

**Policy: MP285**

**Section: Medical Benefit Policy**

**Subject: Tonsillectomy**

### Applicable Lines of Business

<b>Commercial</b>	<b>X</b>	<b>CHIP</b>	<b>X</b>
<b>Medicare</b>	<b>X</b>	<b>ACA</b>	<b>X</b>
<b>Medicaid</b>	<b>X</b>		

#### I. Policy: Tonsillectomy

#### II. Purpose/Objective:

To provide a policy of coverage regarding tonsillectomy

#### III. Responsibility:

- A. Medical Directors
- B. Medical Management

#### IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

#### V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

#### Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

#### **INDICATIONS:**

Tonsillectomy may be considered medically necessary for the one or more of the following indications when criteria are met:

1. Medical record documentation of frequent episodes of tonsillitis defined as:
  - Seven or more tonsillar infections within the previous year; or
  - Five or more tonsillar infections per year in the previous 2 years; or
  - Three or more tonsillar infections per year in the previous 3 years  
and
  - Medical record documentation of at least one the following for each episode of sore throat:
    - Temperature greater than 38.3°C (100.94 °F); or
    - Cervical adenopathy; or
    - Tonsillar exudates or erythema; or
    - Positive test for Group A  $\beta$ -hemolytic streptococcus (GABHS).
2. A history of recurrent throat infections not meeting the criteria cited in number 1, but the member has additional factors documented in the medical record that support consideration of tonsillectomy, such as but not limited to:
  - Multiple antibiotic allergy/intolerance; or
  - PFAPA (Periodic fever, aphthous stomatitis, pharyngitis, and adenitis) syndrome; or
  - Peritonsillar or parapharyngeal abscess
3. Asymmetrical tonsillar enlargement with suspicion of potential neoplasm
4. Tonsillar hypertrophy documented by physical exam with symptomatic airway obstruction as demonstrated by the following:
  - Symptoms are chronic (more than 3 months in duration) and
    - Sleep-disordered breathing (SDB) with documentation of abnormalities of respiratory pattern or the adequacy of ventilation during sleep, including but not limited to snoring, mouth breathing, and pauses in breathing; and one of the following:
      - A condition related to SDB (including but not limited to growth retardation, poor school performance, enuresis, and behavioral problems) that is likely to improve after tonsillectomy; or
      - SDB in a child less than 3 years of age with documentation of symptoms for more than 3 months in duration and the child's parent or caregiver reports regular episodes of nocturnal choking, gasping, apnea, or breath holding; or
      - Obstructive sleep apnea as diagnosed by polysomnogram with an Apnea-Hypopnea Index (AHI) greater than 1.0 in children less than 12 years of age and AHI of 5 or greater in children age 12 years and older.
5. Tonsillectomy is proposed concurrently with adenoidectomy in children when any of the criteria 1-4 is met.
6. Tonsillectomy is proposed concurrently with uvulopalatopharyngoplasty in adults

#### **Medicaid Business Segment:**

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

#### **CODING ASSOCIATED WITH: Tonsillectomy**

*The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.*

42820 tonsillectomy and adenoidectomy younger than age 12  
42821 age 12 and over  
42825 tonsillectomy, primary or secondary, younger than age 12  
42826 age 12 and over  
42830 adenoidectomy, primary, younger than age 12  
42831 age 12 and over  
42835 adenoidectomy, secondary, younger than age 12  
42836 age 12 and over

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

#### **LINE OF BUSINESS:**

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.**

#### **REFERENCES:**

Burton MJ, Glasziou PP Tonsillectomy or adeno-tonsilelctomy versus non-surgical treatment for chronic/recurrent acute tonsillitis. Cochrane Database of Systematic Reviews. 2009(1):CD001802

Burton MJ, Pollard AJ, Ramsden JD. Tonsillectomy for periodic fever, aphthous stomatitis, pharyngitis and cervical adenitis (PFAPA). Cochrane Database of Systematic Reviews 2010(9):CD08669

Friedman M, Wilson M, et al. Updated systematic review of tonsillectomy and adenoidectomy for treatment of obstructive sleep apnea/hypopnea syndrome. Otolaryngology Head and Neck Surgery. 2009;140(6):800-808.

Baugh RF, et al. Clinical Practice Guideline: tonsillectomy in children. Otolaryngology Head and Neck Surgery 2011;144(1suppl):S1-S30.

Van den Aardweg MT, Schilder AG, et al. Adenoidectomy for recurrent or chronic nasal symptoms in children. Cochrane Database of Systematic Reviews 2010(1):CD008282.

American Academy of Pediatrics Subcommittee on Otitis Media with Effusion. Otitis media with effusion. Pediatrics 2004;113(5):1412-1429.

Paradise JL, et al. Efficacy of adenoidectomy for recurrent otitis media in children previously treated with tympanostomy tube placement. Results of a parallel randomized and non-randomized trials. JAMA 1990;263(15):2066-2073.

Bhattacharjee R et al. Adenotonsillectomy outcomes in treatment of obstructive sleep apnea in children: a multicenter retrospective study. Am J Rep Crit Care Med 2010; 182(5):676-683.

Au CT, Li AM. Obstructive sleep breathing disorders. Pediatr Clin N Am. 2009; 56(1):243–259.

Chan J, Edman JC, Koltai PJ. Obstructive sleep apnea in children. Am Fam Physician 2004; 69(5):1147-1154, 1159-1160.

van den Aardweg MT, Boonacker CW, Rovers MM, et al. Effectiveness of adenoidectomy in children with recurrent upper respiratory tract infections: open randomised controlled trial. BMJ. 2011; 343:d5154

MRC Multicentre Otitis Media Study Group. Adjuvant adenoidectomy in persistent bilateral otitis media with effusion: hearing and revision surgery outcomes through 2 years in the TARGET randomised trial. Clin Otolaryngol. 2012; 37(2):107-116

Marcus CL, Moore RH, Rosen CL, et al.; Childhood Adenotonsillectomy Trial (CHAT). A randomized trial of adenotonsillectomy for childhood sleep apnea. N Engl J Med. 2013; 368(25):2366-2376

Kujala T, Alho OP, Luotonen J, et al. Tympanostomy with and without adenoidectomy for the prevention of recurrences of acute otitis media: a randomized controlled trial. Pediatr Infect Dis J. 2012; 31(6):565-569

Cheong KH, Hussain SS. Management of recurrent acute otitis media in children: systematic review of the effect of different interventions on otitis media recurrence, recurrence frequency and total recurrence time. J Laryngol Otol. 2012; 126(9):874-885.

Lieberthal AS, Carroll AE, Chonmaitree T, et al. American Academy of Pediatrics Clinical Practice Guideline: The Diagnosis and Management of Acute Otitis Media. Pediatrics. 2013

American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS). Clinical Indicators: Adenoidectomy. 2012. [http://www.entnet.org/Practice/upload/Adenoidectomy-CI\\_Final-May-2012.pdf](http://www.entnet.org/Practice/upload/Adenoidectomy-CI_Final-May-2012.pdf)

Marcus CL, Brooks LJ, Draper, KA, et al. American Academy of Pediatrics Section on Pediatric Pulmonology, Subcommittee on Obstructive Sleep Apnea Syndrome. Clinical practice guideline: diagnosis and management of childhood obstructive sleep apnea syndrome. Pediatrics. 2012; 130(3):576-584

American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS). Clinical Practice Guideline: Tonsillectomy in Children (Update). Otolaryngol Head Neck Surg. 2019 Feb;160(1\_suppl):S1-S42

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 1/14

**Revised:** 1/15 (remove auth requirement for adenoidectomy); 1/16 remove PA requirement; 1/17 (revise criteria language)

**Reviewed:** 1/18, 1/19, 1/20, 1/21, 1/22, 1/23, 1/24

**CMS UM Oversight Committee Approval:**12/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.