

**Hypoglossal nerve stimulator — adults**

We provide coverage for this procedure for members age 22 and older 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.

<p><b>Q</b> Did the patient have a sleep study within 24 months prior to the first consultation for the hypoglossal nerve stimulator?</p> <p><b>A</b> <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b>Q</b> Did the patient's sleep study show an apnea hypopnea index (AHI) of at least 15 events per hour?</p> <p><b>A</b> <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p><b>Q</b> Are the patient's total number of central and mixed apneas less than 25% of the total AHI?</p> <p><b>A</b> <input type="text"/></p>	<p>Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>



**Blue Care  
Network**  
of Michigan

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## Preview questionnaire

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For Blue Care Network commercial and BCN Advantage<sup>SM</sup>

Effective Sept. 26, 2021

**Q** Did the patient have a minimum of 30 days of CPAP documentation monitoring that demonstrates EITHER (A or B)? A. CPAP failure (AHI is greater than or equal to 15 despite usage of 4 or more hours per night, 5 nights per week). B. CPAP intolerance (usage is less than 4 hours per night, 5 nights per week).

**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

**Q** Is the patient's BMI less than 32 kg/m<sup>2</sup>?

**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