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.

Criteria: CWQI: HCS-0054

Surgical Treatment:

1. Moda Health will cover Uvulopalatopharyngoplasty (UPPP) to plan limitations when all of the following criteria are met:
   a. Moderate to severe obstructive sleep apnea diagnosed by a sleep study within the past two years prior to any proposed surgery and reviewed by a Board Certified Sleep Medicine Physician
   b. Narrowing or collapse of retropalatal region
   c. Patient must have an Apnea Hypopnea Index (AHI) of 1 or more of the following:
      i. Moderate AHI: 15-30
      ii. Severe AHI: >30
      iii. Mild AHI between 5 and 14 if 1 or more of the following criteria are met:
Subject: Obstructive Sleep Apnea  
Surgical Treatment

1. Excessive daytime sleepiness that interferes with activities of daily living (ADL) (e.g., causes safety issues)
2. Insomnia
3. Impaired cognition
4. Mood disorders
5. Documented hypertension
6. Ischemic heart disease
7. History of stroke

d. Patient must have failed medical therapy with well documented follow-up involvement by a qualified sleep specialist which includes All of the following:
   i. CPAP therapy including inability to tolerate CPAP or BiPAP as appropriate
   ii. Maximal treatment of underlying disease
   iii. Other appropriate non-invasive therapy
   iv. Oral appliance

e. Excessive daytime sleepiness that is not explained by other etiologic factors

f. Uvulectomy will be covered to plan limitations when all of the above criteria for UPPP are met.

g. Radiofrequency volumetric tissue ablation of the soft palate, uvula, tongue base, or of the nasal passages, turbinates and/or soft palate (Somnoplasty™ or Coblation) is considered investigational and is NOT covered by Moda Health.

Not Covered:
The following procedures are not covered by Moda Health:
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.
8. Laser–assisted uvulopalatopharyngoplasty (LAUP)
### 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 Codes:
Note: list may not be all inclusive

<table>
<thead>
<tr>
<th>CPT/HCPC Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>42140</td>
<td>Uvulectomy, excision of uvula</td>
</tr>
<tr>
<td>42145</td>
<td>Palatopharyngoplasty (e.g. uvulopalatopharyngoplasty, uvulopharyngoplasty)</td>
</tr>
</tbody>
</table>

### CPT/HCPC Codes NOT Covered:

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

### Applicable ICD-9 Codes:

<table>
<thead>
<tr>
<th>ICD-9 Codes</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>327.20</td>
<td>Organic sleep apnea, unspecified</td>
</tr>
<tr>
<td>327.23</td>
<td>Obstructive sleep apnea (adult) (pediatric)</td>
</tr>
<tr>
<td>327.29</td>
<td>Other organic sleep apnea</td>
</tr>
<tr>
<td>780.51</td>
<td>Insomnia with sleep apnea, unspecified</td>
</tr>
<tr>
<td>780.53</td>
<td>Hypersomnia with sleep apnea, unspecified</td>
</tr>
</tbody>
</table>
780.57  Unspecified sleep apnea

Applicable ICD-10 Codes:

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>G47.30</td>
<td>Sleep apnea, unspecified</td>
</tr>
<tr>
<td>G47.33</td>
<td>Obstructive sleep apnea (adult) (pediatric)</td>
</tr>
<tr>
<td>G47.39</td>
<td>Other sleep apnea</td>
</tr>
<tr>
<td>G47.9</td>
<td>Sleep disorder, unspecified</td>
</tr>
</tbody>
</table>

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: No change                                                                                                                                                                                                                                       | 01/28/2015     |
07/2015      | Added ICD-9 and ICD-10 codes                                                                                                                                                                                                                                                                                    |                |

References:

- Loube DI. Technologic advances in the treatment of obstructive sleep apnea


- Physician Advisors