Uvulopalatopharyngoplasty (UPPP)
MPM 21.1

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Coverage Determination
Prior Authorization is required. Log on to Pres Online to submit a request at https://ds.phs.org/preslogin/index.jsp.

Presbyterian Health Plan follows MCG Criteria (formerly Milliman Care Guidelines®), ACG A-0245 for Uvulopalatopharyngoplasty (UPPP). For proprietary reasons, MCG Criteria cannot be reproduced in this Medical Policy. Please contact Health Services for a copy of the MCG Guidelines® at (505) 923-5757 or 1-888-923-5757, Monday through Friday from 8:00 a.m. to 5:00 p.m.

Approval Signatures:
Clinical Quality Committee: Ron Parton MD
Medical Director: Norman White MD

Date Approved: January 29, 2014

Publication History:
02-06-2009: Original effective Date.
01-29-2014: Presbyterian Policy Retired
01-29-2014: Presbyterian now uses MCG Criteria A-0245

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian medical policies are available online at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage.
[MPMPPC020904]