



Inspire SleepSync Programming System User Guide

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Inspire SleepSync Programming System



Diagnosis Codes

Inspire Hypoglossal Nerve Stimulation (HGNS) therapy is used to treat a subset of patients with moderate to severe Obstructive Sleep Apnea (OSA) (apnea-hypopnea index [AHI] of greater than or equal to 15 and less than or equal to 100).

Diagnosis coding for HGNS implantation may involve the following code

ICD-10-CM Diagnosis Code	Code Description
G47.33*	Obstructive sleep apnea (adult), (pediatric)

This code includes obstructive sleep apnea-hypopnea.

For Medicare and Medicare Advantage Plans, there is a dual diagnosis requirement. Coverage for hypoglossal nerve stimulation procedures on patients who meet coverage criteria 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. Commercial Insurance may cover BMI up to 40.

Report a primary diagnosis code of OSA and a secondary diagnosis code from the Group below

ICD-10-CM Diagnosis Code	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
Z68.33	Body mass index [BMI] 33.0-33.9, adult
Z68.34	Body mass index [BMI] 34.0-34.9, adult

Implant Procedure CPT® Procedure Codes

Procedures involving HGNS may involve the following code:

CPT® Procedure Code	Code Description	Component
64582	Open implantation of hypoglossal nerve neur ostimulator array, pulse generator, and distal r espiratory sensor electrode or electrode array	

HCPCS II Device Codes

Coding for the HGNS device may involve the HCPCS II codes listed below. Some payors will contract for the device on C-codes while other payors will contract for the device on L-codes. Prior authorization is a good time to check for private payor's device-coding requirements. CPT® codes are assigned for the HGNS implant procedure. HCPCS II codes are assigned to identify the device itself.

HCPCS II Code	Code Description	
C1767	Generator, neurostimulator (implantable), non-rechargeable	
C1778	Lead, neurostimulator (implantable)	
C1787	Patient programmer, neurostimulator	
L8688	Implantable neurostimulator pulse generator, dual array, non- rechargeable, includes extension	
L8680	Implantable neurostimulator electrode, each	
L8681	Patient programmer (external) for use with implantable programmable neur ostimulator pulse generator, replacement only	

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Disclaimers

Inspire Medical Systems has authorized the completion of this Guide for the benefit of hospitals implanting Inspire HGNS therapy. Readers of this Guide are advised that the contents of this publication are to be used as guidelines and are not to be construed as policies of Inspire Medical Systems. Inspire Medical Systems specifically disclaims liability or responsibility for the results or consequences of any actions taken in reliance on the statements, opinions, or suggestions in this Guide. Inspire Medical Systems makes no representations or warranties concerning the contents of the Guide and disclaims any implied guarantee or warranty of fitness for any particular purpose. Inspire Medical Systems will not be liable to any individual or entity for any losses or damages that may be occasioned by the use of this Guide.

Specifications

- Product Name: Inspire Hypoglossal Nerve Stimulation (HGNS) therapy
- Intended Use: Treat a subset of patients with moderate to severe Obstructive Sleep Apnea (OSA)
- Diagnosis Criteria: AHI of greater than or equal to 15 and less than or equal to 100

Frequently Asked Questions (FAQ)

Q: What are the diagnosis criteria for HGNS implantation?

A: Patients with moderate to severe Obstructive Sleep Apnea (OSA) and an AHI of greater than or equal to 15 and less than or equal to 100 are eligible for HGNS therapy.

Q: Are there specific BMI requirements for insurance coverage?

A: For Medicare plans, BMI should be less than 35 kg/m2, while commercial insurance may cover BMI up to 40.

Documents / Resources



<u>Inspire SleepSync Programming System</u> [pdf] User Guide SleepSync Programming System, SleepSync, Programming System, System

References

• User Manual

Manuals+, Privacy Policy

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