

## Obstructive Sleep Apnea Surgical Treatment

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Developed By: Medical Necessity Criteria Committee

### I. 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.

### II. Criteria: CWQI

A. Moda Health will cover Uvulopalatopharyngoplasty (UPPP) to plan limitations when **ALL** of the following criteria are met:

- a. The patient has **1 or more** of the following indications:
  - i. Moderate to severe obstructive sleep apnea diagnosed by a sleep study within the past two years prior to any proposed surgery
  - ii. Narrowing or collapse of retropalatal region
  - iii. Apnea Hypopnea Index (AHI)  $\geq 15$
  - iv. AHI between 5 and 14 with **1 or more** of the following:
    1. Excessive daytime sleepiness
    2. Insomnia
    3. Impaired cognition

4. Mood disorders
  5. Documented hypertension
  6. Ischemic heart disease
  7. History of stroke
- b. Patient must have completed medical therapy with **ALL** of the following:
- i. Adequate response to CPAP therapy but unable to tolerate CPAP device (inability to relieve symptoms with CPAP or autoPAP indicates apnea not due to obstruction)
  - ii. Maximal treatment of underlying disease
  - iii. Other appropriate non-invasive therapy
  - iv. Oral Appliance with **1 or more** of the following results:
    1. Failure to improve symptoms
    2. Intolerance of device
    3. Device inappropriate given patient's anatomy
  - v. Weight not an issue or weight loss tried and failed in obese patients
- c. Excessive daytime sleepiness that is not explained by other etiologic factors.
- d. The requested procedure does NOT include lingual or pharyngeal tonsillectomy as they are considered experimental and investigation for the treatment of OSA. A tonsillectomy is considered an integral part of the UPPP and is NOT separately billable.
- e. Any surgical procedure for simple snoring in the absence of OSA is considered NOT medically necessary and not included in the request.
- f. The request does NOT include radiofrequency volumetric tissue ablation of the soft palate, uvula, tongue base, or of the nasal passages, turbinates and/or soft palate (Somnoplasty™ or Coblation) as they are considered investigational and not covered by Moda Health
- g. The request does NOT include **ALL** of the following investigational procedures:
- i. The Repose System, a minimally invasive technique involving tongue base suspension
  - ii. Injection Snoreplasty; an injection of sclerosing agent into the soft palate
  - iii. Palatal stiffening procedure including but not limited to:
    1. Cautery-assisted palatal stiffening operation (CAPSO); or
    2. Palatal implant (Pillar™ Palatal Implant System)
  - iv. Transpalatal Advancement Pharyngoplasty
  - v. Laser-assisted uvulopalatopharyngoplasty (LAUP)

### III. Information Submitted with the Prior Authorization Request:

1. Sleep study interpretation
2. CPAP trial results
3. Medical records from treating provider documenting all non-invasive treatment and co-morbid conditions.

### IV. Applicable CPT or HCPC codes covered:

Codes	Description
42140	Uvulectomy, excision of uvula

42145	Palatopharyngoplasty (e.g. uvulopalatopharyngoplasty, uvulopharyngoplasty)

#### V. CPT or HCPC codes NOT covered:

Codes	Description
41512	Tongue base suspension, permanent suture technique
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session
C9727	Insertion of implants into the soft palate; minimum of 3 implants
S2080	Laser-assisted uvulopalatoplasty (LAUP)
42160	Destruction of lesion, palate or uvula (thermal, cryo, or chemical)
42890	Limited pharyngectomy
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
30802	Intramural
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx) (for Palatal stiffening procedure and Transpalatal advancement pharyngoplasty)

#### VII. Annual Review History

Review Date	Revisions	Effective Date
01/2013	Annual Review: Added table with review date, revisions, and effective date. Added Dr. Engrav's signature instead of Dr. Mills	01/23/2013
01/2014	Annual Review: Changed 1,e, iv – from mandibular repositioning or tongue-retaining appliance to oral appliance	01/22/2014
01/2015	Annual Review: Added 1.g regarding tonsillectomy E/I for OSA and included in the UPPP – not separately billable.	01/28/2015
03/2017	Annual Review: Updated to new template, changed failed medical treatment to completed	03/22/2017
03/2018	Annual Review: Formatting changes only	03/28/2018

#### VI. References

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12. Physician Advisors