

Uvulopalatopharyngoplasty (UPPP)

Policy Number: **M020110278**
Effective Date: **1/10/2002**
Sponsoring Department: **Health Care Services**
Impacted Department(s): **Health Care Services**

Type of Policy: Internal External

Data Classification: Confidential Restricted Public

Applies to (Line of Business):

- Corporate (All)
- State Products, if yes which plan(s): MediSource; MediSource Connect; Child Health Plus Essential Plan
- Medicare, if yes, which plan(s): MAPD; PDP; ISNP; CSNP
- Commercial, if yes, which type: Large Group; Small Group; Individual
- Self-Funded Services (*Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.*)

Excluded Products within the Selected Lines of Business (LOB)

Applicable to Vendors? Yes No

Purpose and Applicability:

To set forth the medical necessity criteria for uvulopalatopharyngoplasty (UPPP).

Policy:

Commercial, Self-Funded and Medicare Advantage:

UPPP is indicated for the following diagnoses:

Obstructive sleep apnea (OSA), **all must be present:**

- A respiratory disturbance index (RDI) or apnea-hypopnea index (AHI) ≥ 5 ;
- Presence of excessive day time somnolence;
- Lack of laryngeal/hypopharyngeal lesion on laryngoscopy; OR
- OSA with RDI or AHI of 15 events per hour regardless of symptoms.

Upper airway resistance syndrome (UARS), **all must be present:**

- Excessive day time somnolence;
- Polysomnogram findings from a facility-based sleep laboratory documenting fractionated sleep and increased respiratory effort.

Criteria for UPPP surgery is as follows:

UPPP surgery is only indicated if the following additional criteria have been met:

- Member has completed titration study on continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP).
- Member has had at least one month trial of CPAP/BiPAP.
- When appropriate, member has attempted the use of an oral appliance.
- If member is unable to use CPAP or BiPAP due to one or more of the following reasons:
 - Nasal congestion or dryness
 - Claustrophobia or other discomfort from wearing mask
 - Difficulty in exhaling

In addition, attempts must be made to increase patient compliance and tolerance of positive airway pressure through the use of one or more of the following:

- Nasal pillows
- Humidification, nasal steroids, ipratropium nasal spray (Atrovent)
- Modification of CPAP pressure
- Change from CPAP to BiPAP
- Re-evaluation by CPAP provider

Note:

Refusal of CPAP/BiPAP trial does not constitute failure. Intolerance of CPAP/BiPAP must be documented by requesting physician.

Note:

Children with abnormal craniofacial anatomy or abnormalities of neuromotor tone will be reviewed for medical necessity.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:

MediSource, MediSource Connect, Child Health Plus and Essential Plan cover uvulopalatopharyngoplasty based on the criteria above.

Background:

Uvulopalatopharyngoplasty is a valid treatment of obstructive sleep apnea (OSA) in appropriately selected patients. It has been well established that primary surgical treatment should be considered in patients with mild obstructive sleep apnea (OSA) and severe obstructing anatomy that is surgically correctible.

According to UpToDate “the overall success rate of UPPP is approximately 50 percent, with success typically defined as ≥ 50 percent reduction in the apnea-hypopnea index (AHI) and a postsurgery AHI < 20 events per hour. In individual prospective studies, success rates range from approximately 30 to 80 percent. A meta-analysis of two randomized controlled trials reported that UPPP, with or without tonsillectomy, reduced the AHI (mean difference 19) compared with no treatment.”

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required? Yes No

Pre-authorization is required for this service.

Definitions

Apnea means a cessation of air flow for at least 10 seconds.

Apnea-hypopnea index (AHI) is determined by the total number of apnea and hypopnea episodes during the sleep time and dividing that number by the total hours of sleep.

Hypopnea is an abnormal respiratory episode with a reduction in thoracoabdominal movement or airflow and a decrease in oxygen saturation.

Respiratory disturbance index (RI) includes the number of respiratory effort-related arousals (sometimes used simultaneously with AHI).

Sleep Apnea is a condition in which a patient’s breathing nearly or completely stops for periods of 10 seconds or more during sleep.

Uvulopalatopharyngoplasty (UPPP) is the excision of the uvula and redundant soft tissue of the palate and lateral pharyngeal walls.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

American Academy of Otolaryngology-Head and Neck Surgery [web site], Uvulopalatopharyngoplasty Policy Statement, Revised April 22, 2021. Available at: <https://www.entnet.org/resource/position-statement-uvulopalatopharyngoplasty/> Accessed April 4, 2023

Epstein LJ, Kristo D, Strollo PJ Jr, et al. Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. J Clin Sleep Med. 2009 Jun 15;5(3):263-76.

Riley RW, Powell NB, Strollo PJ, et al. Surgery and Obstructive Sleep Apnea: long-term clinical outcomes. Otolaryngology Head & Neck Surgery 2000; 122(3); 415-421.

Schwengel DA, Sterni LM, Tunkel DE, et al. Perioperative management of children with obstructive sleep apnea. Anesth Analg. 2009 Jul;109(1):60-75.

Weaver EM, Kapur VK. Surgical treatment of obstructive sleep apnea in adults. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on April 4, 2023)

Regulatory References

New York State Medicaid Program Manual; Physician Procedure Codes, Section 5 Surgery. Version 2022-1. Available at: <https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician%20Procedure%20Codes%20Sect5.pdf> Accessed April 4, 2023

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes No

| Revision Date | Owner | Notes |
|---------------|----------------------|----------|
| 1/1/2024 | Health Care Services | Revised |
| 6/1/2023 | Health Care Services | Reviewed |
| 6/1/2022 | Health Care Services | Reviewed |
| 6/1/2021 | Health Care Services | Reviewed |
| 6/1/2020 | Health Care Services | Revised |

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| 6/1/2019 | Medical Management | Revised |
| 7/1/2018 | Medical Management | Revised |
| 7/1/2017 | Medical Management | Revised |
| 7/1/2016 | Medical Management | Revised |
| 6/1/2015 | Medical Management | Revised |
| 4/1/2014 | Medical Management | Revised |
| 4/1/2013 | Medical Management | Revised |
| 2/21/2012 | Medical Management | Reviewed |
| 4/1/2011 | Medical Management | Revised |
| 3/1/2010 | Medical Management | Revised |
| 2/17/2009 | Medical Management | Reviewed |
| 4/1/2008 | Medical Management | Revised |
| 2/20/2007 | Medical Management | Reviewed |
| 2/9/2006 | Medical Management | Reviewed |
| 2/10/2005 | Medical Management | Reviewed |
| 1/8/2004 | Medical Management | Reviewed |
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