

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

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

## Article Information

### General Information

**Article ID**

A57948

**Original Effective Date**

03/15/2020

**Article Title**

Billing and Coding: Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea

**Revision Effective Date**

10/01/2020

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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**Retirement Date**

N/A

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**CMS National Coverage Policy**

N/A

# Article Guidance

## Article Text:

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

- non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected diagnosis code(s).

## 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:

CODE	DESCRIPTION
64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR
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)
0467T	REVISION OR REPLACEMENT OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR
0468T	REMOVAL OF CHEST WALL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY

### 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:**

ICD-10 CODE	DESCRIPTION
G47.33	Obstructive sleep apnea (adult) (pediatric)

**Group 2 Paragraph:**

**Secondary Diagnoses**

**Group 2 Codes:**

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

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.

CODE	DESCRIPTION
999x	Not Applicable

**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

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# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2020	R1	10/01/2020: The following ICD-10 code descriptions were changed in the Covered ICD-10 Codes field Group 2: Z68.1; Z68.20; Z68.21; Z68.22; Z68.23; Z68.24; Z68.25; Z68.26; Z68.27; Z68.28; Z68.29; Z68.30; Z68.31; Z68.32; Z68.33; Z68.34.  Revisions due to the Annual ICD-10 Updates, effective 10/1/2020.

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## 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 09/25/2020 with effective dates 10/01/2020 - N/A

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

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## Keywords

- hypoglossal
- nerve
- stimulation
- hsa
- hns
- osa

- sleep
- apnea