Tonsillectomy & Adenoidectomy

Adjudication Guideline

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1. Abstract

1.1 For Members

Tonsillectomy is a surgery performed to remove the tonsils. The tonsils are two oval-shaped lumps of tissue at the back of the throat; they are considered immune system's first line of defence against germs and viruses that enter the mouth.

This work puts the tonsils at high risk of infection and swelling and irritation, called Tonsillitis.

Adenoids are similar but sit higher up, behind your nose. You can't see them without special tools, but they also help trap germs that come in through your nose.

Sometimes, tonsils and adenoids get too big or infected too often. That can lead to:

- Trouble breathing or sleeping well.
- Frequent sore throats or ear infections.
- Speaking or swallowing issues.

An adenoidectomy is the surgical removal of the adenoids. It is one of the most common surgical procedures done in children.

1.2 For Medical Professionals

There are two major indications for tonsillectomy and/or adenoidectomy:

- Obstruction:
    - Moderate obstructive symptoms, requires a 1-year follow-up and failure of antimicrobial and glucocorticoid treatment.
    - Severe obstructive symptoms is 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 and/or adenoidectomy:

- Tonsillar obstruction of the oropharynx that interferes with swallowing.
- Tonsillar obstruction that alters voice quality.
- Malignant tumour of the tonsil (or suspicion of malignancy).
- Uncontrollable haemorrhage 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 is rare in young children.
- 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 preceding year, and in whom treatment with antimicrobials has not been successful in eradicating the organism.
- Otitis media: For children with recurrent acute otitis media (AOM) or chronic otitis media with effusion (OME) who have previously undergone tympanostomy tube insertion.
- Adenoidectomy is typically recommended when significant difficulty in nasal breathing is experienced. It may also be advised in cases of:
    - A long-term (chronic) sinus infection.
    - Recurrent middle ear infection.
    - Chronic middle ear infection with fluid and already has ear tubes >3 months.
    - Sleep disturbance with nasal airway obstruction persisting for at least 3 months

2. Scope

This Adjudication Rule highlights the coverage criteria and payment requirements for Tonsillectomy and/or Adenoidectomy by Daman subject to policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Tonsillectomy is indicated when the below criteria are met:

1. Documentation of previous episodes of infection that includes sore throat, presence of at least one of the following:
    - Temperature ≥38.3C (101F).
    - Cervical lymphadenopathy (tender or ≥2cm).
    - Tonsillar exudate.
    - Positive culture for group A beta haemolytic streptococcus.
2. Each episode must be recorded in the medical record with qualifying features. If not fully documented, observation of two consistent episodes by a physician may suffice. Tonsillectomy may be considered even if documentation is incomplete, provided a 12-month observation period confirms the pattern.
3. Following the "Paradise Criteria":

Criterion	Definition
Minimum frequency of sore throat episodes	≥7 episodes in the past year ≥5 episodes in each of the past 2 years ≥3 episodes in each of the past 3 years
Clinical features	Each episode must include sore throat plus at least one of: - Fever >100.9°F (38.3°C) - Cervical adenopathy (tender or >2 cm lymph nodes) - Tonsillar exudate - Positive culture for group A β-hemolytic streptococcus
Treatment	Antibiotics given in standard doses for confirmed or suspected streptococcal infections
Documentation	Each episode must be recorded in the medical record with qualifying features. If not fully documented, observation of two consistent episodes by a physician may suffice.

3.2 Requirements for Coverage

- All relevant documentation, including pre-approval requirements, clinical details, and patient history, must be submitted upon request.

3.3 Non-Coverage

- Failure to meet the medical criteria specified above.
- Mild to moderate obstructive symptoms without prior conservative management.
- Adenoidectomy in children younger than 4 years of age, except when a specific indication exists, such as nasal obstruction or chronic adenoiditis.

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

4. Denial Codes

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

5. Appendices

5.1 References

https://www.ncbi.nlm.nih.gov/books/NBK536942/
https://www.uptodate.com/contents/tonsillectomy-and-or-adenoidectomy-in-children-indications-and-contraindications?search=tonsillectomy&source=search_result&selectedTitle=1%7E80&usage_type=default&display_rank=1
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https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008282/full

5.2 Revision History

Date	Change(s)
14/03/2023	V1.0 Creation of Adjudication Guideline-External Instruction Template.
31/07/2025	V1.1 General review - general format review
23/07/2026	V1.2 Coverage criteria update