

Hypoglossal nerve stimulator — adolescent or young adult

We provide coverage for this procedure for members ages 18 through 21 who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *64568

Applicable diagnosis codes: G47.33

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See below for the questions you'll encounter in the e-referral system.

Q Did the patient's sleep study show moderate to severe obstructive sleep apnea (AHI between 15 and 65)?

A

Possible answers: Yes No N/A

Q Did the patient have a drug-induced sleep endoscopy that showed non-concentric retropalatal obstruction?

A

Possible answers: Yes No N/A

Preview questionnaire Hypoglossal nerve stimulator — adolescent or young adult

For Blue Care Network commercial and BCN AdvantageSM

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Q Did the patient have an adenotonsillectomy that did not effectively treat the patient's symptoms or has a contraindication to the surgery?

A

Possible answers: Yes No N/A

Q Has the patient failed PAP therapy despite attempts to improve compliance? Note: PAP failure is defined as inability to eliminate OSA (AHI of greater than 15 despite PAP usage).

A

Possible answers: Yes No N/A

Q Is the patient unable to tolerate PAP therapy despite attempts to improve compliance? Note: PAP intolerance is defined as: A. Inability to use PAP (greater than 5 nights per week of usage; usage defined as greater than 4 hours of use per night), or B. Unwillingness to use PAP (for example, a patient returns the PAP system after attempting to use it).

A

Possible answers: Yes No N/A

Q Has the standard of care in considering all other alternative/adjunct therapies been followed?

A

Possible answers: Yes No N/A

Q Does the patient have one of the following conditions (A-F)? A. Any anatomical finding that would compromise the performance of the device. B. Any condition or procedure that has compromised neurological control of the upper airway. C. Patient is unable or does not have the necessary assistance to operate the sleep remote. D. Patient is pregnant or plans to become pregnant. E. Patient requires magnetic resonance imaging (this does not apply to a model that is MR compatible). F. Patient has an implantable device that may be susceptible to unintended interaction with the device. NOTE: If the member does not have one of the above conditions you MUST select no.

A

Possible answers: Yes No N/A