Documentation Dissection

PREOPERATIVE DIAGNOSIS: Tonsillar hypertrophy.

POSTOPERATIVE DIAGNOSIS: Tonsillar hypertrophy [1].

PROCEDURE PERFORMED: Adenotonsillectomy.

SURGEON: M.D.

ANESTHESIOLOGIST: M.D.

INDICATIONS: The 10-year-old patient has a history of sleep disordered breathing and hypertrophic tonsils [2]. Given the history and physical examination, she was felt to be a candidate for the above procedure. Indications as well as potential risks were explained to the family who understood and gave consent for the procedure.

FINDINGS: 3+ sized tonsils, 2+ sized adenoids [3]. No evidence of a cleft palate.

DESCRIPTION OF PROCEDURE: The patient was induced **under general anesthesia**, 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 [4].

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 The left tonsil was retracted medially with a tonsil clamp.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 removed, **the right tonsil was removed in a similar fashion** [5]. 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.

Next, the soft and hard palate were inspected for an occult submucous or obvious cleft palate. Palpation with an index finger and visual examination did not reveal a palatal or uvular anomaly. Rolnel catheters were placed through the nasal cavity, pulled through the mouth, then clamped to retract the soft palate. **The adenoids were then examined** with a laryngeal mirror. Under mirror visualization, **the adenoids were removed using a microdebrider** [6]. Hemostasis of the nasopharyngeal bleeders was obtained with a suction Bovie set at 30 watts. Visualization of bleeders was obtained with the laryngeal mirror.

The patient was then awakened from general anesthesia and taken to the recovery room in stable condition.

---

[1] Diagnosis. Check body of the report to confirm.

[2] Another diagnosis of sleep disordered breathing with hypertrophic tonsils. Check operative report for confirmation.

[3] The Fndings indicate hypertrophy of the tonsils and adenoids.

[4] Description of the positioning and preparation of the patient.

[5] Both tonsils are excised.

[6] Supports excision of the adenoids.

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

CPT® Code: 42820

ICD-10-CM Codes: J35.3, G47.30

Rationales:

CPT®: Tonsillectomy and adenoidectomy were performed. In the CPT Index, look for Tonsils/Excision/with Adenoids 42820-42821. This child is ten years old. Report 42820 *Tonsillectomy and adenoidectomy; younger than age 12*.

ICD-10-CM: The Findings show 3+ sized tonsils, 2+ sized adenoids. Look in the ICD-10-CM Alphabetic Index for Hypertrophy/tonsils/with adenoids J35.3. Also this patient has sleep disordered breathing. In the Alphabetic Index find Disorder/sleep/breathing related—*see* Apnea, sleep. In the Alphabetic Index check Apnea/sleep G47.30. We are not given any more information. Verify codes in the Tabular List.