

Phrenic Nerve Stimulation for Central Sleep Apnea

Published: 07/01/2019

Next Review: 06/2020

Last Review: 06/2019

Medicare Link(s) Revised: 07/01/2019

IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Central sleep apnea (CSA) is characterized by repeated cessation or decrease in airflow and ventilatory effort during sleep. Currently, the use of positive airway pressure devices is the most common treatment for CSA; however, an implantable phrenic nerve stimulator device is being considered as a potential alternative treatment, to normalize sleep-related breathing patterns.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy only addresses **phrenic** nerve stimulation for *central* sleep apnea (CSA). It does not address **hypoglossal** nerve stimulation for *obstructive* sleep apnea (OSA). See Cross References for other Medicare Advantage medical policies.

CMS Coverage Manuals*

For **HCPCS code C1823** when used for **phrenic nerve stimulation for CSA**:

See Section 180 in the following link:

[§180 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare](#) (According to this Medicare reference, services "related to" non-covered services are also not covered services.)

National Coverage Determinations (NCDs)*

See References^[1]

The NCD 160.19 addresses the use of phrenic nerve stimulation as an alternative for patients with respiratory insufficiency who are dependent upon the use of a mechanical ventilator as well as maintenance of a permanent tracheotomy stoma. This NCD does not address the use of a phrenic nerve stimulator as a treatment of CSA. Therefore, see the Noridian LCD below.

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*

For *insertion or replacement (Category III codes 0424T-0427T), removal with or without replacement (0428T-0431T), repositioning (0432T, 0433T) and device evaluations (0434T-0436T)*:

- ✓ Non-Covered Services ([L35008](#))

**Scroll to the "Public Version(s)" section at the bottom of the LCD for links to prior versions if necessary.

POLICY GUIDELINES

REGULATORY STATUS

In October 2017, the FDA granted approval for the **remedē**[®] System (Respicardia, Inc.) through the premarket approval application process. The approved indication is for treatment of moderate to severe central sleep apnea in adults.

Note, the fact a new service or procedure has been issued a CPT/HCPCS code or "is FDA approved for a specific indication does not, in itself, make the procedure medically reasonable and necessary." (Noridian LCD L35008) The FDA determines safety and effectiveness of a device or drug, but does not establish medical necessity. While Medicare may adopt FDA determinations regarding safety and effectiveness, Medicare or Medicare contractors evaluate whether or not the drug or device is reasonable and necessary for the Medicare population under §1862(a)(1)(A).

CROSS REFERENCES

[Surgeries for Snoring, Obstructive Sleep Apnea Syndrome, and Upper Airway Resistance Syndrome](#), Surgery, Policy No. M-166

[Hypoglossal Nerve Stimulation](#), Surgery, Policy No, M-215

REFERENCES

1. NCD for *Phrenic Nerve Stimulator* (160.19); Available at: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=244&ncdver=1&DocID=160.19&bc=gAAAABAAAA&> [Last Cited 06/07/2019]

CODING

NOTE: According to CPT guidelines, "If a category III code is available, this code must be reported instead of a Category I unlisted code." If a different CPT code (including an unlisted code, such as 64999) is used instead of one of the applicable Category III codes, the service is still noncovered per the Medicare reference noted in the "Medicare Advantage Policy Criteria" section of the policy.

Codes	Number	Description
CPT	0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)
	0425T	; sensing lead only
	0426T	; stimulation lead only
	0427T	; pulse generator only
	0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only
	0429T	; sensing lead only
	0430T	; stimulation lead only
	0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only
	0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only
	0433T	; sensing lead only
	0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea
	0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session
	0436T	; during sleep study
HCPCS	C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.