



CLINICAL MEDICAL POLICY	
<b>Policy Name:</b>	Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38385)
<b>Policy Number:</b>	MP-089-MC-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	03/01/2025; 04/01/2024; 03/01/2023; 04/01/2022; 03/19/2021; 03/16/2020
<b>Effective Date:</b>	04/01/2025; 05/01/2024; 04/01/2023; 05/01/2022; 04/19/2021; 04/13/2020
<b>Next Annual Review:</b>	02/2026
<b>Revision Date:</b>	02/19/2025; 02/21/2024; 02/15/2023; 02/16/2022; 02/17/2021
<b>Products:</b>	Pennsylvania Medicare Assured
<b>Application:</b>	All participating and nonparticipating practitioners and facilities unless contractually precluded
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#### Policy History

Date	Activity
04/01/2025	Provider Effective date
02/19/2025	QI/UM Committee review
02/19/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
05/01/2024	Provider Effective date
02/21/2024	QI/UM Committee review
02/21/2024	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and 'Reference Sources' section.
04/01/2023	Provider Effective date
02/15/2023	QI/UM Committee review
02/15/2023	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
05/01/2022	Provider Effective date
02/16/2022	QI/UM Committee review
02/16/2022	Annual Review: Updated CMS hyperlinks and Reference Sources section. Added the following CPT codes: 64582, 64583, & 64584. The following procedure codes were removed: 0466T, 0467T, & 0468T.
04/19/2021	Provider Effective Date
02/17/2021	Annual Review: Updated policy to new format, added links directly to LCD and LCA.
02/17/2021	QIUM Committee Review

04/13/2020	Provider effective date
02/19/2020	QI/UM Committee review
12/18/2019	Initial policy developed based on LCD; LCD effective 3/15/2020

### **Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### **Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary hypoglossal nerve stimulation for the treatment of obstructive sleep apnea.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

### **Procedures**

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
3. Place of Service  
Hypoglossal nerve stimulation for the treatment of OSA must be furnished in accordance with accepted standards of medical practice in a setting appropriate to the patient's medical needs and conditions. The service may be provided in either an inpatient or outpatient setting.

## **Coverage Determination and Links**

Highmark Wholecare<sup>SM</sup> follows the coverage determinations made by CMS as outlined in either the NCD, LCD, and/or the LCA.

### CMS Link

- [CMS Website](#)

### NCD/LCD Links

- NCD: There are no NCDs related to this specific topic.
- [LCD: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea \(L38385\)](#)

### Article Link

- [LCA: Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea \(A56938\)](#)

## **Reference Sources**

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38385). Original Effective date March 15, 2020. Accessed on January 29, 2024.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A56938). Original Effective date March 15, 2020. Revision effective date January 1, 2022. Accessed on January 29, 2024.

## **Coding Requirements**

### Procedure Codes

CPT Code	Description
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array

**Note: Dual diagnosis requirement** Coverage for hypoglossal nerve stimulation procedures on patients who meet coverage criteria set forth in this medical policy must include both a primary ICD-10-CM diagnosis code indicating the reason for the procedure and a secondary ICD-10-CM diagnosis code indicating the Body Mass Index (BMI) is less than 35 kg/m2 as set forth in this medical policy under the Covered Indications section. Report a primary diagnosis code from Group1 Codes and a secondary diagnosis code from Group 2 below.

**Note:** CPT code 64584 will have no diagnosis-to-procedure code restriction at this time.

## Diagnosis Codes

### Primary Diagnosis Code

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes **64582** and **64583**:

ICD-10 Code	Description
G47.33	Obstructive sleep apnea (adult) (pediatric)

### Secondary Diagnosis Codes

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes **64582** and **64583**:

ICD-10 Code	Description
Z68.1	Body mass index (BMI) 19.9 or less, adult
Z68.20	Body mass index (BMI) 20.0-20.9, adult
Z68.21	Body mass index (BMI) 21.0-21.9, adult
Z68.22	Body mass index (BMI) 22.0-22.9, adult
Z68.23	Body mass index (BMI) 23.0-23.9, adult
Z68.24	Body mass index (BMI) 24.0-24.9, adult
Z68.25	Body mass index (BMI) 25.0-25.9, adult
Z68.26	Body mass index (BMI) 26.0-26.9, adult
Z68.27	Body mass index (BMI) 27.0-27.9, adult
Z68.28	Body mass index (BMI) 28.0-28.9, adult
Z68.29	Body mass index (BMI) 29.0-29.9, adult
Z68.30	Body mass index (BMI) 30.0-30.9, adult
Z68.31	Body mass index (BMI) 31.0-31.9, adult
Z68.32	Body mass index (BMI) 32.0-32.9, adult
Z68.33	Body mass index (BMI) 33.0-33.9, adult
Z68.34	Body mass index (BMI) 34.0-34.9, adult

## **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.