

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMEDEMMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Sleep Apnea, Minimally Invasive Surgical Treatment	2015035	<p><b>Coverage Policy will be updated:</b>  Hypoglossal nerve stimulation with the Inspire U.S. Food and Drug Administration (FDA) approved device meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria is considered Medically Necessary and is covered in adults with obstructive sleep apnea (OSA) when <b>ALL</b> of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• 18 years of age and older; <b>AND</b></li> <li>• AHI of 15 - 100 with less than or equal to 25% central apneas; <b>AND</b></li> <li>• CPAP failure (residual AHI equal to or greater than 15 or failure to use CPAP greater than or equal to 4 hours per night for greater than or equal to 5 nights per week) or inability to tolerate CPAP; <b>AND</b></li> <li>• Body mass index of less than or equal to 35 kg/m2; <b>AND</b></li> <li>• Absence of complete concentric collapse at the soft palate level</li> </ul> <p>Hypoglossal nerve stimulation with the Inspire U.S. Food and Drug Administration (FDA) approved device meets member benefit certificate Primary Coverage Criteria that there be scientific evidence of effectiveness in improving health outcomes or for members with contracts without Primary Coverage Criteria is considered Medically Necessary and is covered in adolescents or young adults with Down syndrome and OSA under the following conditions:</p> <ul style="list-style-type: none"> <li>• Age 10 to 18 years; <b>AND</b></li> <li>• AHI greater than 10 and less than 50 with less than or equal to 25% central apneas after prior adenotonsillectomy; <b>AND</b></li> <li>• Have either tracheotomy or be ineffectively treated with CPAP due to noncompliance, discomfort, undesirable side effects,</li> </ul>	Yes	05/15/2026	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2015035">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2015035</a>

		<p>persistent symptoms despite compliance use, or refusal to use the device; <b>AND</b></p> <ul style="list-style-type: none"><li>• Body mass index less than or equal to 95th percentile for age; <b>AND</b></li><li>• Absence of complete concentric collapse at the soft palate level</li></ul> <p>The following will not be covered:</p> <ul style="list-style-type: none"><li>• Hypoglossal nerve stimulation with any device not listed above, including but not limited to, any other U.S. Food and Drug Administration (FDA) approved devices (e.g., Genio);</li></ul>			
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