

**Subject:** Tonsillectomy**Medical Policy #:** 20.0**Status:** Reviewed**Original Effective Date:** 05/17/2010**Last Review Date:** 09-28-2022

## 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'. Tonsillectomy and adenoidectomy are among the most common surgical procedures performed in children. Adenotonsillectomy is most often carried out, as a single, combined operation. In assessing indications for surgery, the two components require consideration individually. The two major categories of indications for tonsillectomy and/or adenoidectomy are obstruction and recurrent infection.

- **Obstructive sleep-disordered breathing (oSDB)** is a clinical diagnosis characterized by obstructive abnormalities of the respiratory pattern or the adequacy of oxygenation/ventilation during sleep, which include snoring, mouth breathing, and pauses in breathing. oSDB encompasses a spectrum of obstructive disorders that increases in severity from primary snoring to obstructive sleep apnea (OSA). Daytime symptoms associated with oSDB may include inattention, poor concentration, hyperactivity, or excessive sleepiness. The term oSDB is used to distinguish oSDB from SDB that includes central apnea and/or abnormalities of ventilation (e.g., hypopnea-associated hypoventilation).
- **Recurrent or chronic throat infection** is defined as a sore throat caused by viral or bacterial infection of the pharynx, palatine tonsils, or both, which may or may not be culture positive for group A streptococcus. This includes the term *strep throat*, *acute tonsillitis*, *pharyngitis*, *adenotonsillitis*, or *tonsillopharyngitis*

## Coverage Determination

**Tonsillectomy for adults 18 years and over prior authorization **not** required.**

**Tonsillectomy for children age 1 to 17 years of age**

**Prior Authorization is required.**

**Prior Authorization may be required. Logon to Pres Online to submit a request:**

<https://ds.phs.org/preslogin/index.jsp>

Removal of tonsil(s) is considered medically necessary for children aged 1 to 17 years of age who meet one or more of the following criteria (A-E) below.

**With recurrent throat infection:**

- A. PHP suggest tonsillectomy (with or without adenoidectomy) as an option for children with recurrent throat infection who are severely affected. The decision will be made on a case-by-case bases to weigh the risks and benefits. The efficacy of tonsillectomy in severely affected children must meet **EACH** of the following criteria.
  - Frequency of at least
    - a)  $\geq 7$  episodes in the past year,
    - b)  $\geq 5$  episodes per year for 2 years,**or**
    - c)  $\geq 3$  episodes per year for 3 years
  - Each qualifying episode characterized by at least **ONE** of the following:
    - a) Temperature  $>38.3^{\circ}\text{C}$  ( $101^{\circ}\text{F}$ ),**or**
    - b) cervical adenopathy**or**

- c) Tonsillar exudate,
- or
- d) Positive culture for group A beta-hemolytic *Streptococcus*

OR

B. Recommendation for Tonsillectomy for recurrent infection with modifying factors:

- Clinicians should assess the child with recurrent throat infection who does **not** meet criteria (A) above, for **two** modifying factors that may nonetheless favor removal of tonsil(s), which may include but are not limited to:
  - a) Multiple antibiotic allergies/intolerance,
  - b) PFAPA (periodic fever, aphthous stomatitis, pharyngitis, and adenitis), or history of >1 peritonsillar abscess.

OR

**Obstruction Sleep-Disordered Breathing:**

C. PHP suggest and/or recommends polysomnography (PSG) before performing tonsillectomy for high-risk children with conditions that increase the risk of perioperative respiratory complications. The clinician may refer children with obstructive sleep-disordered with tonsillar hypertrophy/enlargement for polysomnography particularly if they are <2 years of age and if they exhibit any of the following: obesity, down syndrome, craniofacial abnormalities, neuromuscular disorders, sickle cell disease, or mucopolysaccharidoses.

If the completed sleep study results demonstrate or confirms the results as:

- A diagnosis of obstructive sleep apnea and the tonsillar hypertrophy/enlargement on physical exam, tonsillectomy may be approved.

OR

D. You may consider tonsillectomy without PSG in standard-risk children with a well-documented history suggestive of sleep disordered breathing hypertrophy/enlargement 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.

OR

**With other conditions**

- E. Tonsillectomy (with or without adenoidectomy) may be performed in other conditions by case-by-case bases. These include the following:
- Tonsillar obstruction that alters voice quality.
  - Malignant tumor of the tonsil (or suspicion of malignancy).
  - Uncontrollable hemorrhage from tonsillar blood vessels.
  - Halitosis, refractory to other measures.
  - Chronic (as distinct from recurrent acute) tonsillitis unresponsive to antimicrobial treatment. This condition is uncommon in adolescents and adults, and rare in young children.
  - Chronic pharyngeal carriage of group A beta-hemolytic 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 offending organism.
  - **For children:** 3+ or 4+ tonsillar hypertrophy/enlargement and history of difficulty swallowing due to obstruction.

**Exclusion:** Tonsillectomy is considered **not medically necessary** for children aged 1 to 17 years of age when the criteria above have not been met.

**Coding**

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
42820	Tonsillectomy and adenoidectomy; younger than age 12
42821	Tonsillectomy and adenoidectomy; age 12 or over
42825	Tonsillectomy, primary or secondary; younger than age 12
42826	Tonsillectomy, primary or secondary; age 12 or over

ICD-10© Codes	Description
J03.80-J03.91	Acute Tonsillitis
J35.01-J35.03	Chronic Tonsillitis and adenoiditis
J35.3	Hypertrophy of tonsils with hypertrophy of adenoids
J36	Peritonsillar Abscess
J03.00-J03.01	Streptococcal Tonsillitis
Z88.1	Allergy status to other antibiotic agents status
Z86.19	History peritonsillar abscess
G47.33	Obstructive sleep apnea (adult) (pediatric)
J35.1	Hypertrophy of tonsils
E66.9	Obesity, unspecified
Q90.9	Down syndrome, unspecified
Q75.8	Other specified congenital malformations of skull and face bones
G70.9	Myoneural disorder, unspecified
D57.1	Sickle-cell disease without crisis
E76.3	Mucopolysaccharidosis, unspecified

## Reviewed by / Approval Signatures

**Clinical Quality & Utilization Mgmt. Committee:** Gray Clarke MD

**Senior Medical Director:** David Yu MD

**Senior Medical Director:** Jim Romero MD

**Medical Director:** Ana Maria Rael MD

**Date Approved:** 09-28-2022

## References

1. Aetna Medical Policy, Number 0004 [Obstructive Sleep Apnea in Adults](#), last review: 06/03/2022 with next review: 01/12/2023 [Cited 08/02/2022].
2. Aetna Medical Policy, Number 0752 [Obstructive Sleep Apnea in Children](#), last review: 02/16/2022 with next review: 08/11/2022. [Cited 08/02/2022].
3. Up-to Date, [Tonsillectomy and adenoidectomy in children: Indications and contraindications](#), Literature review current through: Jan 13, 2023. [Cited 01/16/2023].
4. UP-to-Date, [Adenotonsillectomy for obstructive sleep apnea in children](#), section on Polysomnography, Literature review current through: Jul 2022. | This topic last updated: Dec 08, 2021. [Accessed 08/02/2022]
5. [Pediatric Polysomnography](#), Sleep Medicine Clinics, September 2009; 4(3); 393-406 Accessed 11/14/2022.
6. National Library of Medicine, "Clinical Practice Guideline: [Polysomnography for Sleep-Disordered Breathing Prior to Tonsillectomy in Children](#)". American Academy of Otolaryngology – Head and Neck Surgery. 2011. [Cited 08/02/2022]
7. American Academy of Otolaryngology Head and Neck Surgery (AAO-HNS), [Clinical Practice Guideline: Tonsillectomy in Children \(Update\)](#), First Published February 5, 2019. [Cited 11/14/2022]
8. National Comprehensive Cancer Network (NCCN guidelines®) in Oncology, Head and Neck Cancers, Version 2.2022 — April 26, 2022. [Cited 11/14/2022]

## Publication History

- 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.
- 05-27-15 Annual Review. MCG accessed 05-27-15. Last update 01-29-15.
- 01-27-16 Annual Review. MCG use retired. PHP policy introduced.
- 03-22-17 Annual Review.
- 05-22-19 Annual Review: Updated policy using last updated AAO-HNS Clinical Practice Guideline of 2011 for Tonsillectomy in Children.
- 08/15/19 Update language: "No Prior Authorization is required for age 19 and over; for all others Prior Authorization is required." Criteria for enlargement of tonsils was also updated.
- 09-23-20 Annual Review. Reviewed by PHP Medical Policy Committee on 08-26-20. The listed CPT codes will remain on PA grid. Minor changes to policy for children 1-18 y/o.
  - Removed language "Enlarged anterior cervical lymphadenopathy (tender lymph nodes or >2 cm)" and replaced with "cervical adenopathy".
  - Language correction: removal of "or" to "and" in the following statement "For children: 3+ or 4+ tonsillar enlargement *and* history of difficulty swallowing due to obstruction."
  - Recommendation for children with obstructive sleep-disordered breathing for polysomnography particularly if

they are <2 years of age.

- In lieu of PSG clinical documentation for children with obstructive sleep apnea, a well-documented history suggestive of sleep disordered breathing will suffice.

09-22-21 Annual review. Reviewed by PHP Medical Policy Committee on 09-07-2021. No change to criteria. The CPT codes (42820, 42821, 42825 and 42826) will remain on PA grid. CES already has age edit in place.

09-28-22 Annual review. Reviewed by PHP Medical Policy Committee on 08/03/2022. The adult (18 years and over) criteria was removed, along with the update that Prior Auth is not required. The language for children age has changed from “children age 1 to 18 years of age” to “children age 1 to 17 years of age” but the criteria continues to remain the same. Continue PA requirement for children for codes (42820, 42821, 42825, 42826). **Clarification made on 01-25-2023** under Obstruction Sleep-Disordered Breathing: Refined the ambiguous language in the section about recommendation of polysomnography (PSG) before performing tonsillectomy for children with conditions that increase the risk of perioperative respiratory complications. Additional clarifying language were added, that if the completed sleep study results demonstrate or confirms the results of a diagnosis of obstructive sleep apnea and the tonsillar hypertrophy/enlargement on physical exam, tonsillectomy may be approved. The language "with tonsillar hypertrophy/enlargement" were added to section "D" sentence; section "C" in second sentence; and section "E" under the last bullet. The clarifying language does not change the criteria. Lastly, clarified section "D" sentence from “In lieu of PSG clinical documentation for...” to say “You may consider tonsillectomy without PSG...”

*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 online at: [Click here for Medical Policies](#)*

**Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*