

# MEDICAL POLICY STATEMENT

## Ohio Medicaid

| Policy Name & Number   | Date Effective |
|--|----------------|
| <b>Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea-OH MCD-MM-1253</b> | 05/01/2024     |
| Policy Type  |                |
| <b>MEDICAL</b>   |                |

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A. Subject

**Hypoglossal Nerve Stimulation for the Treatment of Obstructive Sleep Apnea**

B. Background

Obstructive Sleep Apnea (OSA) is a chronic disorder characterized by recurrent episodes of upper airway obstruction during sleep. The untreated disruption of airflow caused by OSA is associated with multiple comorbidities, such as nocturnal hypoxemia, cardiac arrhythmia, hypertension, an increased risk of cardiovascular disease, cessation of breathing, loud snoring, and daytime sleepiness. Continuous positive airway pressure (CPAP) therapy, which delivers oxygen in a continuous stream independent of whether the patient is inhaling or exhaling a breath, has been the mainstay therapy for treatment [1]. CPAP is the most effective treatment for OSA, but it is often uncomfortable and difficult to use. As a result, a large percentage of patients are unable to tolerate CPAP therapy, and adherence is low. As a result, alternative treatment strategies are necessary.

The hypoglossal nerve is the twelfth cranial nerve and innervates all the extrinsic and intrinsic muscles of the tongue, except for the palatoglossus, which is innervated by the vagus nerve. It is a nerve with a solely motor function. The nerve arises from the hypoglossal nucleus in the brain stem as a number of small rootlets, passes through the hypoglossal canal and down through the neck, and eventually passes up again over the tongue muscles it supplies into the tongue. There are two hypoglossal nerves in the body: one on the left and one on the right.

The hypoglossal nerve stimulator (HGNS)

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The MEDICAL Policy Statement detailed above has received due consideration as defined in the  
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