LASER ASSISTED TONSILLECTOMY
SUR701.013
BlueReview POSTED DATE: 11/17/2003
EFFECTIVE DATE: 10/24/2003

COVERAGE:

Health Care Service Corporation (HCSC) recognizes that there are frequently different surgical approaches for the same procedure codes. HCSC chooses to not differentiate between these surgical approaches in terms of reimbursement.

Laser Assisted Tonsillectomy is not eligible for additional reimbursement beyond that of the standard approach procedure.

A subtotal or partial tonsillectomy (cryptolysis) is investigational.

DESCRIPTION:

A laser assisted tonsillectomy may describe any of the following procedures:

• the use of a laser as a surgical tool in an otherwise standard tonsillectomy procedure;
• the use of the laser to sequentially vaporize the tonsils in a series of outpatient visits; and
• the use of the laser to vaporize the surface of the tonsils (i.e., a cryptolysis or a subtotal tonsillectomy).

Either a hand-held CO2 laser, a potassium-titanyl-phosphate (KTP/532), or an ND:YAG laser may be used.

RATIONALE:

A MEDLINE database search was performed for a period ending June 2003. No published studies were identified that would prompt revision of the policy statement; therefore the policy statement remains unchanged.

When used as a surgical tool in an otherwise conventional tonsillectomy procedure, no data are available to suggest that the use of a laser is associated with an improved outcome. Data does however suggest that the use of a laser is, in fact, associated with increased postoperative pain. The laser-assisted tonsillectomy offers no advantage over the traditional method other than a clinically insignificant decrease in average blood loss. No additional data was found regarding the use of a laser to perform a tonsillectomy in a series of ablative procedures, and no data were available regarding the role of a subtotal tonsillectomy. It is likely that research interest has refocused on the use of radiofrequency tissue volume reduction as a technique for performing submucosal ablation of tonsillar tissue.
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PRICING:

Laser assisted tonsillectomy performed as a serial procedure may be identified by submission of more than one claim for a tonsillectomy.

Laser Assisted Tonsillectomy is not eligible for additional reimbursement beyond that of the traditional tonsillectomy.

REFERENCES:

• Blue Cross and Blue Shield Association Medical Policy “Laser-Assisted Tonsillectomy” 7/31/97:7.01.56.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.