### Tonsillectomy codes and content for publication (1/2)

**Triggers**

Episode is triggered by an outpatient tonsillectomy, adenoidectomy, or adeno-tonsillectomy procedure, and 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).

**PAP assignment**

For each episode, the Principal Accountable Provider (PAP) is the primary provider performing the tonsillectomy / adenoidectomy.

**Exclusions**

Episodes meeting one or more of the following criteria will be excluded:

- **A.** Beneficiaries who are under the age of 3 or above the age of 21 at the time of the procedure
- **B.** Beneficiaries with select co-morbid conditions (e.g., Down syndrome, cancer, severe asthma, cerebral palsy, muscular dystrophy, myopathies). For a complete list of co-morbidities, please see the code sheet associated with the episode.
- **C.** Beneficiaries with a Uvulopalatopharyngoplasty (UPPP) on date of procedure
- **D.** Beneficiaries with a BMI >50
- **E.** Beneficiaries with dual enrollment in Medicare / Medicaid (i.e. dual eligibles)
- **F.** Beneficiaries with inconsistent enrollment (i.e., not continuously enrolled) during the episode
- **G.** Beneficiaries who die in the hospital during the episode
- **H.** Beneficiaries with a patient status of “left against medical advice” during the episode

**Episode time window**

Episodes begin 90 days prior to procedure after and including the initial consult with performing provider, and end 30 days after the procedure.

**Claims included**

The following services are included in the episode:

1. Within 90 days prior to procedure: initial consult with performing provider, and any related services including sleep studies, head and neck x-rays, and laryngoscopy
2. The tonsillectomy / adenoidectomy procedure
3. Within 30 days after procedure: related services including inpatient and outpatient facility services, professional services, related medications, treatment for post-procedure complications, and post-procedure admissions

**Quality measures**

- **A.** Quality measures “to pass”
  1. Percent of episodes with administration of intra-operative steroids – must meet minimum threshold of 85%
- **B.** Quality measures “to track”
  1. Post-operative primary bleed rate (i.e. post-procedure admissions or unplanned return due to bleeding within 24 hours of surgery)
  2. Post-operative secondary bleed rate
### Adjustments
For the purposes of determining a PAP’s performance, the total reimbursement attributable to the PAP is adjusted for tonsillectomy episodes with certain risk factors (e.g., COPD, asthma), and depending on type. There are two episode types: 1) adenoidectomy and 2) tonsillectomy/adeno-tonsillectomy

### Procedure trigger codes
- **CPT:** 42820, 42821, 42825, 42826, 42830, 42831
- **ICD-Px:** 282, 283, 286

### Diagnosis trigger codes
- **ICD-9 Dx:** 2351, 327, 32709, 3272, 32720, 32723, 32726, 32729, 462, 463, 464, 465, 472, 4720, 4721, 4722, 473, 4730, 4731, 4732, 4733, 4738, 4739, 474, 47400, 47401, 47402, 4741, 47411, 47412, 4742, 4748, 4749, 475, 476, 4761, 52409, 78051, 78053, 78057, 78059, 78609, 78724, 0340, 477, 478

### Relevant diagnoses codes

### Relevant procedure codes
- **ICD-9 PX:** 28, 280, 281, 287, 2899, 282, 283, 286, 2121, 2122, 2129, 2211, 2212, 2219, 2411, 2412, 2419, 2501, 2502, 2509, 2611, 2612, 2619, 2721, 2722, 2723, 2724, 2729, 2811, 2819, 2911, 2912, 2919, 211, 2130, 2131, 2132, 2171, 2191, 2200, 2201, 2202, 222, 240, 2431, 2432, 2439, 2551, 2591, 2592, 2593, 260, 2691, 2741, 2751, 2752, 2791, 2991, 9621, 9653, 9721, 9732, 214, 2161, 2162, 2169, 2172, 2199, 2231, 2239, 2241, 2242, 2250, 2251, 2252, 2253, 2260, 2261, 2262, 2263, 2264, 2271, 2279, 229, 242, 251, 252, 253, 254, 2559, 2594, 2599, 2621, 2629, 2630, 2631, 2632, 2641, 2642, 2649, 2699, 270, 271, 2731, 2732, 2742, 2743, 2749, 2753, 2754, 2755, 2757, 2759, 2761, 2762, 2763, 2764, 2769, 2771, 2772, 2773, 2779, 2792, 2799, 280, 284, 285, 2891, 2892, 2899, 290, 292, 293, 2931, 2932, 2933, 2939, 294, 2951, 2952, 2953, 2954, 2959, 2992, 2999

### Revenue code
- **0520, 0521, 0524, 0525**