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**DATE: MARCH 1, 2025** 

TO: MEDICAID MANAGED CARE PROVIDERS

**RE: COVERAGE OF HYPOGLOSSAL NERVE STIMULATORS** 

**IMPACTED PLANS: MEDICAID, HARP & HIV SNP** 

Dear MetroPlusHealth Provider,

**Effective March 1, 2025**, per New York State (NYS) Medicaid guidance, MetroPlusHealth will begin coverage of Hypoglossal Nerve Stimulation (HGNS). HGNS is a treatment for individuals with Obstructive Sleep Apnea (OSA) who have difficulty tolerating positive airway pressure (PAP) therapy as a treatment or have failed PAP therapy.

**HGNS** coverage is limited for the following conditions:

- Individuals 13 -17 years old with Down Syndrome, <u>and</u> a diagnosis of moderate to severe OSA with inability to tolerate PAP therapy or has failed PAP therapy.
- Individuals 18 years of age and over with a diagnosis of moderate to severe OSA and inability to tolerate PAP therapy or has failed PAP therapy.

## State Billing Codes and Reimbursement Criteria

- Impacts Medicaid and HIV SNP:
  - For members between 13-17 years of age with a diagnosis of Down Syndrome.
    - CPT Codes: "64582", "64583", and "64584"
    - Diagnosis Codes: "Q90.0", "Q90.1", "Q90.2", and "Q90.9"
- Impacts Medicaid, HIV SNP, and HARP:

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- For members 13 years and older with a diagnosis of moderate to severe OSA with inability to tolerate PAP therapy OR has failed PAP therapy.
- o CPT Codes: "64582", "64583", and "64584"
- o **Diagnosis Codes**: "G47.30 to G47.37", and "G47.39"

CPT Code	Description
64582	Open implantation of HGNS array, pulse generator, and distal respiratory
	sensor electrode or electrode array.
64583	Revision or replacement HGNS array and distal respiratory sensor electrode or
	electrode array, including connection to existing pulse generator.
64584	Removal of HGNS, pulse generator, and distal array respiratory sensor
	electrode or electrode array.

If you have any questions regarding this memo, please contact MetroPlusHealth at: <a href="mailto:ProviderRelationsOps@metroplus.org">ProviderRelationsOps@metroplus.org</a>.

Thank you.

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