



Medica Central Medical Policy

Policy Name: Uvulopalatoplasty (UP2, UPP) and Laser-Assisted Uvulopalatoplasty (LAUP) for Sleep-Related Breathing Disorders MP9789

Effective Date: 12/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This topic is no longer scheduled for routine review of the scientific literature.

Uvulopalatoplasty (UP2, UPP) and laser-assisted uvulopalatoplasty (LAUP) for sleep-related breathing disorders is investigative and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

Uvulopalatoplasty is an outpatient procedure performed under local anesthesia for the treatment of snoring and mild obstructive sleep apnea (OSA) as well as upper airway resistance syndrome (UARS). Uvulopalatoplasty (UP2 or UPP) and laser-assisted uvulopalatoplasty (LAUP) are intended to prevent airway collapse by removing soft tissue of the oropharynx. In LAUP, incisions are made on each side of the soft palate to the base of the tongue using a carbon dioxide laser. This is followed by partial vaporization of the uvula. Generally, multiple treatments with laser are required. In some cases, continuation of nasal CPAP is also needed. UPP varies from uvulopalatopharyngoplasty (UPPP) in that the tonsils and lateral pharyngeal walls are altered or removed in UPPP, but are not altered or removed in UPP.

FDA Approval

Uvulopalatoplasty is a surgical procedure and therefore not regulated by the FDA.



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Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

- **S2080** - Laser-assisted uvulopalatoplasty (LAUP)
- **42299** - Unlisted procedures, palate, uvula

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Re-Review Date(s):

Administrative Update: 08/21/2024

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