

## Hypoglossal Nerve Stimulator Checklist

Hypoglossal Nerve Stimulator	Yes	No	N/A
1. Is the beneficiary 22 years old or older?			
2. Is the beneficiary's BMI less than 35kg/m <sup>2</sup> ?			
3. Does the polysomnography (PSG) demonstrate an AHI of 15 to 65 events per hour within 24 months of the initial consultation for HNS implant?			
4. Does the beneficiary have central and mixed apneas less than 25% of the total AHI?			
5. Shared Decision-Making (SDM) between the beneficiary, sleep physician, AND qualified otolaryngologist			
6. Confirmed absence of complete concentric collapse at the soft palate level by a drug-induced sleep endoscopy (DISE) procedure			
7. Absence of anatomical findings that would compromise performance of device			
8. Are you using an approved FDA implant (PMA No. P130008; Inspire® Upper Airway Stimulation (UAS) System, Model 3028 IPG, P130008/S016; Inspire® Upper Airway Stimulation (UAS) System, Model 3028 IPG, PMA No. P130008/S021)			