

Pediatric Tonsillectomy for Obstructive Sleep Apnea

Created: November 2, 2012

Effective: November 8, 2012

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Reviewed/Updated: 08/06/13; 05/08/14

Policy on Pediatric Tonsillectomy for Obstructive Sleep Apnea

Note: This Policy will supersede Milliman Guideline ACG: A-0145

Upon review of the literature and consultation with Otolaryngology Providers, it has been determined that the Milliman Care Guidelines for Tonsillectomies for obstructive sleep apnea (OSA) are not applicable for children under the age of 12.

Clinical Indications for Procedure:

1) Ages 3-12:

Signs and symptoms consistent with obstructive sleep apnea, including **all** of the following- AND clinical correlation by an otolaryngologist confirming the need for tonsillectomy:

- Daytime sleepiness or hyperactivity
- Noisy mouth breathing while awake
- Sleep disordered breathing

NOTE: criteria does not include requirement of polysomnography

2) Age less than 3:

Polysomnography findings confirm apnea-hypopnea index greater than 1.

3) All ages with Suspected Obstructive Sleep Apnea with co-morbidities such as obesity, Down Syndrome, craniofacial abnormalities, neuromuscular disorders, sickle cell disease, or mucopolysaccharidoses:

Polysomnography findings confirm apnea-hypopnea index greater than 1.

*NOTE: Tonsillectomies will be authorized as **outpatient** procedures, with the exceptions of #2 and #3. In these cases overnight monitoring will be authorized if, during polysomnography, the apnea-hypopnea index is 10 or more, or the oxygen saturation nadir is less than 80% .*

Medical Policy:
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| 2/9/17 | No | Catherine Sanders, MD; Robert Sterling, MD | Annual Review |
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G. References:

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- 1) Gozal, D., Wang, M., Pope, D. Objective Sleepiness Measures in Pediatric Obstructive Sleep Apnea. *Pediatrics*. 2001; 108: 693-697.