/or adenoidectomy:

1. Tonsillar obstruction of the oropharynx that interferes with swallowing.
2. Tonsillar obstruction that alters voice quality.

3. Malignant tumour of the tonsil (or suspicion of malignancy).
4. Uncontrollable haemorrhage from tonsillar blood vessels.
5. Halitosis refractory to other measures.
6. Chronic (as distinct from recurrent acute) tonsillitis unresponsive to antimicrobial treatment. This condition is uncommon in adolescents and adults and is rare in young children.
7. Chronic pharyngeal carriage of group A beta-haemolytic streptococci in a child who has had rheumatic heart disease or is in close contact with a person who has had rheumatic heart disease, who has had at least two well-documented episodes of streptococcal throat infection within the preceding year, and in whom treatment with antimicrobials has not been successful in eradicating the organism.
8. Otitis media: For children with recurrent acute otitis media (AOM) or chronic otitis media with effusion (OME) who have previously undergone tympanostomy tube insertion.

2. Scope

This Adjudication Rule highlights the coverage criteria and payment requirements for Tonsillectomy and/or Adenoidectomy by Daman subject to policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Tonsillectomy and/or Adenoidectomy is indicated when the below criteria are met:

1. Documentation of previous episodes of infection that includes sore throat, presence of at least one of the following:
 - Temperature $\geq 38.3^{\circ}\text{C}$ (101°F).
 - Cervical lymphadenopathy (tender or $\geq 2\text{cm}$).
 - Tonsillar exudate.
 - Positive culture for group A beta haemolytic streptococcus.

2. Each episode must be recorded in the medical record with qualifying features. If not fully documented, observation of two consistent episodes by a physician may suffice. Tonsillectomy may be considered even if documentation is incomplete, provided a 12-month observation period confirms the pattern.
3. Following the "Paradise Criteria":

Criterion	Definition
Minimum frequency of sore throat episodes	<p>≥7 episodes in the past year</p> <p>≥5 episodes in each of the past 2 years</p> <p>≥3 episodes in each of the past 3 years</p>
Clinical features	<p>Each episode must include sore throat plus at least one of:</p> <ul style="list-style-type: none"> - Fever >100.9°F (38.3°C) - Cervical adenopathy (tender or >2 cm lymph nodes) - Tonsillar exudate - Positive culture for group A β-hemolytic streptococcus
Treatment	Antibiotics given in standard doses for confirmed or suspected streptococcal infections
Documentation	Each episode must be recorded in the medical record with qualifying features. If not fully documented, observation of two consistent episodes by a physician may suffice.

3.2 Requirements for Coverage

- All the relevant documents should be submitted upon request.
- Recurrent/Chronic tonsilitis or throat infections not following the "Paradise Criteria".
- Mild obstructive symptoms.
- Moderate obstructive symptoms not previously treated.

3.3 Non-Coverage

- Recurrent/Chronic tonsillitis or throat infections not following Paradise Criteria.
- Mild obstructive symptoms.
- Moderate obstructive symptoms not previously treated.
- All the relevant documents should be submitted upon request including pre-approval requirements along with the relevant details and history.

3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc. Kindly code the ICD-10 and the CPT codes to the highest level of specificity.

Table 1: Eligible Performing Clinicians

Eligible Grouping
Otolaryngology
Plastic Surgery within Head and Neck
Surgical Oncology

4. Denial Codes

Code	Code Description
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
CODE-010	Activity/diagnosis inconsistent with clinician specialty
NCOV-001	Service(s) is (are) not covered
AUTH-001	Prior-Approval is required and was not obtained

5. Appendices

5.1 References

- <https://www.ncbi.nlm.nih.gov/books/NBK536942/>
- https://www.uptodate.com/contents/tonsillectomy-and-or-adenoidectomy-in-children-indications-and-contraindications?search=tonsillectomy&source=search_result&selectedTitle=1%7E80&usage_type=default&display_rank=1
- <https://www.nhs.uk/conditions/adenoidectomy/>
- <https://www.aafp.org/pubs/afp/issues/2011/0901/p566.html>
- <https://www.entnet.org/quality-practice/quality-products/clinical-practiceguidelines/tonsillectomy-in-children-update/>
- <https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/aao-guidelines-tonsillectomy-2019.pdf>
- https://www.uptodate.com/contents/the-pediatric-physical-examination-heent?search=adenoid%20hypertrophy%20children§ionRank=1&usage_type=default&anchor=H35&source=machineLearning&selectedTitle=1%7E36&display_rank=1#H35
- <https://www.mayoclinic.org/tests-procedures/tonsillectomy/about/pac-20395141>

5.2 Revision History

Date	Change(s)
14/03/2023	V1.0 Creation of Adjudication Guideline-External Instruction Template.
31/07/2025	V1.1 General review. No major changes on adjudication.

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