Tonsillectomy
MPM 20.0

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
A tonsillectomy is the surgical removal of the tonsils, most often done when other nonsurgical treatments have not worked. The procedure is indicated for medically necessary conditions and diagnoses, not purely for the presence of ‘enlarged tonsils’.

Coverage Determination
Prior Authorization is required. Log on to Pres Online to submit a request: https://ds.phs.org/preslogin/index.jsp

Tonsillectomy may be indicated for 1 or more of the following conditions:
1) Asymmetric tonsillar enlargement, with concern for potential neoplasm
2) IgA nephropathy
3) Tonsillar obstruction as indicated by 1 or more of the following:
   a) Obstructive sleep apnea, as indicated by 1 or more of the following:
      i) Polysomnography findings confirm apnea-hypopnea index of 2 or more
      ii) Children with a well-documented history suggestive of sleep-disordered breathing, with history of excessive daytime sleepiness, noisy mouth breathing while awake or chronic snoring, observed sleep apnea episodes, nocturnal choking/gasping, behavioral problems, enuresis, growth retardation, poor school performance
   b) Tonsils are contributory to obstruction, as indicated by 1 or more of the following:
      i) For children: 3+ or 4+ tonsillar enlargement or history of difficulty swallowing due to obstruction
      ii) For adults: concurrent uvulopalatopharyngoplasty
4) Peritonsillar abscess
5) PFAPA syndrome (periodic fever, aphthous stomatitis, pharyngitis, and cervical adenitis)
6) Recurrent or Chronic tonsillitis, as indicated by ALL of the following:
   a) Frequent episodes of tonsillitis documented in medical record, as indicated by 1 or more of the following:
      i) Seven or more tonsillar infections in previous year
      ii) Five or more tonsillar infections per year in previous two years
      iii) Three or more tonsillar infections per year in previous three years

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Each qualifying episode includes 1 or more of the following:
1) Positive test (antigen or culture) for group A beta-hemolytic Streptococcal infection
2) Temperature of 101 degrees F (38.3 degrees C) or higher
3) Tender cervical lymphadenopathy
4) Tonsillar or pharyngeal exudate
b) Chronic tonsillitis not responsive to antibiotics
7) Tonsillar crypts with food debris or stones causing chronic halitosis

Coding
The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are included in this list.

CPT Codes

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tonsillectomy and adenoidectomy; younger than age 12</td>
<td>42820</td>
</tr>
<tr>
<td>Tonsillectomy and adenoidectomy; age 12 or over</td>
<td>42821</td>
</tr>
<tr>
<td>Tonsillectomy, primary or secondary; younger than age 12</td>
<td>42825</td>
</tr>
<tr>
<td>Tonsillectomy, primary or secondary; age 12 or over</td>
<td>42826</td>
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</tbody>
</table>

ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10 Code</th>
</tr>
</thead>
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<tr>
<td>Acute Tonsillitis</td>
<td>J03.80-J03.91</td>
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<tr>
<td>Chronic Tonsillitis</td>
<td>J35.0-J35.01</td>
</tr>
<tr>
<td>Peritonsillar Abcess</td>
<td>J36</td>
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<tr>
<td>Streptococcal Tonsillitis</td>
<td>J03.00-J03.01</td>
</tr>
</tbody>
</table>

References:
MCG ACG: A-0181 Tonsillectomy. Not used as of 01-27-16.
Aetna Medical Policy, Number 0004 Obstructive Sleep Apnea in Adults. Accessed 03-09-17. Last reviewed 03-08-17.
Aetna Medical Policy, Number 0752 Obstructive Sleep Apnea in Children. Accessed 03-09-17. Last reviewed 10/21/16.

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Anthem Blue Cross, CG-SURG-30 Tonsillectomy for Children with or without Adenoidectomy. Accessed 03-09-17. Last Reviewed 05-05-16.
“Pediatric Polysomnography”. Sleep Medicine Clinics, September 2009: 4(3); 393-406 Accessed 03-09-17. No changes.

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Medical Director: Norman White MD

Date Approved: March 22, 2017

Publication History:
05-26-10: Revision
09-14-10 Revision
09-22-10 Revision
05-25-11: Annual Review
12-01-11: Revision
11-28-12: Update language re “over 21 years old does not need prior auth”
01-30-13: Update language re enlarged tonsils, crypts, and stone formation.
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses MCG Criteria A-0181.
01-27-16: Annual Review. MCG use retired. PHP policy introduced.
03-22-17: Annual Review. No changes.

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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian medical policies are available on the Internet at: http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm

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