Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea

Policy Number:	**M20200528064**
Effective Date:	**8/1/2020**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☐ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☐ Medicare, if yes, which plan(s): ☐MAPD; ☐PDP; ☐ISNP; ☐CSNP
☐ Commercial, if yes, which type: ☐Large Group; ☐Small Group; ☐Individual
☐ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for **hypoglossal nerve stimulation (HNS)** for **obstructive sleep apnea (OSA)**.

Policy:

Background:
Obstructive sleep apnea (OSA) is a common disease that impacts quality of life. OSA is characterized by repeated episodes of apnea and hypopnea during sleep, loud snoring, and excessive daytime sleepiness. The main cause is the collapse of the upper airway during sleep. OSA has a big impact on quality of life and increases the risk of having a stroke and developing conditions such as hypertension and atrial fibrillation. An apnea-hypopnea index (AHI) of 15 or greater increases the risk for insulin resistance,

dyslipidemia, vascular disease, and death. While first line therapy for OSA is continuous positive airway pressure (CPAP), long-term compliance is as low as 40-60%. Studies also highlight the majority of patients do not use their CPAP optimally, necessitating the development of alternate therapies.

Hypoglossal Nerve Stimulation (HNS) utilizes an implantable pacemaker-sized pulse generator that senses chest wall movement during sleep and contracts the genioglossus muscle via stimulation of the hypoglossal nerve. Genioglossus contraction gently protrudes the tongue, which enlarges the retrolingual and retropalatal levels of the airway, allowing for increased air flow.

Commercial and Self-Funded:
Utilizing MCG Health criteria.

Medicare Advantage:
There currently is a Local Coverage Determination (LCD) and a Local Coverage Article (LCA) for hypoglossal nerve stimulation. Please refer to the links listed in the reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus & Essential Plan: utilizing the criteria below**.**

Clinical Indications:

Hypoglossal nerve stimulation for OSA is considered medically necessary and covered for MediSource, MediSource Connect, Child Health Plus and Essential Plan when **1 or more** of the following criteria are met:

- Member is 13 through 17 years of age with Down Syndrome and diagnosed with moderate to severe Obstructive Sleep Apnea (OSA) and **1 or more** of the following:
    - Has documented inability to tolerate PAP (positive airway pressure) therapy
    - Has failed PAP therapy
- Member is 18 years of age or older with a diagnosis of moderate to severe OSA and **1 or more** of the following:
    - Has documented inability to tolerate PAP therapy
    - Has failed PAP therapy

Pre-Authorization Required? Yes ☒ No ☐

Pre-authorization is required for this service.

Definitions

Hypoglossal Nerve Stimulation is an implantable neurostimulator pacemaker-sized device activating the protrusion muscles of the tongue via the hypoglossal nerve to open the lower pharyngeal airway. This system consists of 3 implanted components: a small, implanted pulse generator (IPG), a respiratory-sensing lead, and a stimulating lead surgically placed on the hypoglossal nerve. The patient may begin operating the system 4 to 6 weeks after surgical placement, via a remote control to turn the device on before going to sleep and turn it off upon awakening.

Obstructive sleep apnea: According to the American Academy of Sleep Medicine, OSA is a sleep-related breathing disorder that involves a decrease or complete halt in airflow despite an ongoing effort to breathe, occurring when the muscles relax during sleep, causing soft tissue in the back of the throat to collapse and block the upper airway. Patients with OSA may experience hypopneas and apneas in breathing that last at least 10 seconds during sleep. Most pauses last between 10 and 30 seconds, but some may persist for one minute or longer. The apnea-hypopnea index (AHI) is an average representing the combined number of apneas and hypopneas that occur per hour of sleep.

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory references
American Academy of Sleep Medicine (AASM) [web site]. Obstructive Sleep Apnea. Available at: https://aasm.org/resources/factsheets/sleepapnea.pdf Accessed February 12, 2026.

Symplr Inc. Evidence Analysis. Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea. Houston, TX: October 2018.

Regulatory References
Centers for Medicare and Medicaid Services (CMS) [web site]. Local Coverage Article: Billing and Coding: Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea (A57092). Available at: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57092&ver=24 Accessed February 12, 2026.

Centers for Medicare and Medicaid Services (CMS) [web site]. Local Coverage Determination (LCD): Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea (L38387). Available at: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=38387&ver=7ct Accessed February 12, 2026.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). Email response 08/15/2023.

New York State Medicaid Update - November 2024 Volume 40 - Number 12
Accessed January 28, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
4/1/2026	Health Care Services	Revised

8/1/2025	Health Care Services	Revised- Formatting only
3/1/2025	Health Care Services	Revised
10/1/2023	Health Care Services	Revised
10/1/2022	Health Care Services	Reviewed
11/1/2021	Health Care Services	Revised
8/1/2021	Health Care Services	Reviewed