Title: Laser Assisted Uvulopalatopharyngoplasty (LAUP)

DESCRIPTION
The LAUP is an outpatient alternative that has been proposed as a treatment of snoring with or without associated obstructive sleep apnea (OSA). In this procedure, superficial palatal tissues are sequentially reshaped using a carbon dioxide laser. The extent of the surgery is typically different than standard UPPP, since only part of the uvula and associated soft-palate tissues are reshaped. The procedure, as initially described, does not remove or alter tonsils or lateral pharyngeal wall tissues.

The patient undergoes from 3 to 7 sessions at 3- to 4-week intervals. One purported advantage of LAUP is that the amount of tissue ablated can be titrated such that the treatment can be discontinued once snoring is eliminated. The LAUP cannot be considered an equivalent procedure to the standard UPPP, with the laser simply representing a surgical tool that the physician may opt to use. LAUP is considered a unique procedure, raising unique issues of safety and particularly effectiveness.

POLICY
Laser Assisted Uvulopalatopharyngoplasty (LAUP) is not medically necessary for Obstructive Sleep Apnea (OSA).

CODING

HCPCS
S2080 Laser-assisted uvulopalatoplasty (LAUP)

DIAGNOSIS
These diagnoses are otherwise subject to medical policy as stated above
780.51 Insomnia with sleep apnea
780.53 Hypersomnia with sleep apnea, unspecified
780.57 Unspecified sleep apnea
REFERENCES
7. Steward DL. Effectiveness of multilevel (tongue and palate) radiofrequency tissue ablation for patients with obstructive sleep apnea syndrome. Laryngoscope 2004; 114(12):2073-84.

Government Agency; Medical Society; and Other Authoritative Publications
1. Blue Cross and Blue Shield of Kansas Otolaryngology Liaison Committee meeting, September 14, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC–03-05).
2. Blue Cross and Blue Shield of Kansas Medical Advisory Committee meeting, November 3, 2005 (see Blue Cross and Blue Shield of Kansas Newsletter, Blue Shield Report. MAC-03-05).

Web site