

EAST VALLEY COMPREHENSIVE SLEEP  
CENTER

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3755 S. Rural Road, Suite  
200  
Tempe, AZ 85282  
Tel: (480) 555-9234  
Fax: (480) 555-9235

Patient Name:	Rodriguez, Carlos Javier	MRN:	EV-558921
Date of Birth:	08/11/1967	Age/Sex:	57 years / Male
Insurance:	Medicare Part B	Policy ID:	5JK-67-558921
Visit Date:	12/03/2024	Provider:	Andrew Kim, MD

PRE-AUTHORIZATION REQUEST

**Procedure:** Hypoglossal Nerve Stimulation (HNS)  
**CPT Code:** 64568  
**ICD-10 Code:** G47.33 - Obstructive sleep apnea, severe  
**Provider NPI:** 7829461053

CLINICAL PRESENTATION

Mr. Rodriguez is a 57-year-old Hispanic male with severe obstructive sleep apnea diagnosed in 2016. He presents with excessive daytime somnolence significantly impacting his work as a construction supervisor. Reports near-miss motor vehicle accident due to drowsiness last month. Wife reports patient "stops breathing all night long" with loud gasping upon arousal.

Epworth Sleepiness Scale: 17/24 (severe range)  
STOP-BANG Score: 6/8 (high risk)

POLYSOMNOGRAPHY (11/19/2024)

Parameter	Value	Reference Range
AHI	51.3 events/hour	<5 normal
RDI	58.7 events/hour	<5 normal
Oxygen Nadir	75%	>90% normal

ODI 4%	47.2 events/hour	<5 normal
Central Apnea Index	4.1 events/hour (8.0%)	<5 events/hour
Mixed Apnea	0.5 events/hour (1.0%)	-
Non-supine AHI	33.7 events/hour	Must be $\geq 10$
Time <90% SpO <sub>2</sub>	18.3% of TST	<1% normal

### CPAP INTOLERANCE DOCUMENTATION

#### **Trial 1 (January 2017 - December 2018): 24 months**

- Multiple mask types attempted (nasal, full face, nasal pillows)
- Average nightly use: 1.8 hours
- Discontinued: Claustrophobia and panic attacks

#### **Trial 2 (March 2020 - September 2021): 19 months**

- BiPAP therapy attempted with pressure support
- Average nightly use: 1.2 hours
- Discontinued: Aerophagia and persistent mask discomfort

#### **Trial 3 (February 2023 - November 2024): 22 months**

- APAP with heated humidification
- Desensitization therapy attempted
- Average nightly use: <1 hour
- Persistent intolerance despite behavioral interventions

**Total CPAP trial duration: 65 months (>5 years)**

### DRUG-INDUCED SLEEP ENDOSCOPY (11/26/2024)

**Performed by:** Mark Stevens, MD (Otolaryngology)

**Anesthesia:** Propofol infusion

#### **Findings:**

- Velum (soft palate): Moderate anteroposterior and lateral collapse
- Oropharyngeal lateral walls: Moderate collapse
- Tongue base: Moderate posteroinferior collapse
- Hypopharynx: Mild collapse
- Retropalatal airway: Patent - no complete concentric collapse observed
- Tonsils: Grade 1 (minimal)
- Larynx: No obstruction

**Conclusion:** Multilevel collapse pattern favorable for hypoglossal nerve stimulation therapy. No anatomical contraindications identified.

PHYSICAL EXAMINATION

Height:	5'10" (178 cm)	Weight:	198 lbs (89.8 kg)
BMI:	28.4 kg/m <sup>2</sup>	Neck Circumference:	17 inches
Blood Pressure:	142/88	Heart Rate:	78 bpm
Mallampati:	Class III	Friedman:	Stage III

MEDICAL HISTORY & MEDICATIONS

Comorbidities:

- Hypertension (on medication)
- Type 2 Diabetes Mellitus (A1C 7.2%)
- Dyslipidemia
- No history of stroke or neuromuscular disease
- No previous upper airway surgery

Current Medications:

• Lisinopril 10mg daily	• Metformin 1000mg BID
• Atorvastatin 40mg daily	• Aspirin 81mg daily

PHYSICIAN ASSESSMENT AND PLAN

Mr. Rodriguez has severe OSA with well-documented CPAP intolerance spanning over 5 years despite multiple mask types and pressure modalities. DISE demonstrates favorable anatomy without complete retropalatal collapse. Given his occupation and recent near-miss MVA, treatment is urgent.

Plan:

1. Approve for hypoglossal nerve stimulation implantation
2. Pre-operative surgical consultation with Dr. Stevens
3. Pre-operative cardiac clearance given HTN and DM
4. Schedule implantation within 4-6 weeks
5. Device activation 4 weeks post-implantation

6. Titration polysomnography at 3 months post-activation

7. Long-term follow-up every 6 months

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*Andrew Kim MD*

Andrew Kim, MD

Board Certified in Sleep Medicine

Board Certified in Internal Medicine

NPI: 7829461053

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Date: 12/03/2024