

	Hypoglossal Nerve Stimulation	
	Policy Number: POL-PP-113	Original Creation Date: 10/1/2019
	Version Number: 007	Version Effective Date: 10/1/2025
	Policy Status: Active	Next Review Date: 10/1/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input checked="" type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Tumor treating fields (TTF) therapy is a noninvasive technology intended to treat glioblastoma and malignant pleural mesothelioma on an outpatient basis and at home using electrical fields. Glioblastoma multiforme (GBM) is the most common and deadly malignant brain tumor. It has a very poor prognosis and is associated with low quality of life during treatment.

Malignant pleural mesothelioma is an aggressive tumor with few treatment options that is associated with significant morbidity and mortality.

Policy

Placement

Upper airway stimulation stimulates the hypoglossal nerve, which qualifies the system as a cranial nerve neurostimulator. Code 64582 describes the initial insertion or implantation of a hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array.

Neurostimulator Revision, Removal and Replacement

CPT code 64583 is used for revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator.

Removal of the hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array is reported with CPT code 64584. (For removal of one or two components of the hypoglossal nerve stimulator electrode array, pulse generator, or distal respiratory sensor, use modifier 52)

Analysis and Programming

Analysis of an implanted neurostimulator involves documenting settings and electrode impedances of the system parameters prior to programming.

Programming involves adjusting the system parameter(s) to address clinical signs and patient symptoms. Cranial nerve neurostimulator analysis with programming (95976, 95977) is reported based on the number of parameters adjusted during a programming session.

Code 95970 describes electronic analysis of the implanted cranial neurostimulator pulse generator/transmitter without programming.

Coding

CPT	Code Description
77299	Unlisted procedure, therapeutic radiology clinical treatment planning
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only (Not valid for Medicare purposes)
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type

References and Resources

Blue KC Medical Policy 7.01.101, Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome
American Medical Association CPT manual

Related Documents

Blue KC Medical Policy 7.01.101, Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome

Revision History

Version	Date	Summary of Revisions
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001	10/1/2019	Initial version
002	10/01/2020	Annual review, no updates or changes were made to the policy
003	10/1/2021	Annual review, no updates or changes were made to the policy
004	10/1/2022	Annual review, deleted T codes, 0466T, 0467T, and 0468T, added new codes 64582, 64583, and 64584
005	10/1/2023	Annual review, , added reference to Blue KC Medical Policy 7.01.101 Surgical Treatment of Snoring and Obstructive Sleep Apnea Syndrome
006	10/1/2024	Annual review, no updates or changes were made to the policy
007	10/1/2025	Annual review, no updates or changes were made to the policy