

D. When obstructive sleep apnea is caused by discrete anatomic abnormalities of the upper airway (such as, but not limited to, enlarged tonsils or an enlarged tongue), surgery to correct these abnormalities is covered if medically necessary based on adequate documentation in the medical records supporting the significant contribution of these abnormalities to OSA. Submucous radiofrequency reduction of hypertrophied turbinates is covered as an appropriate treatment for nasal obstruction due to turbinate hypertrophy that significantly contributes to OSA or significantly compromises CPAP therapy. .

E. The following procedures are not covered at this time.

1. Laser-assisted uvulopalatoplasty (LAUP) is not covered at this time since it is not considered effective for OSA. LAUP must not be billed as 42145, Palatopharyngoplasty (e.g., uvulopalatopharyngoplasty, uvulopharyngoplasty). This code is not appropriate for this procedure. If LAUP is billed for denial purposes, it should be coded as 42299, (unlisted procedure, palate, uvula) with "LAUP" listed in Item 19 on the CMS-1500 claim form or equivalent field for electronic claims. The claim will then be appropriately denied as not proven effective.

2. Somnoplasty™ is a trade name for palate reduction with the Somnoplasty™ System of Somnus Medical Systems. This is not a term recognized by this Contractor as a covered procedure under Medicare Part B. Therefore Somnoplasty™ must not be billed as 42145. This code is not appropriate for this procedure. If Somnoplasty™ is billed for denial purposes, it should be coded as 42299, (unlisted procedure, palate, uvula) with "Somnoplasty™" listed in Item 19 on the CMS-1500 claim form or equivalent field for electronic claims. This claim will then be appropriately denied as not proven effective.

3. The Pillar Procedure™ is a trade name for palatal implants. Palatal implants have not been shown effective for the treatment of obstructive sleep apnea and are not covered. This procedure should be billed by the physician as 42299 (unlisted procedure, palate, uvula) with "Pillar Procedure™" or "palatal implant" listed in Item 19 on the CMS- 1500 claim form or equivalent field for electronic claims. This claim will then be denied as not proven effective. Hospital outpatient would use code C9727 .

4. Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session. (41530) is not covered.

Coding Information



Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

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CPT/HCPCS Codes

21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL
21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BONE GRAFT
21145	RECONSTRUCTION MIDFACE, 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
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, 1 OR MORE SITES, PER SESSION
42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)
42299	UNLISTED PROCEDURE, PALATE, UVULA
C9727	

INSERTION OF IMPLANTS INTO THE SOFT PALATE;
MINIMUM OF THREE IMPLANTS

ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

These are the only covered diagnoses for CPT codes 21685, and 42145. This list will not address the other listed HCPCS services/procedures.

These are the only covered diagnoses for CPT code 41512, 41530:

*Both the primary ICD-9-CM code 327.23 (Obstructive sleep apnea) and at least one of the following secondary codes (529.8 or 750.15) must be present on the claim.

327.23	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
780.51	INSOMNIA WITH SLEEP APNEA, UNSPECIFIED
780.53	HYPERSOMNIA WITH SLEEP APNEA, UNSPECIFIED
780.57	UNSPECIFIED SLEEP APNEA

Primary diagnosis code for CPT codes 41512, 41530:

327.23	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)
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Secondary diagnosis code for CPT codes 41512, 41530:

Note that ICD-9-CM code 529.8 may be used only for tongue hypertrophy. Each of the conditions must be documented in the medical record which must be made available to Medicare on request.

529.8	OTHER SPECIFIED CONDITIONS OF THE TONGUE
750.15	MACROGLOSSIA

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information



Documentation Requirements

Physicians' Services and diagnostic tests/x-rays must be submitted with an ICD-9 code to support medical necessity and must be coded to the greatest level of specificity and the highest level of digit completeness. The precise ICD-9 code that most fully explains the narrative diagnosis contained in the medical record or test interpretation/report including the 4th or 5th digit sub-classification for the diagnosis category is expected. The ICD-9 code based on the results of the test should be the primary diagnosis. If the test results are normal or inconclusive the ICD-9 code representing the sign, symptom, illness or injury prompting the ordering of the test/x-ray should be reported as the primary diagnosis. In the absence of signs, symptoms, illness or injury, a screening ICD-9 code should be reported, and payment will be denied.

The patient's medical records must be legible, contain the relevant history, and physical findings conforming to the criteria listed under the "Indications and Limitations of Coverage and/or Medical Necessity" section, and must be made available to the contractor upon request.

Documentation of the counseling of the risks and benefits of the procedure must be included in the patient's medical records and must be made available to the Contractor on request.

Documentation of adequate trial of CPAP or other modes of continuous positive airway pressure therapy for obstructive sleep apnea under the care of a physician specifically trained in sleep disordered breathing must also be included in the patient's medical record and must be made available to the Contractor on request. Absence of this information could result in denial.

After adequate healing of the surgical site, follow-up evaluation by a physician with recognized training in sleep disorders is recommended and shall be documented accordingly.

Appendices

Utilization Guidelines

*- An asterisk indicates a revision to that section of the policy.

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the MAC contractor this policy was developed in cooperation with advisory groups which include representatives from various specialties, and adapted for the purpose of converting to MAC jurisdiction.

Sources of Information and Basis for Decision

Davila, D. G., 1995, "Medical Considerations in Surgery for Sleep Apnea", Oral and Maxillofacial Surgery Clinics of North America, 7: 205-221.

Finkelstein, Y., et al, 1997 Uvulopalatopharyngoplasty Vs Laser-Assisted Uvulopalatoplasty, Arch Otolaryngol, Head Neck Surgery, Vol. 123, March 1997 pg. 265-276.

Riley, R.W., et al, 1993, "Obstructive Sleep Apnea Syndrome: A Review of 306 Consecutively Treated Surgical Patients", Otolaryngol Head Neck Surg, 108: 117-125.

Sher, A.E., et al, 1996, "The Efficacy of Surgical Modifications of the Upper Airway in Adults with Obstructive Sleep Apnea Syndrome", Sleep, 19: 156-177.

Standards of Practice Committee of the American Sleep Disorders Association, "Practice Parameters for the Treatment of Obstructive Sleep Apnea in Adults: the Efficacy of Surgical Modifications of the Upper Airway", Sleep, 1996; 19: 152-155.

Strollo, P.J., and Rogers, R.M., 1994, "Obstructive Sleep Apnea", New Engl J. Med., 334: 99-104.

National Institutes of Health, National Heart, Lung, and Blood Institute: Treatment of Sleep Disorders (1997)

Carrier Medical Directors' New Technology Work Group.
Consultants in Otolaryngology and Oro-Mandibular Surgery.

Standards of Practice Committee, American Academy of Sleep Medicine, "Practice Parameters for the Use of Laser-Assisted Uvulopalatoplasty: An Update for 2000", Sleep, 24: 603-619.

Friedman M. et al, 2006, "Patient Selection and Efficacy of Pillar Implant Technique for the Treatment of Snoring and Obstructive Sleep Apnea/Hypopnea Syndrome", Otolaryngol Head and Neck Surg.2006 Feb;134(2):187-196

Nordgard S. et al, 2006 "Soft Palate Implants for the Treatment of Mild to Moderate Obstructive Sleep Apnea", Otolaryngol Head and Neck Surg.2006 Apr;134(4):565-570

Advisory Committee Meeting Notes

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin: 2/12/2010

Illinois: 1/13/2010

Michigan: 1/27/2010

Minnesota: 1/14/2010

J-5 MAC

(IA,KS, MO, NE) 2/19/2010

Open LCD meeting

01/06/2010

Start Date of Comment Period

02/19/2010

End Date of Comment Period

04/05/2010

Start Date of Notice Period

Revision History Number

Revision History Explanation

Reason for Change

Last Reviewed On Date

12/03/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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All Versions



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