RADIOFREQUENCY/LASER TISSUE REDUCTION FOR SNORING AND SLEEP RELATED BREATHING DISORDERS (LAUP) (SOMNOPLASTY) (RFVTR)
SUR706.009ps

For information related to Surgical Treatment of Sleep Apnea/Orthognathic Surgery, refer to SUR706.009

COVERAGE:

Laser-assisted uvulopalatoplasty (LAUP) of the uvula and/or palatal tissues **is considered not medically necessary** in the treatment of snoring in the absence of obstructive sleep apnea (OSA) or upper airway resistance syndrome (UARS).

Laser-assisted uvulopalatoplasty (LAUP) of the uvula and/or palatal tissues **is considered investigational** as a treatment of obstructive sleep apnea (OSA) or upper airway resistance syndrome (UARS). LAUP has not been proven to be effective in the treatment of obstructive sleep apnea.

LAUP is a staged office procedure in contrast to a Uvulopalatopharyngoplasty (UPPP) which requires a hospital stay. LAUP can **not** be considered an equivalent procedure to standard UPPP (the laser simply represents a surgical tool that the physician may opt to use.) Just because the physician uses a laser does not make the procedure a LAUP. See the description for more information.

Radiofrequency volumetric tissue reduction (RFVTR)(Somnoplasty) of the inferior turbinates, uvula/soft palate, tonsils or the base of the tongue **is considered investigational** for:

- Simple snoring,
- Obstructive tonsillar hypertrophy.
- Chronic turbinate hypertrophy,
- Upper airway resistance syndrome,, or
- Obstructive sleep apnea syndrome.

**Injection snoreplasty** is not eligible for coverage as it is experimental/investigational.

DESCRIPTION:

LAUP is an outpatient alternative that has been promoted as a treatment of snoring with or without associated OSA or UARS. In this procedure, superficial palatal tissues are sequentially reshaped using CO2 laser. The extent of the surgery is typically different than standard Uvulopalatopharyngoplasty (UPPP), since only part of the uvula and associated soft palate tissues are reshaped. The procedure (as previously 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 can not be considered an equivalent procedure to standard UPPP (the laser simply represents a surgical tool that the physician may opt to use). LAUP is considered a unique procedure, raising issues of safety and effectiveness.

**RFVTR/Somnoplasty** is similar in concept to LAUP, although a different energy source is used. The Somnoplasty device is a FDA approved device that has been approved for radiofrequency ablation of the uvula/palatal tissues, inferior turbinates and the base of the tongue to reduce redundant tissue. It has the potential advantage of being less invasive than traditional surgical procedures.

RFVTR has also been investigated for use in the treatment of obstructive tonsillar hypertrophy.

**Injection snoreplasty** is a non-surgical treatment for snoring that involves the injection of a hardening agent into the upper palate. Injection snoreplasty is performed on an out patient basis under local anesthesia. After numbing the upper palate with topical anesthetic, a hardening agent is injected just under the skin on the top of the mouth in front of the uvula (soft palate), creating a small blister. Within a few days the blister hardens, forms scar tissue and pulls the floppy uvula forward to eliminate or reduce the palatal flutter that causes snoring. A residual sore throat or feeling that something is "stuck" in the back of the mouth may occur. Early findings indicate that this treatment may reduce the loudness and incidence of primary snoring (snoring without apnea or cessation of breath). In some patients, the treatment may need to be repeated for optimal benefits.

**RATIONALE:**

**LAUP**

Elimination of snoring, the primary symptom of sleep apnea, without influencing the condition may carry the risk of delaying the diagnosis and possible treatment of sleep apnea in patients who elect to have LAUP.

While LAUP has been shown to be an effective surgical treatment for snoring alone, there are inadequate data in terms of pre- and postoperative apneic indices to validate its effectiveness in patients with clinically significant OSA or in overcoming UARS.

In 2000 the American Sleep Disorders Association published Practice Parameters for the use of Laser-Assisted Uvulopalatoplasty which offers the following conclusions:

Adequate controlled studies on the LAUP procedure for sleep related breathing disorders were not found in peer reviewed journals. This is consistent with findings in the original practice parameters on LAUP published in 1994. The following recommendations are based on the review of the literature: LAUP is not recommended for treatment of sleep-related breathing disorders. However, it does appear to be comparable to UPPP for treatment of snoring.
At this time there is insufficient evidence to permit conclusions on the effectiveness of palatal, tonsillar, tongue base, or turbinate RFVTR for the treatment of obstructive sleep apnea, upper airway resistance syndrome or simple snoring or to determine whether the procedure improves net health outcome.

**Injection Snoreplasty**

There is a lack of scientifically based long-term studies showing the safety and effectiveness and durability of this treatment. The American Academy of Otolaryngology neither endorses nor discourages the use of injection snoreplasty for the treatment of snoring.

Sotradecol®, a trade name for tetradecyl sulfate, is a hardening agent used in injection snoreplasty. The agent is indicated by the FDA for "intravenous use only" and for "small uncomplicated varicose veins of the lower extremity that show simple dilation with competent valves." Warnings include: 1) "severe adverse local effects including tissue necrosis," and 2) "allergic reactions, including anaphylaxis, have been reported that led to death."

**DISCLAIMER:**

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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