

Otolaryngology

1. MCG Criteria Used

Clinical Criteria: MCG Care Guidelines, 30th Edition

- Adenoidectomy (MCG ORG: A-0180 AC, 30th Edition)
- Tonsillectomy (MCG ORG: A-0181 AC, 30th Edition)

Applicable CPT / HCPCS Codes:

CPT / HCPCS Code	Description
42820, 42821	Tonsillectomy and adenoidectomy; younger than age 12, or age 12 or over
42825, 42826	Tonsillectomy, primary or secondary; younger than age 12, or age 12 or over
42830, 42831	Adenoidectomy, primary; younger than age 12, or age 12 or over
42835, 42836	Adenoidectomy, secondary; younger than age 12, or age 12 or over

2. Statement of Rationale

Akido Labs uses the criteria in MCG Care Guidelines (30th Edition) to supplement the general Medicare criteria regarding otolaryngology services, including adenoidectomy and tonsillectomy for obstructive, infectious, and neoplastic indications, where Medicare coverage criteria are not fully established or require additional clinical specificity. MCG criteria are used to ensure consistency in reviewing the conditions to be met for coverage of otolaryngology services and to determine when such services are medically necessary.

Adenotonsillar surgery in the Medicare Advantage population most often addresses obstructive sleep apnea, recurrent or chronic infection, and evaluation of suspected upper aerodigestive tract malignancy. While these are common ambulatory procedures, appropriate indication is essential because untreated obstructive sleep apnea and missed head and neck malignancy each carry serious consequences. Absent consistent, evidence-based criteria, there is material risk of both inappropriate denial of medically necessary surgery and inappropriate approval of procedures performed without adequate indication.

Potential Clinical Harms:

Adenoidectomy: Inappropriate denial of adenoidectomy for obstructive sleep apnea, chronic rhinosinusitis, recurrent or chronic otitis media with effusion, or adenoid regrowth requiring revision could allow persistent nasal obstruction, recurrent infection, hearing impairment from chronic middle ear effusion, and untreated sleep-disordered breathing with its cardiovascular and neurocognitive consequences.

Tonsillectomy: Inappropriate denial of tonsillectomy for asymmetric tonsillar enlargement with concern for neoplasm, evaluation of cancer of unknown primary, biopsy-confirmed head and neck malignancy, IgA nephropathy, or documented obstructive sleep apnea could delay diagnosis of a tonsillar or occult head and neck cancer, allow progression of sleep apnea, and forgo a

recognized treatment for selected IgA nephropathy. Delayed diagnosis of malignancy in particular allows tumor progression and a worse stage at treatment.

Clinical Benefits:

Adenoidectomy: MCG criteria provide validated indications drawn from specialty society guidelines, Cochrane systematic reviews, and additional evidence, supporting adenoidectomy for obstructive sleep apnea, chronic rhinosinusitis, otitis media with effusion, recurrent acute otitis media, and revision for adenoid regrowth. By tying the procedure to these specific indications, the criteria directly counter the harms of persistent obstruction, recurrent infection, and hearing impairment identified above while supporting appropriate ambulatory care.

Tonsillectomy: MCG criteria specify the obstructive, infectious, neoplastic, and renal indications for tonsillectomy, demonstrating at least moderate certainty of at least moderate net benefit for asymmetric tonsillar enlargement with concern for neoplasm, and supporting tonsillectomy for cancer of unknown primary evaluation, biopsy-confirmed malignancy, IgA nephropathy, and documented obstructive sleep apnea. This directly addresses the harm of delayed cancer diagnosis and untreated sleep apnea identified above by reserving surgery for these evidence-based indications.

Reduction of unwarranted variation and overutilization: MCG criteria also identify the prerequisite findings under which each procedure is appropriate (e.g., documented obstructive sleep apnea, established recurrent infection thresholds), reducing non-indicated adenotonsillar surgery. The clinical benefits of using MCG Care Guidelines are highly likely to outweigh any clinical harms, including delayed or decreased access to services. The criteria are unlikely to lead to inappropriate denials because they incorporate indications drawn directly from current otolaryngology specialty society guidelines and high-quality evidence, including multiple Cochrane systematic reviews. Use of these criteria ensures patients receive the most clinically appropriate level of care, and decreases inappropriate denials by applying a consistent, objective, evidence-based set of review criteria across the Medicare Advantage population.

3. Explanation of Supplementation

Basis for Use:

Original Medicare clinical criteria are not fully established and require supplementation to ensure consistent medical necessity determinations for specific otolaryngology services, including adenoidectomy and tonsillectomy. While Medicare statutes establish the general 'reasonable and necessary' standard, they do not specify the clinical indications and prerequisite findings (e.g., documented obstructive sleep apnea, recurrent infection thresholds, concern for neoplasm, biopsy confirmation) required to distinguish indicated from nonindicated procedures.

Applicable Medicare References:

- Social Security Act Section 1862(a)(1): 'Reasonable and necessary' standard
- Medicare Benefit Policy Manual, Chapter 6: Hospital Services Covered Under Part B (CMS IOM Publication 100-02)
- Medicare Benefit Policy Manual, Chapter 15: Covered Medical and Other Health Services (CMS IOM Publication 100-02)
- Medicare Benefit Policy Manual, Chapter 16: General Exclusions from Coverage (CMS IOM Publication 100-02)
- Medicare Program Integrity Manual, Chapter 6, Section 6.5: Medical Review of Inpatient Hospital Claims for Part A Payment (CMS IOM Publication 100-08)
- Code of Federal Regulations: 42 CFR 419.22; 42 CFR 422.101

- National Coverage Determinations: For adenoidectomy and tonsillectomy, no specific NCD or LCD fully establishes clinical procedural thresholds; Original Medicare criteria are not fully established for these services, requiring supplementation.
- Medicare Coverage Database:
<https://www.cms.gov/medicare-coverage-database/search.aspx>

Within the above statutes and regulations, coverage criteria for these specific otolaryngology services are not fully established, and the use of MCG Care Guidelines is necessary to provide additional clinical specificity. Specifically, MCG criteria assist in determining:

- Medical necessity and appropriateness of adenoidectomy for obstructive, infectious, and effusion-related indications, and for revision after regrowth;
- Medical necessity and appropriateness of tonsillectomy for obstructive sleep apnea, suspected or confirmed malignancy, cancer of unknown primary evaluation, and IgA nephropathy;
- Appropriate clinical setting and expected course for these ambulatory surgical services.

The use of MCG Care Guidelines ensures consistency in reviewing the conditions to be met for coverage of otolaryngology services. Use of these criteria to supplement the coverage criteria noted above provides clinical benefits by helping ensure surgical services are not incorrectly denied when medically appropriate for a particular patient, nor incorrectly approved when not reasonable and necessary. The clinical benefits of using these criteria are highly likely to outweigh any clinical harms, including from inappropriate denials, because the criteria are unlikely to lead to inappropriate denials. The added criteria will provide numerous clinical benefits in helping ensure patients receive the appropriate level of care. In addition, use of the criteria may decrease inappropriate denials by creating a consistent set of evidence-based review criteria.

4. Summary of Clinical Evidence

Background

Adenoidectomy (MCG ORG: A-0180 AC)

Adenoidectomy is an ambulatory surgical procedure indicated for obstructive sleep apnea, chronic rhinosinusitis, recurrent acute otitis media, otitis media with effusion, adenoid regrowth requiring revision, and when performed concurrently with tonsillectomy in children. Each indication carries its own prerequisite clinical findings within the guideline.

Tonsillectomy (MCG ORG: A-0181 AC)

Tonsillectomy is an ambulatory surgical procedure indicated for asymmetric tonsillar enlargement with concern for neoplasm, cancer of unknown primary evaluation, biopsy-confirmed head and neck malignancy, IgA nephropathy, and documented obstructive sleep apnea. Each indication carries its own prerequisite clinical findings within the guideline.

Evidence Summary

Adenoidectomy (MCG ORG: A-0180 AC)

The evidence for the clinical indications in this guideline includes 56 published peer-reviewed articles, 4 specialty society or other evidence-based guidelines, 5 Cochrane systematic reviews, and 5 book sections. Key evidence includes:

- For obstructive sleep apnea and obstructive symptoms, specialty society guidelines and systematic reviews support adenoidectomy to relieve nasal airway obstruction and sleep-disordered breathing.

- For otitis media with effusion and recurrent acute otitis media, evidence supports adenoidectomy to reduce middle ear disease burden, with the guideline noting that for acute otitis media the evidence demonstrates a net benefit of less than moderate certainty.
- For chronic rhinosinusitis and for adenoid regrowth requiring revision adenoidectomy, the criteria are supported by published evidence establishing these as appropriate indications.

Tonsillectomy (MCG ORG: A-0181 AC)

The evidence for the clinical indications in this guideline includes 59 published peer-reviewed articles, 7 specialty society or other evidence-based guidelines, 4 Cochrane systematic reviews, and 1 book section. Key evidence includes:

- For asymmetric tonsillar enlargement with concern for potential neoplasm, evidence demonstrates at least moderate certainty of at least moderate net benefit, supporting tonsillectomy for diagnostic evaluation.
- For cancer of unknown primary evaluation, the criteria require suspected head and neck malignancy with failure of history, examination, and imaging to identify a primary tumor, and biopsy-confirmed epithelial malignancy, supporting tonsillectomy to identify an occult primary.
- For documented obstructive sleep apnea and for IgA nephropathy, specialty society guidelines and supporting evidence establish tonsillectomy as an appropriate intervention for selected patients.

Rationale (from MCG)

Use of these MCG care guidelines helps the clinician identify patient-specific complex clinical factors that determine the medical necessity and appropriate use of adenotonsillar surgery. The evidence-based clinical criteria assist the clinician in deciding when adenoidectomy or tonsillectomy is appropriate for a given obstructive, infectious, neoplastic, or renal indication based on prerequisite clinical findings. Use of these evidence-based clinical criteria ensures patients receive the most appropriate care for their specific condition, reduces unnecessary risks, promotes recovery, and provides a standard that can reduce disparities in care. Appropriate use of the evidence-based clinical criteria ensures Medicare patients receive full access to Medicare benefits without risk of delay or decreased access. These guidelines supplement but do not replace, modify, or supersede existing Medicare regulations or applicable National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs).

Related CMS Coverage Guidance (as cited in MCG 30th Edition):

- Code of Federal Regulations (CFR): 42 CFR 419.22; 42 CFR 422.101 (adenoidectomy and tonsillectomy)
- CMS IOM Publication 100-02, Medicare Benefit Policy Manual: Chapter 6 (Hospital Services Under Part B); Chapter 15 (Covered Medical and Other Health Services); Chapter 16 (General Exclusions from Coverage)
- CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 6, Section 6.5
- Medicare Coverage Determinations: Medicare Coverage Database: <https://www.cms.gov/medicare-coverage-database/search.aspx>

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