Date

Insurance

Attn: Appeals & Grievances

Fax:

Denied Auth#

RE: Appeal of denial for medical benefits and medical necessity for the surgical implantation of an upper airway stimulation (UAS) device for the hypoglossal nerve (12th cranial nerve) due to obstructive sleep apnea. (FDA PMA Approval: Inspire UAS System April 30, 2014)

Patient:

Subscriber ID:

Date of Birth:

**Diagnosis:** **G47.33**: Obstructive Sleep Apnea (adult) (pediatric)

**Surgical Procedure:** **CPT 64582:** Insertion of hypoglossal nerve neurostimulator electrode and

generator and breathing sensor electrode

**HCPCS** **L8680****:** Implantable neurostimulator electrode, each when specified as component of an HNS **(x2)**

**HCPCS** **L8688**: Implantable neurostimulator pulse generator, dual array; non- rechargeable, includes extension when specified as a component of an HNS

**HCPCS C1778**: Implantable neurostimulator electrode, each **(x2)**

**HCPCS C1767**: Implantable neurostimulator pulse generator, dual array, non-rechargeable

**HCPCS C1787:** Patient programmer, neurostimulator

**SPECIALIST REVIEW REQUEST**

Please accept this letter as my appeal to XXXXXXXX’s decision to deny coverage for upper airway stimulation of the cranial nerve (via the hypoglossal nerve) with the implantable Inspire device for my patient, XXXXXXXXx. It is my understanding based on your denial that this procedure has been denied because XXXXXXXXXXXX.

Physician Rationale

I am requesting a review of the decision to deny this procedure and for this review to be conducted by a Board-certified Otolaryngologist or a physician certified in Sleep Medicine. The denial of this treatment is preventing my patient’s access to valuable medical treatment that can significantly enhance his health, prevent, or reduce the risk of other medical problems in the future, and improve his quality of life. As such, I respectfully request another review and approval of the procedure/treatment.

Thank you for your assistance and consideration on this matter.

Sincerely,

Physician Name

NPI:

Phone:

Fax: 763-235-6700