Local Coverage Article: Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (A57948)

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Contractor Information

<table>
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<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
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Article Information

General Information

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Refer to the Local Coverage Determination (LCD) L38310, Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea, for reasonable and necessary requirements.

The Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code(s) may be subject to National Correct Coding Initiative (NCCI) edits. This information does not take precedence over NCCI edits. Please refer to NCCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

**Coding Guidelines**

**Implantation** of a Hypoglossal Nerve Stimulator (HSN) for treatment of OSA utilizes 2 CPT codes:

- **CPT code 64568** - Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
- **CPT code +0466T** - Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (list separately in addition to code for primary procedure)

*Note: Per AMA CPT, use 0466T in conjunction with 64568

**Revision or replacement** of HSN for treatment of OSA is reported with:

- **CPT code 0467T** - Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator

**Removal** of HSN for treatment of OSA is reported with:

- **CPT code 0468T** - Removal of chest wall respiratory sensor electrode or electrode array

**Coding Information**

- **CPT codes 64568** is for both the neurostimulator and its corresponding electrode array
- **CPT codes 0466T, 0467T** and **0468T** are codes for the insertion, revision or replacement, and removal respectively

**Documentation Requirements**

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or
Coding Information

CPT/HCPCS Codes

**Group 1 Paragraph:**

**Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

**Group 1 Codes:**

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>64568</td>
<td>INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR</td>
</tr>
<tr>
<td>0466T</td>
<td>INSERTION OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO PULSE GENERATOR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
</tr>
<tr>
<td>0467T</td>
<td>REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR</td>
</tr>
<tr>
<td>0468T</td>
<td>REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY</td>
</tr>
</tbody>
</table>

CPT/HCPCS Modifiers

**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

N/A

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:**

It is the provider’s responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

**Note: Dual diagnosis requirement**
Coverage for hypoglossal nerve stimulation procedures on patients who meet coverage criteria set forth in LCD L38310 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 the LCD Covered Indications. **Report a primary diagnosis code from Group 1 Codes and a secondary diagnosis code from Group 2 below.**

**Note:** CPT code **0468T** will have no diagnosis to procedure code restriction at this time.

Medicare is establishing the following limited coverage for CPT codes: **64568** when reported with add on code **0466T** and for **0467T**.

### Primary Diagnosis

#### Group 1 Codes:

<table>
<thead>
<tr>
<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
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</thead>
<tbody>
<tr>
<td>G47.33</td>
<td>Obstructive sleep apnea (adult) (pediatric)</td>
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#### Group 2 Paragraph:

### Secondary Diagnoses

#### Group 2 Codes:

<table>
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<tr>
<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>Z68.1</td>
<td>Body mass index (BMI) 19.9 or less, adult</td>
</tr>
<tr>
<td>Z68.20</td>
<td>Body mass index (BMI) 20.0-20.9, adult</td>
</tr>
<tr>
<td>Z68.21</td>
<td>Body mass index (BMI) 21.0-21.9, adult</td>
</tr>
<tr>
<td>Z68.22</td>
<td>Body mass index (BMI) 22.0-22.9, adult</td>
</tr>
<tr>
<td>Z68.23</td>
<td>Body mass index (BMI) 23.0-23.9, adult</td>
</tr>
<tr>
<td>Z68.24</td>
<td>Body mass index (BMI) 24.0-24.9, adult</td>
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<tr>
<td>Z68.25</td>
<td>Body mass index (BMI) 25.0-25.9, adult</td>
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<tr>
<td>Z68.26</td>
<td>Body mass index (BMI) 26.0-26.9, adult</td>
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<tr>
<td>Z68.27</td>
<td>Body mass index (BMI) 27.0-27.9, adult</td>
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<tr>
<td>Z68.28</td>
<td>Body mass index (BMI) 28.0-28.9, adult</td>
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<tr>
<td>Z68.29</td>
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<td>Z68.30</td>
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<tr>
<td>Z68.31</td>
<td>Body mass index (BMI) 31.0-31.9, adult</td>
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<tr>
<td>Z68.32</td>
<td>Body mass index (BMI) 32.0-32.9, adult</td>
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</table>
ICD-10 CODE | DESCRIPTION
--- | ---
Z68.33 | Body mass index (BMI) 33.0-33.9, adult
Z68.34 | Body mass index (BMI) 34.0-34.9, adult

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:
All those not listed under the “ICD-10 Codes that Support Medical Necessity” section of this article.

Group 1 Codes:
N/A

Additional ICD-10 Information
N/A

Bill Type Codes:
Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

<table>
<thead>
<tr>
<th>CODE</th>
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<tbody>
<tr>
<td>999x</td>
<td>Not Applicable</td>
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Revenue Codes:
Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

Group 1 Paragraph:
N/A

Group 1 Codes:
N/A
Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

LCD(s)
L38310 - Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 01/25/2020 with effective dates 03/15/2020 - N/A

Keywords

- hypoglossal
- nerve
- stimulation
- hsa
- hns
- osa
- sleep
- apnea