Clinical Indicators: Adenoidectomy

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
<th>Days</th>
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<tbody>
<tr>
<td>Adenoidectomy, primary; under age 12</td>
<td>42830</td>
<td>090</td>
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<tr>
<td>Adenoidectomy, primary; age 12 or over</td>
<td>42831</td>
<td>090</td>
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<tr>
<td>Adenoidectomy, secondary; under age 12</td>
<td>42835</td>
<td>090</td>
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<tr>
<td>Adenoidectomy secondary; age 12 or over</td>
<td>42836</td>
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Indications

1. History (One or more required)
   a) Four or greater episodes of recurrent purulent rhinorrhea in prior 12 months in a child <12 years of age. One episode should be documented by intranasal examination or diagnostic imaging.
   b) Persisting symptoms of adenoiditis after two courses of antibiotic therapy. One course of antibiotics should be with a B-lactamase stable antibiotic for at least two weeks.
   c) Sleep disturbance with nasal airway obstruction persisting for at least 3 months.
   d) Hyponasal speech.
   e) Otitis media with effusion >3 months or associated with additional sets of tubes.
   f) Dental malocclusion or orofacial growth disturbance documented by orthodontist or dentist.
   g) Cardiopulmonary complications including cor pulmonale, pulmonary hypertension, right ventricular hypertrophy associated with upper airway obstruction.
   h) Otitis media with effusion (age 4 or greater).

For infectious conditions, it is recommended that documentation of infections be obtained. For hypertrophy and other noninfectious conditions documentation should include information regarding growth, weight gain, daytime performance issues such as behavior and attention, any medical condition necessitating removal of the adenoids. Adenoid size is immaterial when the indication is sinusitis, adenoiditis, or otitis media with effusion. Allergic symptoms should have been treated with an adequate trial of allergy therapy prior to evaluation for non-infectious conditions.

2. Physical Examination (required)
   a) Description of uvula, palate, tonsils, nasal airway, cervical lymph nodes.
   b) Evaluation of adenoids by mirror, palpation, nasal endoscopy or imaging only as necessary.

1 RBRVS Global Days
c) Assessment for signs of hypernasal speech or risk factors for postop voice disturbance

3. Tests (If abnormality suspected by history, physical examination)

a) Coagulation and bleeding evaluation based on personal or family history 
b) Radiographs (lateral neck or cephalometric) 
c) Sleep tape recording (if documentation of snoring or apnea required) 
d) Polysomnography in children at high risk for respiratory compromise

Postoperative Observations

a) Bleeding from nose, mouth or emesis of fresh blood-notify surgeon. 
b) Adequate pain control maintained postoperatively using oral medications depending on oral intake. 
c) Persistent temperature >102 degrees F - notify surgeon. 
d) Signs of respiratory compromise consider admission

Outcome Review

1. Two-Four Week 
a) Healing - Did patient require treatment for bleeding, infections, or dehydration? 
b) Function - Is there a change in voice, breathing, or swallowing from the preoperative status?

2. Long Term 
a) Infection - Have there been fewer throat infections, or ear infections, if applicable? 
b) Function - Is breathing improved?

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>381.20</td>
<td>Chronic mucoid otitis media, simple or unspecified</td>
</tr>
<tr>
<td>382.10</td>
<td>Chronic tubotympanic suppurative otitis media</td>
</tr>
<tr>
<td>382.20</td>
<td>Chronic atticoantral otitis media</td>
</tr>
<tr>
<td>382.9</td>
<td>Otitis media</td>
</tr>
<tr>
<td>474.9</td>
<td>Chronic adenotonsillitis</td>
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<tr>
<td>474.01</td>
<td>Chronic Adenoiditis</td>
</tr>
<tr>
<td>474.12</td>
<td>Adenoid hypertrophy</td>
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<td>474.1</td>
<td>Adenoid and tonsil hypertrophy</td>
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<tr>
<td>780.51</td>
<td>Sleep apnea</td>
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</tbody>
</table>

2 Clinical Practice Guideline: Polysomnography for Sleep-Disordered Breathing Prior to Tonsillectomy in Children, Otolaryngology-Head and Neck Surgery, XX(X) 1-15
http://oto.sagepub.com/content/early/2011/06/02/0194599811409837.full.pdf+html
786.09  Snoring
473.9   Chronic Sinusitis, NOS
524.4   Malocclusion

Patient Information

Removal of adenoids is one of the most frequently performed throat operations. It offers a safe, effective surgical way to resolve nasal obstruction, nasal and adenoid infections and is an adjunct to managing chronic or recurrent childhood ear disease. Pain following surgery is an unpleasant side effect, but can be controlled with medication. Similar to the pain experienced with throat infections, it may often also be felt in the ears. There are also some risks associated with removal of adenoids. Although very rare, significant postoperative bleeding may occur. If significant bleeding occurs, it is most often immediate and short lived. Treatment of such bleeding is usually handled as an outpatient; however, sustained bleeding may require treatment in the operating room under general anesthesia. In rare cases, a blood transfusion may be required. There are some more persistent side effects sometimes associated with the removal of adenoids. As swallowing is painful after surgery, the patient may not take in sufficient fluids orally. If this cannot be corrected at home, IV fluid replacement may be necessary. Halitosis is common in the immediate postoperative period. Infection is an infrequent occurrence. In rare cases, hypernasal speech can persist for long periods after adenoidectomy, and speech therapy and or corrective surgery may be necessary. Anesthetic complications are known to exist; however, they are quite uncommon.

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