

Medical Policy



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Title: Uvulopalatopharyngoplasty (UPPP) and Tongue Base Reduction Surgery

Professional

Original Effective Date:
Revision Date(s): February 1, 2002;
July 1, 2004; February 1, 2005;
November 3, 2005; November 8, 2006
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Institutional

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DESCRIPTION

Traditional surgical procedures for obstructive sleep apnea include uvulopalatopharyngoplasty (UPPP) and a variety of maxillofacial surgeries such as mandibular-maxillary advancement (MMA). Minimally invasive procedures include radiofrequency ablation of palatal tissues and the tongue and palatal stiffening procedures.

A UPPP involves surgical resection of the mucosa and submucosa of the soft palate, tonsillar fossa, and the lateral aspect of the uvula. The amount of tissue removed is individualized for each patient as determined by the potential space and width of the tonsillar pillar mucosa between the 2 palatal arches. The UPPP enlarges the oropharynx but cannot correct obstructions in the hypopharynx. Thus patients who fail UPPP may be candidates for additional procedures, depending on the site of obstruction. Additional procedures include hyoid suspensions, maxillary and mandibular osteotomies, or modification of the tongue. Fiberoptic endoscopy and/or cephalometric measurements have been used as methods to identify hypopharyngeal obstruction in these patients.

POLICY

A follow-up polysomnogram (PSG) testing is **allowed/medically necessary** and recommended within a minimum of 3 months following treatment of OSA on the following procedures A-D.

- A. Uvulopalatopharyngoplasty (UPPP) surgery only, patient must meet criteria listed below:
 - 1. Clinically significant obstructive sleep apnea (OSA)* is defined as either:
 - a. An apneic/hypopneic index (AHI) ≥ 15 ; OR
 - b. An AHI between 5 and 14 with any of the following associated symptoms:
 - 1) Excessive daytime sleepiness
 - 2) Impaired cognition

- 3) Mood disorders
- 4) Insomnia
- 5) Documented hypertension
- 6) Ischemic heart disease
- 7) History of stroke

*These patient selection criteria were adopted from the Medicare policy for coverage of CPAP.

- B. Uvulopalatopharyngoplasty (UPPP) surgery and tongue base procedure, patients must meet all criteria listed below:
1. Polysomnography testing within 18 months prior to surgery.
 2. A documented positive cephalometric finding (includes a hyoid to mandibular length of greater than 20 mm and a posterior airway space (PAS) less than 10 mm would be considered adequate indications for a tongue base reduction).
 3. A positive Mueller maneuver (which involves pinching the nose and having the patient attempt to breathe in. Collapse of the tongue base that totally obstructs the posterior airway is considered a relative indication for tongue base reduction surgery, possibly in conjunction with a UPPP).
 4. A CPAP trial is required for significant obstructive of sleep apnea and is recommended for moderate cases.
 5. Clinically significant obstructive sleep apnea (OSA)* is defined as either:
 - a. An apneic/hypopneic index (AHI) ≥ 15 ; OR
 - b. An AHI between 5 and 14 with any of the following associated symptoms:
 - 1) Excessive daytime sleepiness
 - 2) Impaired cognition
 - 3) Mood disorders
 - 4) Insomnia
 - 5) Documented hypertension
 - 6) Ischemic heart disease
 - 7) History of stroke

*These patient selection criteria were adopted from the Medicare policy for coverage of CPAP.

- C. Uvulopalatopharyngoplasty (UPPP)
1. With one of the following tongue base procedures will be reviewed by a consultant prior to payment:
 - a. Radiofrequency ablation of the tongue base,
 - b. Glossectomy,
 - c. Mandibulotomy, or
 - d. Hyoid advancement.
- D. Sagittal mandibular osteotomy
1. Normally considered after a failed UPPP,
 2. Reviewed by a consultant prior to payment

E. Tongue base suspension is considered **experimental/investigational**.

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

41512	Tongue base suspension, permanent suture technique
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session
41599	Unlisted procedure, tongue, floor of mouth
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty)

DIAGNOSIS

327.23	Obstructive sleep apnea (adult) (pediatric)
780.51	Insomnia with sleep apnea
780.53	Hypersomnia with sleep apnea, unspecified
780.57	Unspecified sleep apnea

REVISIONS

11-08-2006 effective 01-01-2007	In "Policy" section statement will now read "A follow-up polysomnogram (PSG) testing is allowed/medically necessary and recommended within a minimum of 3 months following treatment of OSA on the following procedures A-D." as recommended by the Medical Director.
	In "Policy" section A., deleted #A, 2. as recommended by the Medical Director.
	In "Policy" section B., deleted #B, 6. as recommended by the Medical Director.
	In "Policy" section C., deleted #C, 2. as recommended by the Medical Director.
	In "Policy" section D., deleted #D, 3. as recommended by the Medical Director.
	In "Coding" CPT section, added new CPT code '0088T' due to 2007 CPT changes.
01-12-2007 effective 01-01-2007	In "Description" section, added 'for obstructive sleep apnea' after 'Traditional surgical procedures' as recommended by the Medical Director.
	In "Policy" section B.1., added 'within' after Polysomnography testing as recommended by the Medical Director.
	In "Policy" section B.3., deleted 'another' and added 'a' as recommended by the Medical Director.
03-23-2009	In Coding section: <ul style="list-style-type: none"> ▪ Added CPT code 41512, 41530 – effective 01/01/09. ▪ Deleted CPT code 0088T – effective 12/31/08. ▪ Added ICD-9 code 327.23.

REFERENCES

1. Guilleminault C, Stoohs R, Clerk A et al. A cause of daytime sleepiness. The upper airway resistance syndrome. Chest 1993; 104(3):781-7.

Government Agency; Medical Society; and Other Authoritative Publications

1. Blue Cross and Blue Shield of Kansas Otolaryngology Liaison Committee meeting, September 14, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-03-05).
2. Blue Cross and Blue Shield of Kansas Medical Advisory Committee meeting, November 3, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-03-05).
3. 1995 TEC Assessments; Tab 31.
4. 2000 TEC Assessments; Tab 15.
5. Medicare Coverage Policy. Continuous positive airway pressure therapy for obstructive sleep apnea. Decision memorandum. www.cms.hhs.gov/coverage/8b3-bbb2.asp