

# Tonsillectomy & Adenoidectomy

**Adjudication Guideline (External)** 

**Rule Category:** Medical

**Approved by:** Daman

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### 1. Abstract

#### 1.1 For Members

**Tonsillectomy:** is a surgical procedure performed with or without adenoidectomy that completely removes the tonsils, including its capsule, by dissecting the peritonsillar space between the tonsil capsule and the muscular wall.

**Adenoidectomy:** is a surgical procedure performed with or without tonsillectomy that aim to remove enlarged adenoids.

The combination of both procedures is one of the most common surgical procedures performed in children.

#### 1.2 For Medical Professionals

Two major categories indicating tonsillectomy and/or adenoidectomy:

- Obstruction:
  - Moderate obstructive symptoms, requires a 1-year follow-up and failure of antimicrobial and glucocorticoid treatment.
  - Severe obstructive symptoms are 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 with or without 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

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- 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 and payment requirements by Daman as per policy terms and conditions for Tonsillectomy and/or Adenoidectomy. It also highlights the medical criteria for coverage.

# 3. Adjudication Policy

# 3.1 Eligibility / Coverage Criteria

**Tonsillectomy with or without Adenoidectomy** is indicated when the following criteria are met:

- Documentation of current and previous episodes of infection that includes sore throat +1 of the following:
  - o Temperature ≥38.3C (101F). **OR**
  - o Cervical lymphadenopathy (tender or ≥2cm). **OR**
  - Tonsillar exudate. OR
  - o Positive culture for group A beta haemolytic streptococcus.
- Following the "Paradise Criteria"
- Documentation and grading of investigational findings indicating:
  - o Obstruction of the oropharynx.
  - o Obstruction of the nasopharynx.
- If no previous history of sore throat infection is documented, the patient should be monitored subsequently by the clinician for at least 2 episodes of throat infection with patterns of frequency and clinical features consistent with the current episode.

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**Adenoidectomy without tonsillectomy** is indicated if the following criteria are met:

- Documentation of history of trouble breathing through the nose with elaborate physical examination.
- Evidence of acute recurrent otitis media or chronic middle ear infection with fluid, having tube already inserted.
- Documentation and grading of investigational findings indicating obstruction of the nasopharynx.

### 3.2 Requirements for Coverage

• All the relevant documents with relevant details and history should be submitted upon request.

#### • Red Flags:

- Recurrent/Chronic tonsilitis or throat infections not following the "Paradise Criteria".
- Throat infection not meeting the criteria.
- Mild obstructive symptoms.
- Moderate obstructive symptoms not previously treated.

# 3.3 Non-Coverage

Covered by all plans except visitor's plan.

# 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 Preforming Clinicians** 

Eligible Grouping
Otolaryngology
Plastic Surgery within Head and Neck
Surgical Oncology

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# 4. Denial Codes

DOH denial codes with description are elaborated for reference. These are specialized codes directed by DOH, that explains the reason of rejection of the service by DAMAN to the providers.

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

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#### **Appendices 5**.

#### 5.1 References

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- 3. https://www.nhs.uk/conditions/adenoidectomy/
- 4. https://www.aafp.org/pubs/afp/issues/2011/0901/p566.html
- 5. https://www.entnet.org/guality-practice/guality-products/clinicalpracticequidelines/tonsillectomy-in-children-update/
- 6. https://www.entuk.org/ userfiles/pages/files/guidelines/Revised%20ENT%20UK%20Tonsillect0 my%20commissioning%20guide%20edit%20to%20final%20(002).pdf
- 7. https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/aao-quidelines-tonsillectomy-2019.pdf
- 8. https://www.uptodate.com/contents/the-pediatric-physical-examinationheent?search=adenoid%20hypertrophy%20children&sectionRank=1&usage\_type=default&anch\_ or=H35&source=machineLearning&selectedTitle=1%7E36&display rank=1#H35

# 5.2 Revision History

Date	Change(s)
11.06.2024	Creation of Adjudication Guideline-External Instruction Template.

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