



## Clinical Review Criteria Related to Laser-Assisted Uvulopalatoplasty or Uvulopalatopharyngoplasty

### I. Clinical Review Criteria

#### A. Indications for Approval:

1. Unable to tolerate an oral appliance (not applicable with severe sleep apnea).
2. Unable to tolerate CPAP or BiPAP (e.g., CPAP ineffective or not tolerated).
3. Moderate/Severe sleep apnea\* by study, no lesions documented by laryngoscopy and documentation of clinical conditions such as hypertension, ischemic heart disease and impaired cognition.

### II. What is Not Covered

- A. Laser-Assisted Uvulopalatoplasty (LAUP) is not covered at this time as it is not considered effective for Obstructive Sleep Apnea (CMS LCD 30731 Surgical Treatment of Obstructive Sleep Apnea)
- B. Cautery-assisted palatal stiffening operation (CAPSO)
- C. Pillar Palatal Implant System
- D. Radiofrequency volumetric tissue reduction (RFVTR) of the soft palate, uvula, or tongue base (coblation, somnoplasty)
- E. AIRvance system
- F. Transpalatal advancement pharyngoplasty
- G. Provent Professional Sleep Apnea Therapy Device
- H. Electrosleep therapy
- I. Injection snoreplasty
- J. Atrial overdrive pacing
- K. Indications for denial include, but may not be limited to:
  1. Requested for the treatment of snoring

2. Course of nasal CPAP or BiPAP has not been tried, OR
3. No record of sleep study being performed

\* Moderate sleep apnea =

The apnea-hypopnea index (AHI) or Respiratory Disturbance Index (RDI) is greater than or equal to 15 events per hour with a minimum of 30 events; or, the AHI or RDI is greater than or equal to 5 and less than or equal to 14 events per hour with a minimum of 10 events as documented by polysomnography.

\* Severe sleep apnea =

AHI greater than or equal to 30.

**ICD 10 codes**

G47.30 Sleep apnea unspecified

G47.33 Obstructive sleep apnea

**REFERENCES:**

NCQA Standard, UM2, Clinical Criteria for Utilization Management Decisions, Element A

Associates of Otolaryngology, P.C., and Paul H. Dragul, MD, "Snoring & Sleep Apnea Solutions," Healthy Connections, LLC, 2003.

Centers for Medicare and Medicaid Services. LCD for Surgical Treatment for Obstructive Sleep Apnea (OSA) (L30731)

<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34526&ver=8&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Massachusetts&Keyword=surgical+treatment+OSA&KeywordLookup=Title&KeywordSearchType=And&FriendlyError=NoLCDIDVersion&bc=gAAAABAAAAAAAA%3d%3d&> (Last Accessed 7/29/15 4/6/16)

For MassHealth -

<http://www.mass.gov/eohhs/docs/masshealth/regs-provider/regs-allprovider.pdf>

Section 450.204 Definition of Medical Necessity

(Last Accessed 7/29/15 4/6/16)

Uvulopalatopharyngoplasty in the Management of Obstructive Sleep Apnea: The Mayo Clinic Experience.

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Laser-Assisted Uvulopalatoplasty and Tonsillectomy for Management of Obstructive Sleep Apnea Syndrome.

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