



Medical Affairs Policy & Procedure

Title/Service: Uvulopalatopharyngoplasty (UPPP)

Revised	
Reviewed	02/23/01, 03/22/02, 06/02/06, 11/16/07, 11/21/08, 12/28/09, 10/22/10, 11/18/11
Developed	
Policy Committee Approval	11/18/11

Description:

The goal of UPPP is to increase the area of the airway by removal of a portion of the uvula and palate to minimize any obstruction due to pharyngeal narrowing or collapse in patients with obstructive sleep apnea. UPPP may be combined with other surgical procedures to reduce other obstructions that cause sleep apnea.

Indications of Coverage:

UPPP is considered medically necessary when all of the following criteria are met:

Conservative therapy (within the previous three months) that includes reduction of alcohol or sedative use and sleeping in a lateral position has failed.

A sleep study performed within the past twelve months documents obstructive sleep apnea

Apnea-hypopnea index (AHI) is greater than 15

The patient has failed to respond to a two month trial of CPAP (with desensitization program if appropriate) or is intolerant to the CPAP (the medical record must document that the intolerance is due to a physical condition, and is not only for the convenience of the patient and/or sleeping partner)

No nasal obstruction is documented

There is evidence of retropalatal obstruction (greater than 50%) or combination retropalatal/retrolingual obstruction (greater than 50%) as the cause of the obstructive sleep apnea

Limitations of Coverage:

Review contract and endorsements for exclusions and prior authorization or benefit requirements.

If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.

If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria are not met, deny as not medically necessary.

Documentation Required:

- Office notes
- Sleep study report

Rationale:

UPPP is a surgical procedure used to enlarge the oropharynx in individuals who are unable to tolerate CPAP for management of sleep apnea. Palatal surgical procedures are not usually successful in decreasing the apnea-hypopnea index (AHI) when used alone. Whether UPPP is effective has not been clearly established in journal articles addressing controlled clinical trials; however, for those individuals whose apnea symptoms cannot be managed with CPAP, UPPP may be an alternative. Studies have not addressed whether UPPP is effective in the long term.

References:

1. American Sleep Disorders Association Report, Standards of Practice Committee. Practice parameters for the treatment of obstructive sleep apnea in adults: the efficacy of surgical modifications of the upper airway. *Sleep* 1996;19:152-5.
2. McMains C, Terris D. Evidence-based medicine in sleep apnea surgery. *Otolaryngol Clin North Am.* 2003 Jun;36(3):1-20.
3. Wisconsin Physicians Service Medicare Local Coverage Determination (LCD): Surgical Treatment of Obstructive Sleep Apnea (OSA). LCD ENT-012. Effective date: 07/16/10. Available at: www.wpsmedicare.com/part_b/policy/active/local/index.shtml. Accessed: 7 Oct 10.
4. Sundaram S, Lim J, Lasserson TJ. Surgery for obstructive sleep apnoea in adults. *Cochrane Database of Systematic Reviews* 2005, Issue 4. Art. No.: CD001004. DOI: 10.1002/14651858.CD001004.pub2. 2008. Available at: www2.cochrane.org/reviews/en/ab001004.html. Accessed: 7 Oct 10.

Approved by the Medical Director