

VERDE VALLEY SLEEP MEDICINE CENTER

Comprehensive Sleep Disorders Clinic  
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Date: 11/30/2024  
Time: 11:30  
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**Patient Name:** Wilson, Michael Thomas  
**Date of Birth:** 05/15/1960 (64 years)  
**MRN:** VV-287493  
**Insurance:** Medicare Part B  
**Policy Number:** 4EF-60-287493

PRE-AUTHORIZATION REQUEST

**Procedure:** Hypoglossal Nerve Stimulation (HNS)  
**CPT Code:** 64568  
**ICD-10:** G47.33, G47.31  
**Requesting Provider:** Dr. Rachel Green, MD (NPI: 3847291056)

CLINICAL HISTORY

64-year-old male with mixed sleep apnea syndrome. Initial diagnosis 2019. History of congestive heart failure (EF 40%), atrial fibrillation on anticoagulation. Complains of severe daytime fatigue, morning headaches, and witnessed apneas.

Epworth Sleepiness Scale: 16/24  
STOP-BANG Score: 7/8 (high risk)

POLYSOMNOGRAPHY RESULTS (11/22/2024)

Parameter	Value	Interpretation
Total AHI	39.7 events/hour	Severe
Obstructive Apnea Index	26.8 events/hour	67.5%
Central Apnea Index	10.3 events/hour	26.0% of total
Mixed Apnea Index	2.6 events/hour	6.5%
Lowest SpO2	78%	Severe desaturation
Non-supine AHI	22.4 events/hour	Meets threshold

⚠Central apnea component exceeds 25% threshold (26.0% of total events)

CPAP/BIPAP HISTORY

**Trial 1 (2019-2020):** CPAP x 15 months

- Poor tolerance, avg <2 hrs/night
- Treatment-emergent central apneas noted

**Trial 2 (2021-2022):** BiPAP S/T x 18 months

- Better tolerance initially
- Persistent central events
- Discontinued due to mask discomfort

**Trial 3 (2023-2024):** ASV (Adaptive Servo-Ventilation) x 8 months

- Contraindicated due to CHF with EF <45%
- Discontinued per cardiologist recommendation

Total documented PAP trials: 41 months

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

Performed by: Dr. Steven Mills, ENT

**Findings:**

- Velum: Moderate collapse
- Oropharynx: Lateral wall collapse
- Tongue base: Mild-moderate collapse
- Retropalatal: No complete concentric collapse
- Tonsils: Grade 1

Note: Anatomy otherwise favorable for HNS if not for high central component

**PHYSICAL EXAMINATION**

<b>Height:</b>	5'10"	<b>Weight:</b>	195 lbs
<b>BMI:</b>	28.0 kg/m <sup>2</sup>	<b>Neck:</b>	16.5 inches
<b>BP:</b>	134/78	<b>HR:</b>	68 (irregular)

**COMORBIDITIES**

- Congestive heart failure (EF 40%)
- Atrial fibrillation (on warfarin)
- Hypertension
- Hyperlipidemia
- CKD Stage 2

**ASSESSMENT AND PLAN**

High central component likely related to underlying cardiac disease.

**Plan:**

1. Optimize cardiac management with cardiology
2. Consider oxygen therapy
3. Re-trial BiPAP S/T with closer monitoring

5. Sleep position therapy for positional component
6. Reassess if central component decreases with cardiac optimization

Rachel Green, MD  
Board Certified Sleep Medicine  
11/30/2024