

SLEEP MEDICINE ASSOCIATES OF ARIZONA

Phoenix Sleep Clinic | Tel: (602) 555-2847

Patient Name:	Robert Martinez	Insurance:	Medicare (Arizona BCBS)
DOB:	06/12/1959	Policy #:	1ZZ-00-842915
Age/Sex:	65 years old / Male	Date of Visit:	11/20/2024
MRN:	842915	Request Date:	11/22/2024

REQUEST FOR AUTHORIZATION

Pre-Authorization Request for: HYPOGLOSSAL NERVE STIMULATION (HNS)
Procedure Code: 64568 (Implantation of cranial nerve stimulator)
Diagnosis: Obstructive Sleep Apnea (OSA), moderate-to-severe
ICD-10: G47.33 (Obstructive sleep apnea, severe)

HISTORY OF PRESENT ILLNESS

Patient is a 65-year-old male with long-standing history of moderate-to-severe obstructive sleep apnea diagnosed 8 years ago. Has tried multiple treatment modalities over the years with limited success. Recently completed comprehensive sleep evaluation for potential upper airway stimulation candidate evaluation.

Patient reports significant daytime somnolence, fatigue, and witnessed apneas by spouse.
Reports falling asleep at traffic lights, which has created safety concerns. Wife reports "breathing stops for 30-40 seconds at a time" during sleep multiple times per night.

Sleep hygiene: Sleeps 6-7 hours per night. No significant comorbid insomnia noted. Bed partner reports restless sleep, witnessed gasping episodes, loud snoring.

SLEEP APNEA HISTORY

Initial Diagnosis: 2016 - diagnosed via home sleep test
Prior Sleep Studies:
- Home Sleep Test (2016): AHI 28 events/hour, O2 nadir 84%
- In-lab PSG (2018): AHI 35 events/hour, ODI 32 events/hour
- In-lab PSG (2023): AHI 42 events/hour, ODI 38 events/hour (most recent)

Current baseline polysomnography (11/15/2024):
AHI: 44 events/hour
ODI (4% desaturation index): 40 events/hour
Lowest O2 saturation: 82%
Time spent at O2 <90%: 8.2% of sleep time
REM sleep AHI: 52 events/hour
Non-supine AHI: 28 events/hour
Central apnea index: 3.5 events/hour (8% of total events)
Mixed apnea: 2% of events

CPAP HISTORY AND INTOLERANCE

CPAP Trial #1 (2016-2018): 20 months

- Started with nasal mask, multiple mask changes tried
- Pressure setting: 10 cm H2O
- Patient reports: "Felt claustrophobic, couldn't get used to the mask"
- Compliance: <2 nights/week average
- D/C reason: Patient intolerance, refused to continue

CPAP Trial #2 (2019-2020): 14 months

- Tried with different mask styles (oronasal, nasal pillows)
- Pressure: 11 cm H2O
- Patient reports: "Nasal congestion, felt like suffocating"
- Compliance: <1 night/week
- D/C reason: Patient intolerance

CPAP Trial #3 (2023-2024): 8 months (most recent)

- Tried with humidification added
- Pressure: 10-12 cm H2O range
- Patient reports: "Still feel uncomfortable, waking up gasping"
- Compliance: 2-3 nights/week, giving up
- D/C reason: Unable to tolerate despite multiple interventions

Total documented CPAP attempts: 42 months over 8-year period

DRUG-INDUCED SLEEP ENDOSCOPY (DISE)

Date Performed: 11/18/2024

Performing Physician: Dr. Sarah Kim, MD (Board-Certified Otolaryngology)

Anesthesia: Propofol infusion

Findings:

- Velum (soft palate): Mild to moderate collapse on inspiration
- Oropharynx: Lateral pharyngeal wall collapse (bilateral, mild)
- Retropalatal airway: Patent - no complete concentric collapse observed
- Hypopharynx: Mild collapse on inspiration
- Tonsil size: Grade 1 (small, not enlarged)
- Tongue base: Mild retroglossus collapse

Impression: Suitable candidate for hypoglossal nerve stimulation

PHYSICAL EXAMINATION

Height: 5'10" (177 cm)

Weight: 189 lbs (85.7 kg)

BMI: 27.1 kg/m²

Neck circumference: 16.5 inches

Mallampati score: Class III

Blood pressure: 132/82 (on medication)

Heart rate: 76 bpm regular

MEDICAL HISTORY

- Hypertension (controlled on medication)
- Type 2 Diabetes (controlled, A1C 6.8%)
- Hyperlipidemia (on statin)
- Obstructive Sleep Apnea
- No previous upper airway or neurologic surgeries
- Allergies: NKDA

CURRENT MEDICATIONS

Medication	Dose	Frequency
Lisinopril	10 mg	Daily
Atorvastatin	20 mg	Daily
Metformin	1000 mg	BID
Aspirin	81 mg	Daily

PHYSICIAN ASSESSMENT AND PLAN

Patient has failed multiple CPAP trials over extended period. DISE shows favorable anatomy for hypoglossal nerve stimulation with no complete retropalatal collapse.

Plan:

1. Proceed with HNS implantation following insurance approval
2. Pre-operative surgical consultation with ENT
3. Continue current medications perioperatively
4. Post-implant activation in 4-6 weeks
5. Follow-up sleep study at 6 months post-activation

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