Surgical Treatments for Obstructive Sleep Apnea (OSA)

Policy Number: PG0056
Last Review: 06/01/2021

GUIDELINES

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE

X 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). The hallmark symptom of OSA is excessive daytime sleepiness, and the typical clinical sign of OSA is snoring, which can abruptly cease and be followed by gasping associated with a brief arousal from sleep. The snoring resumes when the patient falls back to sleep, and the cycle of snoring/apnea/arousal may be repeated as frequently as every minute throughout the night. When noninvasive treatment such as continuous positive airway pressure (CPAP) fails to adequately treat OSA or is not tolerated by the member, surgical intervention may be warranted. There are many surgical procedures currently offered as safe and effective 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 AlRvance™ Bone Screw System (Medtronic, Inc.; Jacksonville, FL) received FDA 510(k) approval in January 2013 for the treatment of OSA and/or snoring.

Hypoglossal nerve stimulation (HGNS) (eg, Inspire Upper Airway Stimulation [UAS] System) utilizes an implantable pulse generator, a respiratory-sensing lead and a stimulating lead surgically placed on the hypoglossal nerve. Mild electrical stimulation to the hypoglossal nerve produces selective motor stimulation of the muscle fibers that draw the tongue forward via activation of the genioglossus muscle, which improves upper airway obstruction. The individual uses a remote control to turn the device on before going to sleep and turn it off upon awakening. HGNS is intended to be a lifelong therapy. Hypoglossal nerve stimulation, using an FDA-approved device is considered established when criteria are met.

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.

Cautery-assisted palatal stiffening operation (CAPSO) is an office-based procedure, performed under local anesthesia, for the treatment of palatal snoring in which a portion of the soft palate is removed.

Laser-assisted uvulopalatoplasty (LAUP) removes a portion of the soft palate and uvula with laser ablation to enlarge the nasooropharyngeal opening. The laser technique reportedly allows surgeons to perform the procedure under local anesthesia on an outpatient basis.

Palatal implants (eg, Pillar Palatal Implant system) are intended to stiffen the structure of the soft palate. Three implants are inserted high up into the soft palate tissue under local anesthesia. The intended result is to change the airflow characteristics of the soft palate by stiffening and cause a reduction in airflow obstruction.

Transpalatal advancement pharyngoplasty is a procedure that was designed to surgically treat OSA in individuals that have narrowing in the retropalatal airway. Purportedly, the hard palate is excised and the soft palate is advanced anteriorly, which supposedly increases the retropalatal size and decreases retropalatal collapsibility.

Uvulectomy is the surgical removal of the uvula. It may be performed as part of an uvulopalatopharyngoplasty (UPPP) if the uvula is enlarged in individuals diagnosed with OSA.

**POLICY**

<table>
<thead>
<tr>
<th>HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palatopharyngoplasty surgical procedures for clinically significant OSA (eg, uvulopalatopharyngoplasty (UPPP), uvulopharyngoplasty, uvulopalatal flap, expansion sphincter pharyngoplasty, lateral pharyngoplasty, palatal advancement pharyngoplasty, relocation pharyngoplasty) does not require prior authorization.</td>
</tr>
<tr>
<td>Hypoglossal nerve stimulation (64568) does not require prior authorization.</td>
</tr>
<tr>
<td>Mandibular Maxillary Osteotomy and Advancement and/or genioglossus advancement with or without hyoid suspension (21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199, 21685) requires prior authorization, related to OSA surgery. (Note: additionally procedures 21141, 21142, 21143, 21145, 21146, 21147, 21193, 21194, 21195, 21196, 21198, 21199 also require prior authorization as documented in Medical Policy PG0226 Orthognathic Surgery).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elite/ProMedica Medicare Plan, Advantage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tongue-base Suspension (41512) for OSA requires prior authorization for Advantage and Elite/ProMedica Medicare Plan.</td>
</tr>
</tbody>
</table>
HMO, PPO, Individual Marketplace
- Tongue-base Suspension (41512) for OSA is non-covered for HMO, PPO, & Individual Marketplace.

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

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan
- 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.

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
All treatment procedures for OSA must first establish the following conditions:
- Diagnosis of obstructive sleep apnea is made with a polysomnogram study performed.
- Physical examination that includes but is not limited to: anterior rhinoscopy; endoscopic examination of nose, pharynx, and hypopharynx; evaluation of the nasal septum and nasal turbinates; evaluation of nasal polyps or other masses; Muller’s maneuver and evaluation of the tonsillar/adenoidal tissue; anatomical evaluation for cephalometric disproportion.

Palatopharyngoplasty surgical procedures for clinically significant OSA (eg, uvulopalatopharyngoplasty (UPPP), uvulopharyngoplasty, uvulopalatal flap, expansion sphincter pharyngoplasty, lateral pharyngoplasty, palatal advancement pharyngoplasty, relocation pharyngoplasty), is considered medically necessary when ALL of the following criteria (A-D below) are met:

A. Documented OSA with apnea hypopnea index (AHI) or respiratory disturbance index (RDI) meeting any of the following:
   - Palatopharyngoplasty as sole procedure with AHI (or RDI) greater than 15 events per hour and less than 40 events per hour,
   - Palatopharyngoplasty as sole procedure with AHI (or RDI) between 10-15 events per hour and one or more of the conditions listed below:
     - Hypertension; or
     - Cardiac arrhythmias predominately during sleep; or
     - Pulmonary hypertension; or
     - Documented ischemic heart disease; or
     - Impaired cognition or mood disorders; or
     - History of stroke; or
     - Excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness Scale or inappropriate daytime napping, (for example, during driving, conversation or eating) or sleepiness that interferes with daily activities.
   - Palatopharyngoplasty as part of a planned staged or combined surgery aimed at also relieving retrolingual obstruction, (for example, genioglossal advancement, hyoid myotomy and suspension) with AHI (or RDI) greater than 15 events per hour,
   - Palatopharyngoplasty as part of a planned staged or combined surgery aimed at also relieving retrolingual obstruction, (for example, genioglossal advancement, hyoid myotomy and suspension) with AHI (or RDI) between 10-15 events per hour and one or more of the conditions listed below:
     - Hypertension; or
     - Cardiac arrhythmias predominately during sleep; or
     - Pulmonary hypertension; or

PG0056 – 06/01/2021
d. Documented ischemic heart disease; or

e. Impaired cognition or mood disorders; or

f. History of stroke; or

g. Excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness Scale or inappropriate daytime napping, (for example, during driving, conversation or eating) or sleepiness that interferes with daily activities.

and

B. Have failed treatment with CPAP as demonstrated by any of the following:

- Claustrophobia from CPAP; or
- Inability to breathe through the nose; or
- Pain or discomfort from CPAP; or
- User intolerance to CPAP; or
- Individuals at high pressures of CPAP (greater than 10 cm H2O) complaining of pressure discomfort.

and

C. Fiberoptic endoscopy suggests retro-palatal narrowing is the primary source of airway obstruction if UPPP is the sole procedure or a contributing source of airway obstruction if part of a planned staged or combined surgery aimed at also relieving retrolingual obstruction;

and

D. The individual is 18 years of age or older, or there is documentation that skeletal growth is complete based on long bone x-ray or serial cephalometrics showing no change in facial bone relationships for at least the last three consecutive months.

Adenotonsillectomy in pediatric members with OSA and hypertrophic tonsils, is considered medically necessary when the following criteria are met:

- AHI or RDI of at least 5 per hour, or
- AHI or RDI of at least 1.5 per hour in a member with excessive daytime sleepiness, problems or hyperactivity

Soft Tissue Reconstruction:
Hyoid myotomy and suspension, with or without mandibular osteotomy with genioglossus (tongue) advancement, for the treatment of OSA is considered medically necessary when ALL of the following criteria (A-D below) are met:

A. The treatment of OSA in the individual is medically necessary based on either 1) or 2) below:

- AHI or RDI greater than or equal to 15 events per hour;
  or
- AHI (or RDI) greater than or equal to 5 events per hour, and less than 15 events per hour with documentation demonstrating any of the following symptoms:
  a. Excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness scale or inappropriate daytime napping, (for example, during driving, conversation or eating) or sleepiness that interferes with daily activities; or
  b. Impaired cognition or mood disorders; or
  c. Hypertension; or
  d. Ischemic heart disease or history of stroke; or
  e. Cardiac arrhythmias, or
  f. Pulmonary hypertension.
  and

B. The member has failed a minimum of 30 days treatment with CPAP as demonstrated by any of the following:

1. Demonstrates CPAP failure (AHI ≥15 despite usage of 4 or more hours per night, 5 nights per week)
  2. Claustrophobia from CPAP; or
  3. Inability to breathe through the nose; or
  4. Pain or discomfort from CPAP; or
  5. User intolerance to CPAP; or
  6. Individuals at high pressures of CPAP (greater than 10 cm H2O) complaining of pressure discomfort and
C. There are significant soft tissue and/or tongue base abnormalities with airway collapse. (Objective evidence of hypopharyngeal obstruction may be documented by either fiberoptic endoscopy or cephalometric radiographs.); and
D. The individual is 18 years of age or older, or there is documentation that skeletal growth is complete based on long bone x-ray or serial cephalometrics showing no change in facial bone relationships for at least the last three consecutive months.

Jaw Realignment Surgery:
Jaw realignment surgery (that is, maxillomandibular advancement) is considered medically necessary when ALL of the following criteria (A-D below) are met:
A. The treatment of OSA in the individual is medically necessary based on either 1) or 2) below:
   • AHI or RDI greater than or equal to 15 events per hour;
   or
   • AHI (or RDI) greater than or equal to 5 events per hour, and less than 15 events per hour with documentation demonstrating any of the following symptoms:
      a. Excessive daytime sleepiness, as documented by either a score of greater than 10 on the Epworth Sleepiness scale or inappropriate daytime napping, (for example, during driving, conversation or eating) or sleepiness that interferes with daily activities; or
      b. Impaired cognition or mood disorders; or
      c. Hypertension; or
      d. Ischemic heart disease or history of stroke; or
      e. Cardiac arrhythmias, or
      f. Pulmonary hypertension.
   and
B. The individual has failed treatment with CPAP as demonstrated by any of the following:
   • Claustrophobia from CPAP; or
   • Inability to breathe through the nose; or
   • Pain or discomfort from CPAP; or
   • User intolerance to CPAP; or
   • Individuals at high pressures of CPAP (greater than 10 cm H2O) complaining of pressure discomfort.
   and
C. The individual has failed surgical intervention with any of the following:
   • UPPP; or
   • Genioglossus advancement and/or hyoid myotomy with suspension; or
   • Both of these surgical procedures.
   and
D. The individual is 18 years of age or older, or there is documentation that skeletal growth is complete based on long bone x-ray or serial cephalometrics showing no change in facial bone relationships for at least the last three consecutive months.

Hypoglossal nerve stimulation
Hypoglossal nerve stimulation is considered medically necessary when all of the following criteria below are met:
• Adults Age ≥ 22 years
  o AHI or RDI greater than or equal to 15 events per hour and less than or equal to 65 events per hour; and
  o Central or mixed apneas make up less than 25% of total AHI or RDI score; and
  o Body Mass Index (BMI) of 32 or less; and
  o Absence of complete concentric collapse at the soft palate level during drug-induced sleep endoscopy; and
  o The individual has failed treatment with CPAP as demonstrated by any of the following:
    1. Claustrophobia from CPAP; or
    2. Inability to breathe through the nose; or
3. Pain or discomfort from CPAP; or
4. User intolerance to CPAP; or
5. Individuals at high pressures of CPAP (greater than 10 cm H2O) complaining of pressure discomfort.

- Adolescents or young adults with Down syndrome and OSA
  - Age 10 to 21 years; and
  - AH1 >10 and <50 with less than 25% central apneas after prior adenotonsillectomy; and
  - Have either tracheotomy or be ineffectively treated with CPAP due to noncompliance, discomfort, undesirable side effects, persistent symptoms despite compliance use, or refusal to use the device; and
  - Body mass index < 95th percentile for age; and

- Absence of complete concentric collapse at the soft palate level during drug-induced sleep endoscopy

- Hypoglossal nerve stimulation, using an FDA-approved device is considered established when criteria are met.
- Hypoglossal nerve stimulation for those not meeting the inclusion criteria is considered experimental/investigational; not all-inclusive
  - Any anatomical finding that would compromise the performance of the device
  - Any condition or procedure that has compromised neurological control of the upper airway
  - Members who are unable or do not have(107,518),(914,868)
- Implantable hypoglossal nerve stimulators that are not FDA-approved are considered experimental/investigational.

**NON-COVERAGE:**
**HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage**
Paramount does not cover the treatment of snoring alone (without OSA) by any method because it is considered not medically necessary, not limited to the use of the following treatment methods:

- UPPP
- Radiofrequency Volumetric Tissue Reduction (RFVTR) of the soft palate and/or the base of the tongue, including Somnoplasty® and Coblation® (41530)
- Laser-Assisted Uvulopalatoplasty (LAUP)
- Cautery Assisted Palatal Stiffening Operation (CAPSO) or Palatal Implants
- Hypoglossal nerve stimulation
- Uvulectomy.

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

- Laser-Assisted Uvulopalatoplasty (LAUP) (S2080, 42299)
- Pillar™ Palatal Implant System (C9727)
- Cautery-Assisted Palatal Stiffening Operation (CAPSO)
- Injection Snoreplasty
- Electrosleep Therapy
- Atrial Overdrive Pacing
- Transpalatal advancement pharyngoplasty
- Bone-anchored tongue base suspension systems by permanent suture techniques (which include the AirVance™ System [formerly the Repose® System] and the ENCORE™ Tongue Suspension System).
- Midline glossectomy (MLG)
- Expansion sphincter pharyngoplasty/expansion sphincteroplasty (ESP)
- Genioplasty (mentoplasty)
- Uvullectomy as stand-alone treatment for OSA

**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.

**Definitions**
- Apnea - cessation of airflow for at least 10 seconds. Apnea is considered obstructive if there is effort to breathe during the episode.
- Continuous positive airway pressure (CPAP): This is a noninvasive treatment for OSA that involves delivery of pressurized air during sleep through a device that snugly covers the nose. The appropriate setting for standard CPAP treatment is determined during a titration sleep study.
- Obstructive sleep apnea (OSA): This is a form of sleep disturbance, which occurs as the result of a physical occlusion of the upper airway during sleep, which interferes with normal breathing. The occlusion is usually in the back of the tongue and/or flabby tissue in the upper airway. This condition is associated with frequent awakening and often with daytime sleepiness.
- Respiratory Disturbance Index (RDI) - the average number of respiratory disturbances (obstructive apneas, hypopneas, and respiratory event–related arousals [RERAs]) per hour as documented in a sleep study.
- Respiratory Event Index (REI) - the average number of respiratory disturbances (obstructive apneas and hypopneas) per hour of recording time in a sleep study.

**CODING/BILLING INFORMATION**
The inclusion or exclusion of a code in this section does not necessarily indicate coverage. Codes referenced in this clinical policy are for informational purposes only. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21110</td>
<td>Application of interdental fixation device for conditions other than fracture or dislocation, includes removal</td>
</tr>
<tr>
<td>21120</td>
<td>Genioplasty; augmentation (autograft, allograft, prosthetic material) Not Covered if used to report any OSA surgical treatment</td>
</tr>
<tr>
<td>21121</td>
<td>Genioplasty; sliding osteotomy, single piece Not Covered if used to report any OSA surgical treatment</td>
</tr>
<tr>
<td>21122</td>
<td>Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>21123</td>
<td>Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) Not Covered if used to report any OSA surgical treatment</td>
</tr>
<tr>
<td>21141</td>
<td>Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for long face syndrome), without bone graft</td>
</tr>
<tr>
<td>21142</td>
<td>Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft</td>
</tr>
<tr>
<td>21143</td>
<td>Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft</td>
</tr>
<tr>
<td>21145</td>
<td>Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21146</td>
<td>Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)</td>
</tr>
<tr>
<td>21147</td>
<td>Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)</td>
</tr>
<tr>
<td>21193</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; without bone graft</td>
</tr>
<tr>
<td>21194</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, C or L osteotomy; with bone graft</td>
</tr>
<tr>
<td>21195</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation</td>
</tr>
<tr>
<td>21196</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation</td>
</tr>
<tr>
<td>21198</td>
<td>Osteotomy, mandible segmental</td>
</tr>
<tr>
<td>21199</td>
<td>Osteotomy, mandible, segmental; with genioglossus advancement</td>
</tr>
<tr>
<td>21685</td>
<td>Hyoid myotomy and suspension</td>
</tr>
<tr>
<td>21206</td>
<td>Osteotomy, maxilla, segmental (eg, Wassmund or Schuchardt)</td>
</tr>
<tr>
<td>21685</td>
<td>Hyoid myotomy and suspension</td>
</tr>
<tr>
<td>30140</td>
<td>Submucous resection inferior turbinate, partial or complete, any method ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method Not Covered if used to report any OSA surgical treatment</td>
</tr>
<tr>
<td>30802</td>
<td>Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal) Not Covered if used to report any OSA surgical treatment</td>
</tr>
<tr>
<td>31600</td>
<td>Tracheostomy, planned (separate procedure)</td>
</tr>
<tr>
<td>31610</td>
<td>Tracheostomy, fenestration procedure with skin flaps</td>
</tr>
<tr>
<td>41512</td>
<td>Tongue base suspension, permanent suture technique Not Covered for HMO, PPO, Individual Marketplace</td>
</tr>
<tr>
<td>41530</td>
<td>Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session Not Covered for HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan</td>
</tr>
<tr>
<td>42140</td>
<td>Uvullectomy, excision of uvula Not Covered if used to report any OSA surgical treatment</td>
</tr>
<tr>
<td>42145</td>
<td>Uvulopalatopharyngoplasty</td>
</tr>
<tr>
<td>42160</td>
<td>Destruction of lesion, palate or uvula (thermal, cryo, or chemical)</td>
</tr>
<tr>
<td>42299</td>
<td>Unlisted procedure, palate, uvula Not Covered if used to report any OSA surgical treatment</td>
</tr>
<tr>
<td>42830</td>
<td>Adenoidectomy, primary; younger than age 12 Not Covered if used to report any OSA surgical treatment</td>
</tr>
<tr>
<td>42831</td>
<td>Adenoidectomy, primary; age 12 or over</td>
</tr>
<tr>
<td>42835</td>
<td>Adenoidectomy, secondary; younger than age 12</td>
</tr>
<tr>
<td>42836</td>
<td>Adenoidectomy, secondary; age 12 or over</td>
</tr>
<tr>
<td>42890</td>
<td>Limited pharyngectomy</td>
</tr>
<tr>
<td>42999</td>
<td>Unlisted procedure, pharynx, adenoids, or tonsils Not Covered if used to report any OSA surgical treatment</td>
</tr>
<tr>
<td>64568</td>
<td>Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator [when specified as implantation of hypoglossal nerve stimulator]</td>
</tr>
<tr>
<td>0466T</td>
<td>Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>0467T</td>
<td>Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator</td>
</tr>
</tbody>
</table>
### REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY

**HCPCS CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1767</td>
<td>Generator, neurostimulator (implantable), nonrechargeable [when specified as a component of an HNS]</td>
</tr>
<tr>
<td>C1778</td>
<td>Lead, neurostimulator (implantable) [when specified as a component of an HNS]</td>
</tr>
<tr>
<td>C1787</td>
<td>Patient programmer, neurostimulator [when specified as a component of an HNS]</td>
</tr>
<tr>
<td>C9727</td>
<td>Insertion of implants into the soft palate; minimum of three implants <strong>Not Covered</strong></td>
</tr>
<tr>
<td>L8660</td>
<td>Implantable neurostimulator electrode, each [when specified as a component of an HNS]</td>
</tr>
<tr>
<td>L8681</td>
<td>Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only [when specified as a component of an HNS]</td>
</tr>
<tr>
<td>L8688</td>
<td>Implantable neurostimulator pulse generator, dual array; non-rechargeable, includes extension [when specified as a component of an HNS]</td>
</tr>
<tr>
<td>S2080</td>
<td>Laser-assisted uvulopalatoplasty (laup)</td>
</tr>
</tbody>
</table>

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to**

[https://www.paramounthealthcare.com/services/providers/medical-policies/](https://www.paramounthealthcare.com/services/providers/medical-policies/)

---

**REVISION HISTORY EXPLANATION**

**ORIGINAL EFFECTIVE DATE: 02/15/2006**

<table>
<thead>
<tr>
<th>Date</th>
<th>Explanation &amp; Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/30/07</td>
<td>Revised verbiage</td>
</tr>
<tr>
<td>01/01/08</td>
<td>No change</td>
</tr>
<tr>
<td>11/01/08</td>
<td>Code change, updated references</td>
</tr>
<tr>
<td>07/01/11</td>
<td>Per medical policy decision, removed procedure code 41530 from cosmetic coverage</td>
</tr>
<tr>
<td>03/18/13</td>
<td>Updated Advantage denial code. Updated to deny procedure 41512 &quot;EM&quot; for Advantage members for the Medicaid Fee listed</td>
</tr>
<tr>
<td>01/15/14</td>
<td>Tongue-base Suspension (41512) may now be covered with prior authorization for Advantage members per The Ohio Department of Medicaid</td>
</tr>
<tr>
<td></td>
<td>Changed title of policy from Somnoplasty, Laser-Assisted Uvulopalatoplasty (LAUP), Pillar™ System, Repose™ Procedure to Surgical Treatment of Obstructive Sleep Apnea.</td>
</tr>
<tr>
<td></td>
<td>Added codes to policy per LCD L30731: 21110, 21141, 21145, 21196, 21199, 21685, 30140, 30802, 31600, 31610, 41530 , 42145, 42299 , 42999, &amp; C9727</td>
</tr>
<tr>
<td></td>
<td>Policy reviewed by TAWG and updated to reflect most current clinical evidence</td>
</tr>
<tr>
<td>04/08/14</td>
<td>Approved by Medical Policy Steering Committee as revised</td>
</tr>
<tr>
<td>02/26/15</td>
<td>#: Tongue-base Suspension (41512) may now be covered with prior authorization for Elite members per CMS guidelines.</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Policy reviewed and updated to reflect most current clinical evidence per TAWG</td>
</tr>
<tr>
<td>02/26/16</td>
<td>Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).</td>
</tr>
<tr>
<td>03/24/2017</td>
<td>Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).</td>
</tr>
<tr>
<td>2/22/18</td>
<td>Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).</td>
</tr>
<tr>
<td>12/14/2020</td>
<td>Medical policy placed on the new Paramount Medical Policy Format</td>
</tr>
<tr>
<td>06/01/2021</td>
<td>Policy reviewed and updated to reflect most current clinical evidence</td>
</tr>
<tr>
<td></td>
<td>Policy updated to allow coverage for Hypoglossal nerve stimulation, all product lines</td>
</tr>
</tbody>
</table>

---

PG0056 – 06/01/2021
REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

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.

Industry Standard Review