Episode of Care:

Tonsillectomy (EOC-F-TONIL)

Episode Design Summary

April 2019
TONSILLECTOMY EPISODE DESIGN

EPISODE DEFINITION

EPISODE SUBTYPES

There are no subtypes for this episode type.

EPISODE TRIGGER(S)

A Tonsillectomy Episode is triggered by the following:

- A tonsillectomy, adenoidectomy, or adeno-tonsillectomy outpatient surgical procedure, with a primary or secondary diagnosis (Dx1 or Dx2) indicating conditions that require tonsillectomy/adenoidectomy (e.g., chronic tonsillitis, chronic adenoiditis, chronic pharyngitis, hypertrophy of tonsils and adenoids, obstructive sleep apnea, insomnia, peritonsillar abscess).

  See the Appendix for a list of triggering codes.

EPISODE DURATION

- An episode begins with the initial consult with the performing provider within 90 days prior to triggering procedure and ends 30 days after the procedure.

EPISODE SERVICES

The episode will include the following services rendered within the duration of the episode:

- Within 90 days prior to the procedure: the initial and all consults with performing provider, and any related services including sleep studies, head and neck X-rays, laryngoscopy, etc.
- The tonsillectomy/adenoidectomy procedure including all facility and professional claims, related medications and acute post-procedure complications services.
- Within 30 days following post-procedure discharge includes: all related services including inpatient and outpatient facility services, professional services, related medications, treatment for post-procedure complications, and post-procedure admissions.
The content of the Episode Design Summary is provided for informational purposes only. This document is not intended to provide any medical, legal, coding, or other advice. All information is subject to update periodically.

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**PRINCIPAL ACCOUNTABLE PROVIDER**

- The Principal Accountable Provider (PAP) for a Tonsillectomy episode is the physician performing the tonsillectomy/adenoidectomy.

**EPISODE EXCLUSIONS**

Episodes meeting any of the following criteria will be excluded:

**GLOBAL EXCLUSIONS**

- Medicaid and Medicare dual enrollment (i.e., “dual-eligible”) during the episode.
- Beneficiaries who do not have continuous Medicaid enrollment for the duration of the episode.
- Beneficiaries with Third Party Liability.
- Beneficiaries with select comorbid conditions.
- Beneficiaries leaving against medical advice.
- Beneficiaries expiring during the episode duration.
- Beneficiaries admitted to hospice care.
- Episodes that are a result from trauma.
- Beneficiaries who are pregnant during episode duration.

**EPISODE SPECIFIC EXCLUSIONS**

- Beneficiaries younger than age 3 or older than age 21 on the date of the procedure.
- Beneficiaries with relevant comorbid conditions (e.g., Down syndrome, cancer, severe asthma, cerebral palsy, muscular dystrophy, myopathies).
- Beneficiaries with uvulopalatopharyngoplasty (UPPP) on same date of service as tonsillectomy/adenoidectomy procedure.
- Beneficiaries with a BMI greater than 50 as indicated by paid Medicaid claims.
EPISODE ADJUSTMENTS

For the purposes of determining a PAP’s performance, the total reimbursement attributable to the PAP for a Tonsillectomy Episode is adjusted based on:

- Patient comorbidities and statistically significant risk factors that influence the cost of an episode (e.g., COPD, Asthma).
- Type procedure performed:
  - Adenoidectomy (without concurrent tonsillectomy)
  - Tonsillectomy with adenoidectomy

QUALITY MEASURES

QUALITY MEASURES “TO PASS”

The following quality measures are linked to gain sharing eligibility, and must be met in order “to pass”:

- The PAP’s percentage of valid episodes with intraoperative steroids administered must meet or exceed a minimum threshold of 85%.

NOTE: The PAP’s performance is measured by data entered in the provider portal. A provider may choose to enter a randomly selected episode sample or choose to enter data for all valid episodes.

QUALITY MEASURES “TO TRACK”

The following quality measures are tracked for informational/reporting purposes:

- The post-operative primary bleed rate (i.e., post-procedure admissions or unplanned return to surgical setting due to bleeding within 24 hours post-procedure).
- The post-operative secondary bleed rate.
- The rate of post-procedure antibiotic prescriptions

Note: All “to track” metrics are based on paid Medicaid claims data.

MINIMUM CASE VOLUME

The minimum case volume is five valid episodes during the 12-month performance period.
### APPENDIX

#### EPISODE TRIGGERING PROCEDURE CODES

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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>42820</td>
<td>Tonsillectomy and adenoidectomy; younger than age 12</td>
</tr>
<tr>
<td>42821</td>
<td>Tonsillectomy and adenoidectomy; age 12 or over</td>
</tr>
<tr>
<td>42825</td>
<td>Tonsillectomy, primary or secondary; younger than age 12</td>
</tr>
<tr>
<td>42826</td>
<td>Tonsillectomy, primary or secondary; age 12 or over</td>
</tr>
<tr>
<td>42830</td>
<td>Adenoidectomy, primary; younger than age 12</td>
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<tr>
<td>42831</td>
<td>Adenoidectomy, primary; age 12 or over</td>
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<tr>
<td>42835</td>
<td>Adenoidectomy, secondary; younger than age 12</td>
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<tr>
<td>42836</td>
<td>Adenoidectomy, secondary; age 12 or over</td>
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<table>
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<tr>
<th>ICD-10-PX Code</th>
<th>Description</th>
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<td>0CTP0ZZ</td>
<td>Resection of Tonsils, Open Approach</td>
</tr>
<tr>
<td>0CTPXZZ</td>
<td>Resection of Tonsils, External Approach</td>
</tr>
<tr>
<td>0CTQ0ZZ</td>
<td>Resection of Adenoids, Open Approach</td>
</tr>
<tr>
<td>0CTQXZZ</td>
<td>Resection of Adenoids, External Approach</td>
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