UVULOPALATOPHARYNGOPLASTY (UPPP), PALATOPHARYNGOPLASTY (PPP), UVULOPHARYNGOPLASTY (UPP)  
SUR709.005

COVERAGE:

COVERAGE IS ALLOWED for treatment of documented sleep apnea.  
Appropriate documentation includes:

- Examination by any method including fiberoptic endoscopy and Muller maneuver of nasal, nasopharyngeal, oral, oropharyngeal, hypopharyngeal and laryngeal airway.

- Description of oropharyngeal obstruction as most likely cause of obstruction.

- Description of breathing: quiet, noisy, wheezing, expiratory or inspiratory stridor, etc.

- Polysomnography will confirm sleep apnea.

- Oxygen saturation level falls below 85% more than ten (10) times per hour(exclude benefits when saturation level is self-monitored) and/or there is a reduction of 4% from baseline.

- Other therapies such as CPAP and/or oral appliances that hold the tongue or jaw in a forward position have been tried and have failed.

COVERAGE IS NOT ALLOWED for a diagnosis of snoring without the additional diagnosis of sleep apnea.

DESCRIPTION:

UPPP, PPP and UPP are surgical procedures which attempt to create a permanent, noncollapsing oropharyngeal airway. These procedures are often performed for relief of loud snoring or for treating obstructive sleep apnea.  Patients with obstructive sleep apnea (OSA) have decreased long-term survival.  The success rate for these procedures is variable.  The benefits of these surgical procedures should be weighed carefully in view of possible post-operative complications such as nasal regurgitation of food/fluids, hyponasal speech, intranasal adhesions, or mild to no long term improvement of symptoms.

Procedures that can be used preoperatively to help select candidates for any of the above procedures and/or to document sleep apnea include:

- Fiberoptic Pharyngoscopy
- Cephalometric Roentgenography
- CT Scan
- Somnofluoroscopy
- Polysomnography

Studies show that upper airway measurements help predict response to
UPPP in patients with obstructive sleep apnea. Patients with a narrow airway, particularly relative to tongue size, have a good response to UPPP.

RATIONALE:

None

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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