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

The information below was retrieved from Version 5.0 of the CMS WISeR Model Provider & Supplier Guide (last updated on March 12, 2026) and is current as of March 19, 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 March 12, 2026

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. Prior authorization and pre-payment medical review for HGNS will be implemented for the primary codes specified in the table below.

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

CODE	CODE DESCRIPTION	DATE INFORMATION (*IF APPLICABLE*)
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	
C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring an insertion of a separate distal respiratory sensor electrode or electrode array	Code available as of April 1, 2026; applicable for services delivered January 1, 2026 or later
C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and	Code available as of April 1, 2026; applicable for services delivered January 1, 2026 or later

	receiver, including external power source and all system components

Note: As published in the MLN Connects® Newsletter on January 22, 2026, WISeR does not include CPT 64568 billed with ICD-10 code G47.33 (obstructive sleep apnea). Additionally, CMS added new HCPCS codes to the April 2026 Integrated Outpatient Code Editor, effective January 1, 2026, as published in the MLN Connects® Newsletter on February 26, 2026. Providers with questions about billing for HGNS should contact their respective MAC.

Appendix C. WISeR Associated Codes List as of March 12, 2026

Associated codes are related to a WISeR item or service. The associated codes in Appendix C are not designed to be treated as stand-alone services and will not require separate prior authorization or pre-payment review. Claims for associated codes will be paid (assuming all existing requirements relevant to the associated codes are met) if a primary code for a WISeR Select Item or Service is affirmed during prior authorization or approved during pre-payment review. Claims for associated codes will be denied and/or payments for associated codes will be recouped if a primary code for a WISeR Select Item or Service has a non-affirmed prior authorization or is denied during pre-payment review.

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.*

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 5.0*
Link: https://www.cms.gov/files/document/wiser-provider-supplier-guide.pdf
Last updated: March 19, 2026