



Clinical Indicators: Parotidectomy

<u>Procedure</u>	CPT	Days¹
Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	42410	90
Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve	42415	90
Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve	42420	90
Excision of parotid tumor or parotid gland; total; en bloc removal with sacrifice of facial nerve	42425	90
Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection	42426	90

<u>Related Procedures</u>	CPT	Days¹
Drainage of abscess; parotid, simple	42300	10
Drainage of abscess, parotid, complicated	42305	90
Sialolithotomy; parotid, uncomplicated, intraoral	42330	10
Sialolithotomy; parotid, extraoral or complicated intraoral	42340	90
Biopsy of salivary gland, needle	42400	0
Biopsy of salivary gland, incisional	42405	10
Unlisted procedure, salivary glands or ducts	42699	

Indications

1. History (one or more required)

- a) Parotid mass.
- b) History of radiation to the neck.
- c) Chronic parotitis.
- d) A neck mass with histologic findings of metastatic parotid tumor.
- e) Parotid duct stone.
- f) Malignancy of overlying skin extending into parotid
- g) Malignancy metastatic to parotid.

¹ RBRVS Global Days



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2. Related Symptoms

- a) Facial nerve paralysis.
- b) Pain of parotid region.

3. Physical Examination (required)

- a) Complete physical examination of the head and neck with emphasis on inspection and palpation of the parotid gland, oropharynx and neck.
- b) Examination of facial nerve function.

4. Tests (required)

- a) Pre-operative tests as required by institutional guidelines.

5. Tests (optional)

- a) Fine needle aspiration biopsy.
- b) Ultrasonography.
- c) CT scan of neck.
- d) MRI of neck.
- e) Sialogram
- f) Technetium-99 radionuclide imaging

Postoperative Observations

- a) Facial nerve function
- b) Bleeding - check for expanding hematoma; notify surgeon

Outcome Review

1. One Week

- a) Facial nerve function - present in all branches of facial nerve?
Need for protection of eye from drying?
- b) Wound healing well - infection or fistula?
- c) Pathology report - compare with pre-operative needle aspiration report if any. Are margins clear? Benign or malignant?
- d) Discuss with patient any ear numbness and/or gustatory sweating of facial skin.

2. Beyond One Month

- a) If malignant - what type? Need for additional imaging? Is additional therapy indicated?
- b) If benign with tumor at margin - need for additional therapy?



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- c) Facial nerve function - present in all branches of nerve? Need for protection of eyes from drying? Need for additional rehabilitation?
- d) Gustatory sweating - need for treatment?
- e) e) Incision healed? Fistula present - management needed?

3. Beyond One Year

- a) Malignancy or incompletely excised benign tumor - need for imaging?
- b) Facial nerve function - need for rehabilitation?

Associated ICD-9 Diagnostic Codes (Representative, but not all-inclusive codes)

- 072.9 Mumps without mention of complication (Epidemic parotitis, infectious parotitis)
- 142 Malignant neoplasm of major salivary glands
 - 142.0 Parotid gland
- 210.2 Benign neoplasm of major salivary glands
- 228 Hemangioma and lymphangioma, any site
 - 228.0 Hemangioma, any site
 - 228.1 Lymphangioma, any site
- 230 Carcinoma in situ of digestive organs
- 235 Neoplasm of uncertain behavior of digestive and respiratory systems
 - 235.0 Major salivary glands
- 351 Facial nerve disorders
 - 351.0 Bell's palsy
- 527 Diseases of the salivary glands
 - 527.1 Hypertrophy
 - 527.2 Sialoadenitis
 - 527.5 Sialolithiasis
 - 527.6 Mucocele
 - 527.7 Disturbance of salivary secretion
 - 527.8 Other specified diseases of the salivary glands
 - 527.9 Unspecified disease of the salivary glands

Additional Information

Assistant Surgeon -- Varies

Supply Charges -- N

Prior Approval - N/A

Anesthesia Code(s) -- 00100; 00300



Patient Information

Parotidectomy is a surgical operation to remove a large salivary gland (the parotid gland) located in front and just below the ear. The most common reasons for removal of all or part of this gland are a mass in the gland, chronic infection of the gland, or obstruction of the saliva outflow from the gland causing chronic enlargement of the gland. Masses in the parotid are most commonly benign, but about 20% are malignant. The physician will discuss with you the need for parotidectomy based on your medical history, the results of a physical examination of the head and neck, and results of other tests if indicated. The most common tests to determine whether a parotidectomy is necessary include a fine needle aspiration biopsy (withdrawing a small amount of fluid from the parotid to see if malignant cells are present), CT scan (an x-ray test that helps to determine the size and position of the parotid tissues), and MRI (an imaging test that does not use x-rays and helps to determine the size and position of parotid tissues). In some cases no additional testing may be needed prior to surgery.

The procedure is usually done under general anesthesia. The amount of parotid gland to be removed is often determined at the time of surgery based on the size and location of the diseased parotid tissue. The extent of surgery may also depend on pathological examination of tissues removed during the surgery.

The nerve that controls motion to the face (the facial nerve) runs through the parotid gland. This nerve is important in closing the eyes, wrinkling the nose, and moving the lips. Most often the parotid gland can be removed without permanent damage to the nerve, however, the size and position of the diseased tissue may require that the nerve, or small branches of the nerve, be cut to assure complete removal. Even if the nerve is not permanently injured, there may be decreased motion of the facial muscles as the nerve recovers from the surgical procedure. If facial motion does not fully return your physician will discuss with you ways to rehabilitate facial movement.

Other possible short term complications include bleeding and infection. Although rare in parotid surgery, some patients may develop a thick scar or keloid. Many patients experience numbing of the earlobe and outer edge of the ear after parotid surgery. This generally resolves slowly over time. In a small proportion of patients the face on the side of the parotidectomy sweats at mealtimes, ("gustatory sweating"). Most often this goes essentially unnoticed, however, if it should become bothersome medication and sometimes surgery are available.

Depending on the final diagnosis after the tissue is reviewed by a pathologist, additional diagnostic tests and follow-up examinations may be needed. Most often masses of the parotid are benign, and complete removal is the only treatment needed.

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