

Medical Necessity Guidelines: Uvulopalatopharyngoplasty (UPPP) and Other Procedures for Obstructive Sleep Apnea

Effective: February 17, 2021

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<p>Applies to:</p> <p>COMMERCIAL Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>TUFTS HEALTH PUBLIC PLANS Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products</p> <ul style="list-style-type: none"> • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	
<p>To obtain InterQual[®] SmartSheets[™]:</p> <ul style="list-style-type: none"> • Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. • Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires the use of an InterQual SmartSheet to obtain prior authorization for Uvulopalatopharyngoplasty (UPPP).

In order to obtain prior authorization for procedure(s), choose the appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

- **Uvulopalatopharyngoplasty (UPPP)**

CODES

Procedures REQUIRING PRIOR AUTHORIZATION:

Tufts Health Plan will be using InterQual SmartSheet(s) for the following procedure code(s).

UVULOPALATOPHARYNGOPLASTY (UPPP)

The following CPT code(s) require prior authorization:

Code	Description
42145	Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopalatoplasty)

LIMITATIONS

Tufts Health Plan does not cover the following procedures:

- Laser assisted uvulopalatoplasty (LAUP); CPT code-S2080
- Somnoplasty (Radiofrequency Tissue Coagulation) of Palate; CPT unlisted code -42299
- Submucosal ablation of the tongue base, radiofrequency; CPT code-41530
- Palatal implants, e.g. Pillar® Procedure (Insertion of implants into the soft palate, minimum of three implants); CPT/HCPCS code-C9727
- Tongue base suspension, permanent suture technique, e.g., AIRvance™ Tongue Suspension;
- CPT code-41512

APPROVAL HISTORY

September 1999: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:

- October 2000: Renewed.
- October 2001: Renewed.
- June 2002: RDI decreased.
- October 28, 2003: Reviewed. Title of MNG changed from Surgical Treatment of (Uvuloplasty and Other Surgical Procedures) for Obstructive Sleep Apnea. Updated to new format.
- August 20, 2004: Reviewed. Additional limitations added regarding Members with RDI < 15. Consultation with a non-surgical sleep medicine specialist is required.
- October 21, 2005: Reviewed and renewed without changes.
- November 1, 2006: Reviewed and renewed without changes.
- February 15, 2007: References to the Respiratory Distress Index (RDI) removed from criteria, required measurement changed to Apnea Hypopnea Index (AHI) only.
- November 13, 2007: The definition of a failed CPAP trial was clarified.
- February 27, 2008: Reviewed and renewed without changes.
- March 16, 2009: Reviewed and renewed without changes.
- March 16, 2010: Reviewed and renewed without changes.
- December 2010: Admin process changed to RN/LPN.
- March 2011: Reviewed at MSPAC, no changes.
- February 8, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), no changes.
- October 10, 2012: Reviewed by IMPAC. A completed InterQual SmartSheet for this procedure will be required effective January 1, 2013.
- March 13, 2013: Organization Policy Note added to SmartSheet.
- December 11, 2013: Reviewed by IMPAC, no changes.
- June 11, 2014: Reviewed by IMPAC for October 1, 2014 effective dates, CPT codes added to clarify the listed limitations. Organization Policy Note added to InterQual SmartSheet for Apnea-Hypopnea Index (AHI) requirement.
- December 10, 2014: Reviewed by IMPAC, renewed without changes
- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.
- March 11, 2015: Reviewed by IMPAC, no changes.
- April 1, 2015: InterQual SmartSheet criterion section 1(A) is met when the Member has moderate to severe sleep apnea with an AHI ≥ 15. See notation in the 'Tufts Health Plan Modification to InterQual section of this document.
- May 15, 2015: Tufts Health Plan Modification to InterQual section for AHI removed as no longer applicable to the current InterQual SmartSheet(s).
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- March 9, 2016: Reviewed by IMPAC, renewed without changes
- March 15, 2017: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- February 14, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- December 3, 2018: 2018.2 Interqual upgrade for Tufts Health Commercial products including Freedom. Effective December 17, 2018, Interqual upgrade is effective for Tufts Health Direct

and Tufts Health Together. January 14, 2019, Interqual upgrade is effective for Tufts Health RITogether and Tufts Health Unify.

- February 20, 2019: Reviewed by IMPAC, renewed without changes
- June 17, 2020: Reviewed by IMPAC, renewed with no changes
- July 1, 2020: Fax number for Unify updated
- February 17, 2021: Reviewed by IMPAC, renewed with no changes

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic

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