

Medical Coverage Policy



Minimally Invasive Surgery for Snoring, Obstructive Sleep Apnea Syndrome/Upper Airway Resistance Syndrome

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	8/1/2006	Policy Last Updated:	10/4/2011
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This policy addresses **minimally invasive** approaches to the treatment of snoring and obstructive sleep apnea which include laser-assisted uvulopalatoplasty (LAUP); radiofrequency ablation of palatal tissues and the tongue; palatal stiffening procedures with palatal implants.

Obstructive sleep apnea syndrome (OSA) is characterized by repetitive episodes of upper airway obstruction due to the collapse and obstruction of the upper airway during sleep. OSA may be associated with a wide variety of craniofacial abnormalities, including micrognathia, retrognathia, or maxillary hypoplasia. It is also associated with obesity.

The hallmark clinical symptom of OSA is excessive **snoring**, although it is important to note that snoring can occur in the absence of OSA. The snoring abruptly ceases during the apneic episodes and during the brief period of patient arousal and then resumes when the patient again falls asleep.

Recently, a variant of OSA has been described, termed upper airway resistance syndrome (UARS), which is characterized by a partial collapse of the airway resulting in increased resistance to airflow. The increased respiratory effort required results in multiple sleep fragmentations, as measured by very short alpha EEG arousals. Snoring may not be a feature of UARS.

NOTE: Simple snoring in the absence of documented obstructive sleep apnea is not a medical condition. Procedures available for simple snoring include, but are not limited to, the following: LAUP, Somnoplasty, Coblation, injection snoreplasty, CAPSO, Pillar palatal implant, and Repose. Objective data is not available regarding their effectiveness.

The following surgical treatments may be used in the treatment of OSA are are not medically necessary:

Laser-assisted uvulopalatoplasty (LAUP)

The superficial uvula and palatal tissues are sequentially reshaped using a carbon dioxide laser. The extent of the surgery is typically different than standard uvulopalatopharyngoplasty (UPPP or UP3). UP3 involves the removal of excessive tissue of the uvula, soft palate, and pharynx with conventional surgical instruments to increase the diameter of the oropharynx. While surgery using the LAUP method reduces and reshapes the uvula and soft palate and thus enlarges the air passage.

In 2001, the American Academy of Sleep Medicine published a policy statement regarding LAUP, which concluded that LAUP is not recommended for treatment of sleep-related breathing disorders.

Palatal stiffening procedures

Palatal stiffening procedures include a cautery-assisted palatal stiffening operation (CAPSO) and insertion of palatal implants. The CAPSO procedure uses cautery to induce a midline palatal scar designed to stiffen the soft palate to eliminate excessive snoring. The Pillar™ Palatal Implant System (Restore Medical, St. Paul, MN) is an implantable device that is permanently implanted submucosally in the soft palate.

There are minimal published data regarding cautery-assisted palatal stiffening operation (CAPSO) and palatal implants and most studies appear to be focused on the treatment of snoring alone.

Radiofrequency ablation of the tongue and palatal tissue (Somnoplasty)

This procedure is used to reduce and tighten excess tissue of the soft palate, uvula and tongue base. Coblation or Coblation channeling is the ablation of nasal passages and soft palate. Both procedures can be performed in the outpatient setting under local anesthesia.

The 2000 TEC Assessment reported that while this treatment may prove beneficial, data are inadequate to make a general conclusion at this time.

Medical Criteria:

Not applicable

Policy:

Minimally invasive surgeries such as laser-assisted uvulopalatoplasty, radiofrequency ablation or coblation of the soft palate and tongue, and palatal stiffening procedures with implants for the treatment of snoring and obstructive sleep apnea are considered **not medically necessary** as there is insufficient evidence to support its efficacy.

Note: LAUP should not be confused with Uvulopalatopharyngoplasty (UPPP) which is a covered service. LAUP is not an equivalent procedure to the standard UPPP (see above description for UPPP).

Coverage:

Benefits may vary between groups/contract. Please refer to the appropriate Evidence of Coverage, or Subscriber Agreement for applicable "Not Medically Necessary" services.

Coding:

The following code is considered **medically necessary** and is covered:

42145

The following CPT code when used for LAUP is considered **not medically necessary** because there is insufficient clinical data to support its efficacy:

42299

The following CPT codes are considered **not medically necessary** because there is insufficient clinical data to support the efficacy:

41530

S2080

Also known as:

Cautery-assisted palatal stiffening operation

Laser-assisted uvulopalatoplasty (LAUP)

Palatal stiffening

Radiofrequency ablation of palatal tissue

Sleep apnea syndrome

Somnoplasty

Upper airway resistance syndrome (UARS)

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References:

American Academy of Otolaryngology — Head and Neck Surgery. Accessed February 9, 2009 at <http://www.entnet.org/HealthInformation/laup.cfm>.

Pang KP, Terris DJ. Modified cautery-assisted palatal stiffening operation: new method for treating snoring and mild obstructive sleep apnea. *Otolaryngology Head Neck Surgery*;2007;136(5):823-6.

TEC Assessments 2000; Tab 15.

Walker RP, Levine HL, Hopp ML et al. Extended follow-up of palatal implants for OSA treatment. *Otolaryngology Head Neck Surgery*;2007;137(5):822-7

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