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## Documentation Dissection

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**PREOPERATIVE DIAGNOSIS:** Tonsillar hypertrophy.

**POSTOPERATIVE DIAGNOSIS:** Tonsillar hypertrophy <sup>[1]</sup>.

**PROCEDURE PERFORMED:** Tonsillectomy.

**SURGEON:** MD.

**ANESTHESIOLOGIST:** MD.

**INDICATIONS FOR PROCEDURE:** This 28-year-old patient has sleep apnea, and markedly hypertrophic tonsils <sup>[2]</sup>. He previously underwent adenoidectomy <sup>[3]</sup>. He is to undergo a dental procedure, felt to be a candidate for undergoing a tonsillectomy following the dental procedure. Indications as well as potential risks were explained and he gave consent for the procedure.

**FINDINGS:** 4+ sized tonsils, no evidence of any remnant adenoid tissue <sup>[4]</sup>.

**DESCRIPTION OF PROCEDURE:** The patient was induced under general anesthesia <sup>[5]</sup> then intubated. An intravenous catheter was also placed. Decadron was administered. A shoulder roll, memorial head drape and standard body drape were placed. A Crowe-Davis mouth gag was placed to expose the oropharynx. A dental lip protector was placed to protect the oral commissure. The instruments were carefully placed to avoid injury to the teeth and lips <sup>[6]</sup>.

The tonsils were then inspected. The left tonsil was retracted medially with a tonsil clamp. A monopolar Bovie set at 10 watts was used to dissect the tonsil from the pillar. Care was maintained to preserve maximal soft palate mucosa. Once the left tonsil was removed, the right tonsil was removed in a similar fashion <sup>[7]</sup>. Hemostasis of the tonsillar pillars was obtained using a suction bovie set at 20 watts. A laryngeal mirror was used to inspect the superior tonsillar pillar for bleeding or prominent vessels.

Rolnel catheters were placed in the nasal cavity. A laryngeal mirror then was used which illustrated no evidence of any remnant adenoids. Thus, the decision was made not to proceed with an adenoidectomy <sup>[8]</sup>. The patient then was awakened from general anesthesia and taken to the recovery room in stable condition <sup>[9]</sup>.

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<sup>[1]</sup> Postoperative diagnosis.

<sup>[2]</sup> Indication for surgery.

<sup>[3]</sup> Adenoids were removed in previous surgery.

<sup>[4]</sup> Enlarged tonsils (hypertrophy).

<sup>[5]</sup> General anesthesia used for the surgery.

<sup>[6]</sup> Positioning and preparation of patient.

<sup>[7]</sup> Tonsils excised bilaterally.

<sup>[8]</sup> No remnant of adenoids.

<sup>[9]</sup> Patient awakened and taken to recovery.

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What are the CPT® and ICD-10-CM codes reported?

**CPT® Code:** 42826

**ICD-10-CM Codes:** J35.1, G47.30

**Rationales:**

**CPT®:** In the CPT® Index, look up Tonsils/Excision 42825-42826. Report *42826 Tonsillectomy, primary or secondary; age 12 or over.*

**ICD-10-CM:** The diagnoses are documented as hypertrophy of the tonsils and sleep apnea. Look in the ICD-10-CM Alphabetic Index for Hypertrophy/tonsils J35.1. Next in the same Alphabetic Index, look for Apnea/sleep G47.30. Verify in the Tabular List.

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