



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Surgical Treatments for Obstructive Sleep Apnea (OSA)

Policy Number: PG0056

Last Review: 02/22/2018

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional

Facility

DESCRIPTION

Sleep apnea is a disorder where breathing nearly or completely stops for periods of time during sleep. In obstructive sleep apnea (OSA), the brain sends the message to breathe, but there is a blockage to air flowing into the chest. It is a condition in which repetitive episodes of upper airway obstruction occur during sleep. The obstruction may be localized to one or two areas, or may encompass the entire upper airway passages to include the nasal cavity (nose), oropharynx (palate, tonsils, tonsillar pillars) and hypopharynx (tongue base). There are many surgical procedures currently offered for the treatment of OSA syndrome.

Uvulopalatopharyngoplasty (UPPP) is a surgical procedure that attempts to relieve obstruction at the level of the oropharynx by removing the uvula along with tissue from the soft palate, tonsillar pillars, and pharyngeal walls. If the tonsils are present, they are removed as well.

Mandibular Maxillary Osteotomy and Advancement is a procedure developed for those patients with retrolingual obstruction, or those patients with retropalatal and retrolingual obstruction who have not responded to continuous positive airway pressure (CPAP) and UPP. The maxilla and mandible are surgically moved anteriorly to try to enlarge the airway. Genioglossal advancement, with or without resuspension of the hyoid bone, may be performed with UPP.

Tongue-base Suspension is a minimally invasive surgery that attempts to treat OSA and less severe forms of sleep-disordered breathing by securing the base of the tongue. The AIRvance™ Bone Screw System used for anterior tongue-base suspension by fixation of the soft tissue of the tongue base to the mandible bone using a bone screw with prethreaded suture. The tension on the left and right loops of the suture is then adjusted with the goal of keeping the tongue base from sliding toward the back of the throat during sleep. US Food and Drug Administration (FDA) status for tongue-base suspension procedure:

- The Repose™ Bone Screw System (influENT Medical, Concord, NH acquired by Medtronic, Inc. Jacksonville, FL in 2008) received FDA 510(k) approval in August 1999 for the treatment of OSA and/or snoring. As of August 2011, the Repose® brand was changed to the AIRvance™.
- The AIRvance™ Bone Screw System (Medtronic, Inc.; Jacksonville, FL) received FDA 510(k) approval in January 2013 for the treatment of OSA and/or snoring.

Radiofrequency Volumetric Tissue Reduction (RFVTR) (e.g., Coblation®, Somnoplasty®) is a procedure used to remove redundant tissue in the upper airway. Although the procedure has been used to remove tissue from the turbinates and tonsils, recent studies of Radiofrequency ablation (RFA) in the treatment of OSA have limited the procedure to the soft palate, uvula and tongue base.

POLICY

Uvulopalatopharyngoplasty (UPPP) does not require prior authorization.

Mandibular Maxillary Osteotomy and Advancement and /or genioglossus advancement with or without hyoid suspension (21141, 21145, 21196, 21199, 21685) requires prior authorization.

Tongue-base Suspension (41512) for OSA requires prior authorization for Advantage and Elite/ProMedica Medicare Plan.

Tongue-base Suspension (41512) for OSA is non-covered for HMO, PPO, & Individual Marketplace.

Radiofrequency Volumetric Tissue Reduction (RFVTR) of the soft palate, uvula, or tongue base (e.g., Coblation®, Somnoplasty®) (41530) requires prior authorization for Advantage.

Radiofrequency Volumetric Tissue Reduction (RFVTR) of the soft palate, uvula, or tongue base (e.g., Coblation®, Somnoplasty®) (41530) is non-covered for HMO, PPO, & Individual Marketplace, & Elite/ProMedica Medicare Plan.

The following procedures are considered non-covered and include but are not limited to:

- 1. Laser-Assisted Uvulopalatoplasty (LAUP) (S2080)**
- 2. Pillar™ Palatal Implant System (C9727)**
- 3. Cautery-Assisted Palatal Stiffening Operation (CAPSO) (42299)**
- 4. Injection Snoreplasty (42299)**
- 5. Electrosleep Therapy**
- 6. Atrial Overdrive Pacing**
- 7. Hypoglossal Nerve Stimulation**

COVERAGE CRITERIA

Uvulopalatopharyngoplasty (UPPP) is covered for all members.

Mandibular Maxillary Osteotomy and Advancement and /or genioglossus advancement with or without hyoid suspension (21141, 21145, 21196, 21199, 21685) is covered with prior authorization for all members who have severe malocclusion as evidenced by anteroposterior, transverse or lateral asymmetry (spatial mismatch) of the jaws with clinical evidence of obstructive sleep apnea.

Paramount does not cover the treatment of snoring alone (without OSA) by any method because it is considered not medically necessary.

The following procedures are considered non-covered for all members and include but are not limited to:

- 1. Laser-Assisted Uvulopalatoplasty (LAUP) (S2080)**
- 2. Pillar™ Palatal Implant System (C9727)**
- 3. Cautery-Assisted Palatal Stiffening Operation (CAPSO) (42299)**
- 4. Injection Snoreplasty (42299)**
- 5. Electrosleep Therapy**
- 6. Atrial Overdrive Pacing**

HMO, PPO, Individual Marketplace

Tongue-base Suspension (41512) is considered non-covered.

Radiofrequency Volumetric Tissue Reduction (RFVTR) of the soft palate, uvula, or tongue base (e.g., Coblation®, Somnoplasty®) (41530) is non-covered.

Elite/ProMedica Medicare Plan

While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of Tongue-base Suspension (41512) in the treatment of OSA, for Elite/ProMedica Medicare Plan members it may be covered with a prior authorization per CMS guidelines.

Radiofrequency Volumetric Tissue Reduction (RFVTR) of the soft palate, uvula, or tongue base (e.g., Coblation®, Somnoplasty®) (41530) is non-covered.

Advantage

While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of Tongue-base Suspension (41512) and Radiofrequency Volumetric Tissue Reduction (RFVTR) of the soft palate, uvula, or tongue base (e.g., Coblation®, Somnoplasty®) (41530) in the treatment of OSA, The Ohio Department of Medicaid requires this procedure be reviewed for medical necessity. Therefore it may be covered with a prior authorization for Advantage members.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21141	Reconstruction maxilla, LeFort I; single piece, segment movement in any direction (e.g., for long face syndrome), without bone graft
21145	Reconstruction maxilla, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21685	Hyoid myotomy and suspension
30140	Submucous resection inferior turbinate, partial or complete, any method ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)
31600	Tracheostomy, planned (separate procedure)
31610	Tracheostomy, fenestration procedure with skin flaps
41512	Tongue base suspension, permanent suture technique
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session
42145	Uvulopalatopharyngoplasty
42299	Unlisted procedure, palate, uvula
42999	Unlisted procedure, pharynx, adenoids, or tonsils
HCPCS CODES	
C9727	Insertion of implants into the soft palate; minimum of three implants
S2080	Laser-assisted uvulopalatoplasty (laup)

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 02/15/2006

03/30/07: Revised verbiage

01/01/08: No change

11/01/08: Code change, updated references

07/01/11: Per medical policy decision, removed procedure code 41530 from cosmetic coverage.

03/18/13: Updated Advantage denial code. Updated to deny procedure 41512 "EM" for Advantage members for the Medicaid Fee listed.

01/15/14: Tongue-base Suspension (41512) may now be covered with prior authorization for Advantage members per The Ohio Department of Medicaid. Changed title of policy from Somnoplasty, Laser-Assisted Uvulopalatoplasty (LAUP), Pillar™ System, Repose™ Procedure to Surgical Treatment of Obstructive Sleep Apnea. Added codes to policy per LCD L30731: 21110, 21141, 21145, 21196, 21199, 21685, 30140, 30802, 31600, 31610, 41530 , 42145, 42299 , 42999, & C9727. Policy reviewed by TAWG and updated to reflect most current clinical evidence.

04/08/14: Approved by Medical Policy Steering Committee as revised.

02/26/15: Tongue-base Suspension (41512) may now be covered with prior authorization for Elite members per CMS guidelines. Radiofrequency Volumetric Tissue Reduction (RFVTR) of the soft palate, uvula, or tongue base (e.g., Coblation®, Somnoplasty®) (41530) may now be covered with prior authorization for Advantage members per The Ohio Department of Medicaid. Policy reviewed and updated to reflect most current clinical evidence per TAWG.

02/26/16: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

03/24/17: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

02/22/18: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/14/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.