AMERICAN ACADEMY OF OTOLARYNGOLOGY– HEAD AND NECK SURGERY

CLINICAL INDICATORS
TONSILLECTOMY, ADENOIDECTOMY, ADENOTONSILLECTOMY

Procedure		CPT	FUD
Adeno-tonsillectomy	<age 12	42820	90
Adeno-tonsillectomy	>age 12	42821	90
Tonsillectomy	<age 12	42825	90
Tonsillectomy	>age 12	42826	90
Adenoidectomy	<age 12	42830	90
Adenoidectomy	>age 12	42831	90

INDICATIONS

1. **History – one required**
   - a) *Patient with 3 or more infections of tonsils and/or adenoids per year despite adequate medical therapy.
   - b) **Hypertrophy causing dental malocclusion or adversely affecting orofacial growth documented by orthodontist.
   - c) **Hypertrophy causing upper airway obstruction, severe dysphagia, sleep disorders, or cardiopulmonary complications.
   - d) Peritonsillar abscess unresponsive to medical management and drainage documented by surgeon, unless surgery performed during acute stage.
   - e) Persistent foul taste or breath due to chronic tonsillitis not responsive to medical therapy.
   - f) Chronic or recurrent tonsillitis associated with the streptococcal carrier state and not responding to beat-lactamase-resistant antibiotics.
   - g) Unilateral tonsil hypertrophy presumed neoplastic.
   - h) Recurrent suppurative or otitis media with effusion. (Adenoidectomy alone. Tonsillectomy added requires one of the indications listed above.)

* *For infections conditions, it is recommended that there be information regarding dates of last two infections, description of fever, severity of discomfort, information about throat cultures, use of antibiotics, and history of otitis media management.*

** *For hypertrophy or noninfectious conditions it is recommended that history include information regarding growth and weight gain, any medical conditions necessitating removal of tonsils and adenoids, and polysomnogrophy (optional) including hourly number of apnea or hypopnea episodes.*

2. **Physical Examination – required**
   - a) Description of tonsils and/or adenoids (may require X-Ray for adenoids).
   - b) Description of uvula and palate.

3. Tests – all required

a) Coagulation and bleeding work-up if abnormality suspected by history or genetic information available.

POSTOPERATIVE OBSERVATIONS

1. Bleeding from mouth, nose or vomiting fresh blood – notify surgeon.
2. Dehydration – hydration maintained by IV until oral intake satisfactory.

OUTCOME REVIEW

1. Two-Four Week

a) Healing – Did patient require treatment for bleeding, infection, or dehydration?
b) Function – Is there a change in voice, breathing or swallowing?

2. One Year

a) Infection – Have there been fewer throat infections, or ear infections, if applicable?
b) Function – Is breathing improved?

ASSOCIATED ICD-9 DIAGNOSTIC CODES

474.9	Chronic adenotonsillitis
474.0	Chronic tonsillitis
474.12	Adenoid hypertrophy
474.1	Adenoid and tonsil hypertrophy
475	Peritonsillar abscess
780.51	Sleep apnea
786.09	Snoring
381.10	Otitis media with effusion

ADDITIONAL INFORMATION

Follow-up days – 90
Assistant Surgeon – by report
Supply Charges – N
Prior Approval – N

Anesthesia Code(s)
00160

PATIENT INFORMATION

Removal of tonsils and/or adenoids is one of the most frequently performed throat operations. It has proven to be a safe, effective surgical method to resolve breathing obstruction, throat infections and manage recurrent childhood ear disease. Pain following surgery is an unpleasant side effect, which can be reasonably controlled with medication. It is similar to the pain patients have experienced with throat infections, but often is also felt in the ears after surgery. There are also some risks associated with removal of tonsils and/or adenoids. Post operative bleeding occurs in about 2% of cases, most often immediate, although it can occur at any time during the first 2 weeks after surgery. Treatment of bleeding is usually an outpatient procedure, but sometimes requires control in the operating room under general anesthesia. In rare cases, a blood transfusion may be recommended. Because swallowing is painful after surgery, there may be poor oral intake of fluids. If this cannot be corrected

at home, the patient may be admitted to the hospital for IV fluid replacement. Anesthetic complications are known to exist; they are quire uncommon, however, since patients are usually young and healthy.

IMPORTANT NOTICE

*The **Clinical Indicators for Otolaryngology – Head and Neck Surgery** are guidelines only. In no sense do they represent a standard of care. The applicability of an indicator for a procedure, and/or of the process or outcome criteria, must be determined by the responsible physician in light of all the circumstances presented by the individual patient. Adherence to these guidelines will not ensure successful treatment in every situation. The American Academy of Otolaryngology-Head and Neck Surgery, Inc. emphasizes that these clinical indicators should not be deemed inclusive of all proper treatment decisions or methods of care, nor exclusive of other treatment decisions or methods of care reasonably directed to obtaining the same results.*