WISeR Model Documentation Instructions: Hypoglossal Nerve Stimulation (HGNS) for Obstructive Sleep Apnea

The information below was retrieved from Version 3.0 of the CMS WISeR Model Provider & Supplier Guide (last updated on December 23, 2025) and is current as of January 27, 2026. Please contact your local Medicare Administrative Contractor (MAC) to ensure the most up-to-date documentation requirements.

Required Documentation: HGNS for Obstructive Sleep Apnea (L38307, L38310, L38385)

To meet coverage criteria, the patient's medical record must contain documentation that fully supports the medical necessity for services, such as the documentation requirements listed below. For detailed documentation requirements, providers who choose to submit a prior authorization request for a WISeR select item or service should refer to the relevant NCDs and/or their MAC jurisdiction's LCDs and Local Coverage Articles (LCAs), if available, for guidance. These can be found on the Medicare Coverage Database website (https://www.cms.gov/medicare-coverage-database/search.aspx). General documentation requirements for the implantation of a hypoglossal nerve stimulator for obstructive sleep apnea are as follows – the following requirements should be met:

- ☐ Age 22 or older
- ☐ Body mass index (BMI) is less than 35 kg/m^2
- ☐ Results of polysomnography performed within 24 months of first consultation of HGNS implant (include date of first consultation of HGNS implant and date of polysomnography test) showing:
    a) Predominantly obstructive events (defined as central and mixed apneas less than 25% of the total apnea-hypopnea index (AHI)) **AND**
    b) AHI is 15 to 65 events per hour
- ☐ Documentation demonstrating one of the following:
    a) Continuous positive airway pressure (CPAP) failure (defined as AHI greater than 15 events per hour, despite CPAP usage) **OR**
    b) CPAP intolerance (defined as less than 4 hours per night, 5 nights per week or CPAP has been returned) including shared decision making that the patient was intolerant of CPAP despite consultation with a sleep expert
- ☐ Drug-induced sleep endoscopy (DISE) procedure showing absence of complete concentric collapse at the soft palate level
- ☐ Documentation of any other anatomical findings that would compromise performance of device, e.g., tonsil size 4 per standardized tonsillar hypertrophy grading scale, laryngeal abnormalities that would cause a fixed obstruction (e.g., supraglottic stenosis, post-radiation fibrosis, laryngoceles, etc.), anterior cervical osteophytes impinging or pushing on the posterior pharynx
- ☐ Documentation of counseling regarding future MRI utilization (depending on model implanted)
- ☐ Assessment and documentation of none of the following contraindications:
    a) Central and mixed apneas compromising more than one-quarter of the total AHI

b) Another implantable device that could result in an unintended interaction with the HGNS implant system (e.g., pacemakers, implantable cardioverter-defibrillators, other nerve stimulators)
c) BMI equal to or greater than 35 kg/m^2
d) Neuromuscular disease
e) Hypoglossal-nerve palsy
f) Severe restrictive or obstructive pulmonary disease.
g) Moderate-to-severe pulmonary arterial hypertension
h) Severe valvular heart disease
i) New York Heart Association class III or IV heart failure
j) Recent myocardial infarction or severe cardiac arrhythmias (within the past 6 months)
k) Persistent uncontrolled hypertension despite medication use
l) An active, serious mental illness that reduces the ability to carry out Activities of Daily Living and would interfere with the patient's ability to operate the HGNS device and report problems to the attending provider
m) Coexisting non-respiratory sleep disorders that would confound functional sleep assessment
n) Patient is or plans to become pregnant
o) Patient is unable or does not have the necessary assistance to operate the sleep remote
p) Patient has a condition or procedure that has compromised neurological control of the upper airway

Appendix A. WISeR Select Items and Services as of December 23, 2025

The following Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes are subject to prior authorization or prepayment medical review under the WISeR Model.

WISeR aligns with current coding and billing guidance for the newer generation hypoglossal nerve stimulators implanted under CPT code 64568 (e.g., Inspire® V therapy system); this is a primary procedure code in WISeR for Vagus Nerve Stimulation.

CPT code 64568 is a primary procedure code in WISeR for Vagus Nerve Stimulation (see Table A4) and **would also be subject to prior authorization and pre-payment review if billed for implantation of a hypoglossal nerve stimulator for obstructive sleep apnea** (as defined by ICD-10 code G47.33, see Table C1).

Table A12. HGNS for the Treatment of Obstructive Sleep Apnea (LCD L38307, L38310, and L38385)

CODE	CODE DESCRIPTION
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array

Appendix B. WISeR Associated Codes List as of December 23, 2025

Although associated items and services do not undergo prior authorization, during claim review, these items and services will be approved if the primary service was:

- submitted for prior authorization and affirmed, OR
- not submitted for prior authorization but the claim was approved.

Associated items and services will be denied if the primary service was:

- submitted for prior authorization and non-affirmed, OR
- not submitted for prior authorization but the claim was denied.

Table B12. HGNS for Obstructive Sleep Apnea (LCD L38307, L38310, L38385)

ASSOCIATED CODE	ASSOCIATED CODE DESCRIPTION
00300	Anesthesia for procedures on the integumentary system, muscles, and nerves of the head, scalp, and neck
42975	Drug-induced sleep endoscopy, with dynamic evaluation of velum, pharynx, tongue base, and larynx for evaluation of sleep-disordered breathing, flexible, diagnostic
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator.
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
70360	Radiologic examination of the pharynx and soft tissues of the neck, including lateral and anteroposterior views
71045	Radiologic examination of the chest, single view
C1767	Generator, neurostimulator (implantable), nonrechargeable
C1778	Lead, neurostimulator (implantable)
C1787	Patient programmer, neurostimulator

***Note: These codes will be maintained throughout the duration of the WISeR Model and could be subject to change. Any updates would be included in a future version of the WISeR Provider and Supplier Operational Guide.*

Appendix C. ICD-10 Indications for Relevant WISeR Items and Services as of December 23, 2025

First and foremost, WISeR participants will follow coding and clinical guidance in the selected National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs). For a subset of WISeR select items and services, prior authorization and pre-payment review will be limited to certain indications as specified in the NCDs and LCDs; ICD-10 codes for those relevant WISeR select items and services are listed in Appendix C.

Table C1. Vagus Nerve Stimulation (VNS) (NCD 160.18)

ICD-10 CODE	ICD-10 CODE DESCRIPTION
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode, depressed severe, without psychotic features
F31.81	Bipolar II disorder
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent, severe without psychotic features
Z00.6	Encounter for examination for normal comparison and control in clinical research program
G47.33**	Obstructive sleep apnea (adult) (pediatric)

***Note: WISeR aligns with current coding and billing guidance for the newer generation hypoglossal nerve stimulators implanted under CPT code 64568 (e.g., Inspire® V therapy system); this is a primary procedure code in WISeR for Vagus Nerve Stimulation.*

The above table (Table C1) was retrieved from Version 3.0 of the CMS WISeR Model Provider & Supplier Guide (last updated on December 23, 2025). However, in a recent newsletter (published January 22, 2026), CMS issued a correction for NCD 160.18, clarifying that ICD-10-CM code G47.33 was incorrectly included as a covered indication for CPT code 64568. CMS has since removed this association from the NCD. Coverage for CPT code 64568 when billed with an OSA diagnosis is not nationally mandated and will continue to be determined by local MACs. For the most accurate and up-to-date documentation requirements, contact your local MAC.

This information was published in the Centers for Medicare & Medicaid Services Center for Medicare and Medicaid Innovation's *Wasteful and Inappropriate Service Reduction (WISeR) Model Provider and Supplier Operational Guide, Version 3.0*
Link: https://www.cms.gov/files/document/wiser-provider-supplier-guide.pdf
Last updated: January 27, 2026

Commented [AH1]: @Manthey, Jacob I think we can actually remove this whole section since CMS just removed G47.33 as a covered indication for CPT 64568? Let me know...

Commented [MJ2R1]: @Hall, Anna has Wiser come out with anything additional for this section or does theirs still list G47.33?

My initial thought is that all of this still applies, just the footnote about 64568 would need to change, because taking G47.33 off the list would imply that the model no longer applies to HGNS, right?