

Origination Date: 7/02	Revision Date(s): 4/03, 6/04, 6/05, 6/06, 6/07, 7/08, 3/09, 12/09, 3/11, 5/11
Developed By: Medical Criteria Committee	



**Approved:** Neal Mills MD, MBA      **Date:** 05/26/11

**Description:**

Airway obstruction during sleep is a commonly recognized problem. Obstructive sleep apnea (OSA) is the most common breathing related sleep disorder. OSA is characterized by repetitive episodes of airway obstruction due to the collapse and obstruction of the upper airway during sleep. In patients with OSA, the normal pharyngeal narrowing is accentuated by anatomic factors, such as a short neck, elongated palate and uvula, large tonsils and redundant lateral pharyngeal wall mucosa. The hallmark symptom of OSA is excessive snoring. The snoring abruptly ceases during the apneic episodes and during a brief awakening period and then resumes when the patient falls asleep again.

When noninvasive treatment such as continuous positive airway pressure (CPAP) fails to adequately treat OSA or is not tolerated by the patient, surgical intervention may be warranted. The most common form of surgical management in treating OSA is an uvulopalatopharyngoplasty (UPPP). UPPP involves resection of the mucosa and submucosa of the soft palate, tonsillar fossa, and the lateral aspect of the uvula. The UPPP enlarges the oropharynx but cannot correct obstructions in the hypopharynx. Other minimally invasive surgical procedures have been investigated as treatments for OSA; however, inadequate data exists to establish long-term effectiveness.

**Surgical Treatment:**

1. ODS will cover UPPP to plan limitations when **all** of the following criteria are met:
  - a. Moderate to severe obstructive sleep apnea diagnosed in a sleep laboratory within the past two years prior to any proposed surgery
  - b. Narrowing or collapse of retropalatal region
  - c. Apnea Hypopnea Index (AHI)  $\geq 15$
  - d. AHI between 5 and 14 if any of the following criteria are met:
    - i. Excessive daytime sleepiness
    - ii. Insomnia
    - iii. Impaired cognition
    - iv. Mood disorders
    - v. Documented hypertension
    - vi. Ischemic heart disease
    - vii. History of stroke
  - e. Member must have failed medical therapy which includes all of the following:
    - i. CPAP therapy including inability to tolerate CPAP or BiPAP as appropriate
    - ii. Maximal treatment of any underlying disease
    - iii. Other appropriate non-invasive therapy
    - iv. Mandibular repositioning appliance (MRA) or tongue-retaining appliance
  - f. Excessive daytime sleepiness that is not explained by other etiologic factors
2. Uvulectomy will be covered to plan limitations when all of the above criteria for UPPP are met.
3. Radiofrequency volumetric tissue ablation of the soft palate, uvula, tongue base, or of the nasal passages, turbinates and/or soft palate (Somnoplasty™ or Coblation) will be considered on a case-by-case basis by the ODS Medical Director.

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**Not Covered:**

The following procedures are not covered by ODS:

1. The Repose System, a minimally invasive technique involving tongue base suspension, is considered investigational.
2. Injection snoreplasty: injection of a sclerosing agent into the soft palate is considered investigational.
3. Palatal stiffening procedures, including but not limited to, cautery-assisted palatal stiffening operation (CAPSO), and the implantation of palatal implants (Pillar™ Palatal Implant System) are considered investigational.
4. Somnoplasty and Coblation
5. Transpalatal Advancement Pharyngoplasty
6. Nasal Surgery
7. Any surgical procedure for simple snoring in the absence of obstructive sleep apnea is considered not medically necessary.

**Information to be Submitted with Pre-Authorization Request:**

1. Sleep study interpretation
2. CPAP trial results
3. Medical records from treating physician documenting the requirements

**Applicable CPT/HCPC:**

**Note: list may not be all inclusive**

41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session
42140	Uvulectomy, excision of uvula
42145	Palatopharyngoplasty (e.g. uvulopalatopharyngoplasty, uvulopharyngoplasty)
S2080	Laser-assisted uvulopalatoplasty (LAUP)

**Not Covered:**

41512	Tongue base suspension, permanent suture technique
C9727	Insertion of implants into the soft palate; minimum of 3 implants

**References:**

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