

Medical Policy



An Independent Licensee of the
Blue Cross and Blue Shield Association.

Title: **Laser Assisted Uvulopalatopharyngoplasty (LAUP)**

Professional

Original Effective Date:
Revision Date(s): November 3, 2005
Current Effective Date: February 1, 2006

Institutional

Original Effective Date: February 1, 2006
Revision Date(s):
Current Effective Date: February 1, 2006

DESCRIPTION

The LAUP is an outpatient alternative that has been proposed as a treatment of snoring with or without associated obstructive sleep apnea (OSA). In this procedure, superficial palatal tissues are sequentially reshaped using a carbon dioxide laser. The extent of the surgery is typically different than standard UPPP, since only part of the uvula and associated soft-palate tissues are reshaped. The procedure, as initially described, does not remove or alter tonsils or lateral pharyngeal wall tissues.

The patient undergoes from 3 to 7 sessions at 3- to 4-week intervals. One purported advantage of LAUP is that the amount of tissue ablated can be titrated such that the treatment can be discontinued once snoring is eliminated. The LAUP cannot be considered an equivalent procedure to the standard UPPP, with the laser simply representing a surgical tool that the physician may opt to use. LAUP is considered a unique procedure, raising unique issues of safety and particularly effectiveness.

POLICY

Laser Assisted Uvulopalatopharyngoplasty (LAUP) is not medically necessary for Obstructive Sleep Apnea (OSA).

CODING

HCPCS

S2080 Laser-assisted uvulopalatoplasty (LAUP)

DIAGNOSIS

These diagnoses are otherwise subject to medical policy as stated above

780.51 Insomnia with sleep apnea
780.53 Hypersomnia with sleep apnea, unspecified
780.57 Unspecified sleep apnea

REFERENCES

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2. Ferguson KA, Heighway K, Ruby RR. A randomized trial of laser-assisted uvulopalatoplasty in the treatment of mild obstructive sleep apnea. *Am J Respir Crit Care Med* 2003; 167(1):15-9.
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5. Woodson BT, Steward DL, Weaver EM et al. A randomized trial of temperature-controlled radiofrequency, continuous positive airway pressure, and placebo for obstructive sleep apnea syndrome. *Otolaryngol Head Neck Surg* 2003; 128(6):848-61.
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7. Steward DL. Effectiveness of multilevel (tongue and palate) radiofrequency tissue ablation for patients with obstructive sleep apnea syndrome. *Laryngoscope* 2004; 114(12):2073-84.
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9. Wassmuth Z, Mair E, Loube D et al. Cautery-assisted palatal stiffening operation for the treatment of obstructive sleep apnea syndrome. *Otolaryngol Head Neck Surg* 2000; 123(1 pt 1):55-60.
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13. Ho WK, Wei WI, Chung KF. Managing disturbing snoring with palatal implants: a pilot study. *Arch Otolaryngol Head Neck Surg* 2004; 130(6):753-8.

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).

Web site

1. http://www.entlink.net/practice/rules/surgical_management_osa.cfm.
2000 TEC Assessments; Tab 15.