Inspire Medical Systems

Physician Billing Guide 2020

Inspire
Sleep Apnea Innovation

Inspire Medical Systems Physician Billing Guide

This Physician Billing Guide was developed to help providers correctly bill for Inspire Upper Airway Stimulation (UAS) therapy. This Guide provides background information on payer coverage for implantable devices as well as proper coding and billing for Medicare and private payers. The contents are intended to augment the physician's current awareness of coding and coverage for implantable devices.

Inspire Medical Systems has made every effort to ensure that the information in this Guide is suitable, accurate, and appropriate to describe and code the services provided in the care and management of patients undergoing a UAS implant procedure for obstructive sleep apnea. The sample codes displayed should be used to facilitate appropriate coding and should not be construed as recommendations or guidelines in establishing policy, physician services or procedures, physician practice, or standards of care.

For questions regarding reimbursement, please call the Inspire Reimbursement Hotline at 1-833-897-0939 or email questions to reimbursement@inspiresleep.com.

Inspire Medical Systems Physician Billing Guide

Device and Procedure Description

Device

Inspire Upper Airway Stimulation (UAS) therapy is a neurostimulation system for the treatment of moderate to severe obstructive sleep apnea. The system detects breathing patterns while the patient is sleeping and stimulates the hypoglossal nerve (cranial nerve XII) to move the tongue and soft palate from obstructing the airway.

The system consists of three implantable components:

- Generator – Like all neurostimulators, the generator provides the electrical stimulation pulse.
- Stimulation Lead – The stimulation lead delivers the stimulation pulse to the hypoglossal nerve.
- Breathing Sensor Lead – The breathing sensor lead detects breathing patterns and relays this information to the generator.

Upper Airway Examination Coding

DISE (Drug Induced Sleep Endoscopy) is a required diagnostic procedure for evaluating palatial collapse for Hypoglossal Nerve Stimulation. During the procedure, artificial sleep is induced by midazolam and/or propofol, and the pharyngeal collapse patterns are visualized using a flexible fiberoptic nasopharyngoscope. The level (palate, oropharynx, tongue base, hypopharynx/epiglottis), the direction (anteroposterior, concentric, lateral), and the degree of collapse (none, partial, or complete) are examined. Occasionally, a physician may choose to examine the upper airway while the patient is awake using local anesthesia.

Implant Procedure

The generator is placed in a subcutaneous pocket created via blunt dissection, typically in the upper chest. Following surgical exposure, the stimulation lead is placed in the upper neck with the cuff wrapped around the hypoglossal nerve. It is tunneled subcutaneously to the upper chest and connected to the generator. The breathing sensor lead is placed via incision into the plane between the external and internal intercostal muscles in the lower chest. It is tunneled subcutaneously and connected to the generator. The system is programmed and periodically interrogated and re-programmed to meet the patient's needs.

Analysis and Programming Procedures

During electronic analysis of the implanted neurostimulator pulse generator/transmitter, settings such as electrode configuration, amplitude, pulse width, rate, start delay, burst, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters are analyzed.

Programming includes adjusting parameters (eg, current, frequency, pulse width, train duration, magnet mode, or sensing), based on respiratory, obstructive apneas and/or swallowing difficulties. The physician or other qualified health care professional conducts multiple stimulation trials, adjusting the parameters until optimal therapeutic stimulation are achieved.

Coverage

FDA Approval

Inspire UAS therapy received PMA approval from the FDA on April 30, 2014.

Medicare Coverage

Medicare and other payers determine whether to cover the procedure or technology as a health benefit based on the published literature as well as business considerations. The first requirement is FDA approval.

> An FDA-regulated product must receive FDA approval or clearance (unless exempt from the FDA premarket review process) for at least one indication to be eligible for consideration of Medicare coverage (except in specific circumstances). However, FDA approval or clearance alone does not entitle that technology to Medicare coverage.
>
> 8.7.2013, Federal Register, Vol. 78, No. 152, page 48165

Although not required, Medicare may develop national or local coverage policies specific to the procedure or technology. These policies may extend coverage for the procedure or technology for certain diagnoses or in specific scenarios, or they may identify the procedure or technology as generally non-covered. At this time, there is no Medicare national coverage policy on the UAS device, however some Medicare Administrative Contractors (MACs) have released policies and guidelines for UAS on the local or regional level.

It is the responsibility of the provider to be aware of existing Medicare coverage policies before providing the service to Medicare beneficiaries.

Traditional Medicare does not require or allow prior authorization or prior approval for procedures. To limit the risk of Medicare non-coverage, physicians should contact their local MAC's Medical Director in advance. Physicians can also contact Inspire Medical Systems for support in this process.

Note: Medicare Advantage plans are managed by commercial payers. Those payers may require prior authorization for Medicare Advantage patients.

Private Payer Coverage

Private payers also require FDA approval. Once approved, coverage is determined according to the framework of each patient's specific plan, rather than on a geographic basis like Medicare.

Unlike traditional Medicare, private payers often require prior authorization for an elective procedure such as UAS implantation. Before scheduling a patient's UAS procedure, the physician can contact Inspire Medical Systems' Prior Authorization program to determine the availability of coverage. Proceeding without a required prior authorization typically results in denial and non-payment.

Reimbursement Denials

Private payers sometime deny prior authorizations or a submitted claim. Medicare may also deny a submitted claim. See Appendix A for information on the Medicare appeal process. For private payer denials, physicians can contact Inspire Medical Systems for support. When doing so, it is helpful to provide the payer's denial letter or the Explanation of Benefits outlining the reasons for denial.

Upper Airway Examination Coding

Diagnosis Codes

Diagnosis coding for endoscopic evaluation of the upper airway may involve the following code:

ICD-10-CM Diagnosis Code	Code Description
G47.33	Obstructive sleep apnea (adult), (pediatric)

This code includes obstructive sleep apnea hypopnea.

Procedure Codes

Pre-operative anatomical assessment of the upper airway is required for all Inspire patients. The procedure most performed is a Drug Induced Sleep Endoscopy (DISE), which is an evaluation of the upper airway after pharmacologic induction of unconscious sedation. Occasionally a physician may choose to examine the upper airway while the patient is awake using local anesthesia. The following codes can be used for either asleep or awake endoscopic examinations.

CPT®[1] Procedure Code	Code Description	RVU*	Service
92511	Nasopharyngoscopy with endoscope (separate procedure)	NF 3.18 Fac 1.08	Asleep or awake, nasal approach
92502	Otolaryngologic examination under general anesthesia**	NF - NA Fac 2.69	Asleep only
31575	Laryngoscopy, flexible fiberoptic; diagnostic	NF 3.49 Fac 1.90	Asleep or awake, nasal or oral approach

*2020 RVUs as published in 2020 Physician Fee Schedule Final Rule
NF = Non-Facility RVU Value
Fac = Facility RVU Value
Note: Facility RVU values reflect physician time and work for services performed in a facility (i.e. hospital or ASC) setting. Non-facility RVUs reflect the physician time and work and practice expense to perform the service is a freestanding (i.e. non-hospital-based) clinic

** Cannot be reported with 31575 (Correct Coding Initiative (CCI) edits) If CPT® 31575 is billed with 92511, most extensive procedure edit applies.

Implant Coding

Implant Diagnosis Codes

Inspire Upper Airway Stimulation (UAS) therapy is used to treat a subset of patients with moderate to severe Obstructive Sleep Apnea (OSA) (apnea-hypopnea index [AHI] of greater than or equal to 15 and less than or equal to 65). Diagnosis coding for UAS implantation may involve the following code:

ICD-10-CM Diagnosis Code	Code Description
G47.33	Obstructive sleep apnea (adult), (pediatric)

This code includes obstructive sleep apnea hypopnea.

For Medicare there is a dual diagnosis requirement. Coverage for hypoglossal nerve stimulation procedures on patients who meet coverage criteria must include both a primary ICD-10-CM diagnosis code indicating the reason for the procedure and a secondary ICD-10-CM diagnosis code indicating the Body Mass Index (BMI) is less than 35 kg/m2 as set forth in the LCD Covered Indications. Report a primary diagnosis code of OSA and a secondary diagnosis code from Group below:

ICD-10-CM Diagnosis Code	Code Description
Z68.1	Body mass index (BMI) 19.9 or less, adult
Z68.20	Body mass index (BMI) 20.0-20.9, adult
Z68.21	Body mass index (BMI) 21.0-21.9, adult
Z68.22	Body mass index (BMI) 22.0-22.9, adult
Z68.23	Body mass index (BMI) 23.0-23.9, adult
Z68.24	Body mass index (BMI) 24.0-24.9, adult
Z68.25	Body mass index (BMI) 25.0-25.9, adult
Z68.26	Body mass index (BMI) 26.0-26.9, adult
Z68.27	Body mass index (BMI) 27.0-27.9, adult
Z68.28	Body mass index (BMI) 28.0-28.9, adult
Z68.29	Body mass index (BMI) 29.0-29.9, adult
Z68.30	Body mass index (BMI) 30.0-30.9, adult
Z68.31	Body mass index (BMI) 31.0-31.9, adult
Z68.32	Body mass index (BMI) 32.0-32.9, adult
Z68.33	Body mass index (BMI) 33.0-33.9, adult
Z68.34	Body mass index (BMI) 34.0-34.9, adult

Implant Procedure Codes

The initial UAS implant procedure may involve the following codes:

CPT® Procedure Code	Code Description	Facility RVU*	Component
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	18.06	Generator and stimulation lead
+ 0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to a pulse generator (List separately in addition to code for primary procedure) (Use 0466T in conjunction with 64568)	0.00	Breathing sensor lead

Regular Category I CPT® code 64568 is assigned for placement of the generator and the stimulation lead. Because UAS stimulates the hypoglossal nerve, the system qualifies as a cranial nerve neurostimulator.

The breathing sensor lead is a distinct component and is represented by Category III CPT® code +0466T. As indicated by the + symbol, this is an add-on code and cannot be assigned by itself. Code +0466T for the breathing sensor lead must always be assigned together with code 64568 for the generator and stimulation lead.

Revision, Removal and Replacement Procedure Coding

In addition to implantation, the UAS device may require revision, removal, or replacement at some time during its life cycle. These procedures may involve the following codes:

CPT® Procedure Code	Code Description	Facility RVU*	Component
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	24.69	Generator
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	11.39	Generator
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	21.90	Stimulation lead
64570	Removal of cranial nerve neurostimulator electrode array and pulse generator	21.08	Generator and Stimulation lead
64585	Revision or removal of peripheral neurostimulator electrode array	4.14	Stimulation lead
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	NA	Breathing sensor lead

0468T	Removal of chest wall respiratory sensor electrode or electrode array	NA	Breathing sensor lead

Regular Category I CPT® codes for cranial neurostimulators are used for revision, removal, and replacement procedures involving the generator and/or the stimulation lead. Category III codes are used for revision, replacement, and removal of only the breathing sensor lead.

Analysis and Programming Coding

Analysis and Programming Diagnosis Coding

Diagnosis coding for routine UAS analysis and programming may involve the following codes:

ICD-10-CM Diagnosis Code	Code Description
G47.33	Obstructive sleep apnea (adult), (pediatric)
Z45.42	Encounter for adjustment and management of neuropacemaker (brain) (peripheral nerve) (spinal cord)

Polysomnogram Procedure Coding

The UAS device requires programming during an in-lab sleep study. The appropriate polysomnogram code to be used in conjunction with device programming is:

CPT® Procedure Code	Code Description	RVU*	Service
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	NF 17.21 Fac 3.45	Polysomnogram performed during programming

Analysis and Programming Procedure Coding

CPT® Procedure Code	Code Description	RVU*	Service
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve neurostimulator pulse generator/transmitter, without programming	NF .55 Fac .54	Device analysis *only*, without programming, subsequent visits only (not at the time of generator implantation)
95976	Electronic analysis of implanted neurostimulator pulse generator/ transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	NF 1.18 Fac 1.16	Device analysis and *simple* programming (not at the time of generator implantation)
95977	Electronic analysis of implanted neurostimulator pulse generator/ transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	NF 1.54 Fac 1.52	Device analysis and *complex* programming (not at the time of generator implantation)

Code 95970 is not assigned for device analysis when performed at the time of generator implantation. CPT® manual instructions state that code 95970 describes only “subsequent” electronic analysis of “a previously implanted” generator.

Code 95976 is defined for simple programming and code 95977 is defined for complex programming. Simple programming refers to changing three or fewer parameters. Complex programming refers to changing four or more parameters.

Whenever programming is performed, it is essential that physicians individually name and document the specific parameters changed for coding purposes.

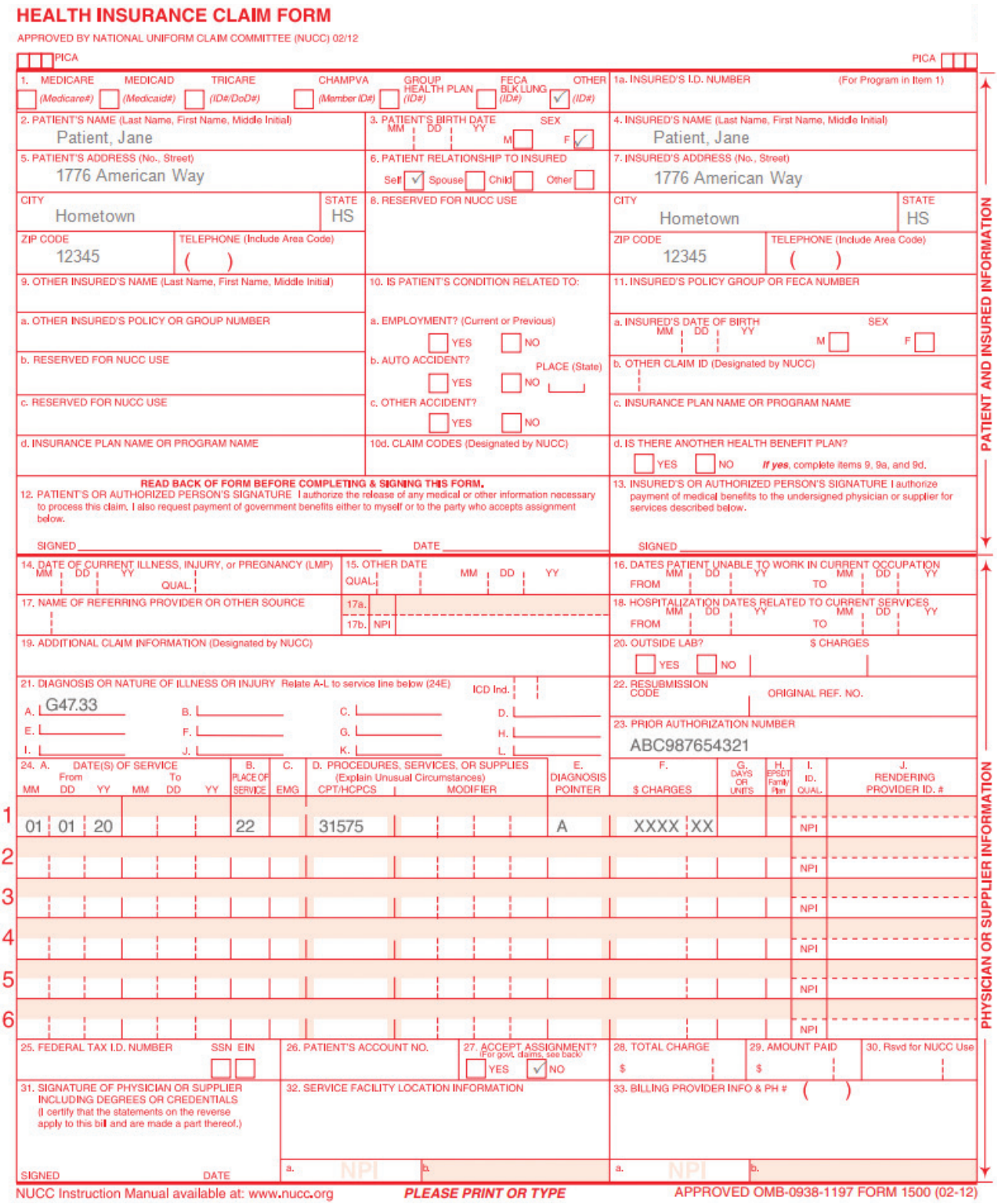
Billing Requirements

Medicare has specific instructions for submitting physician claims. Prior authorization is a good time to check for the payer's billing requirements specific to implantable devices.

Physician Billing on the CMS-1500

Claim Form Item	Values	Notes
Item 21A	Diagnosis (primary)	Display the primary ICD-10-CM diagnosis codes (see page 6).
Item 21 B-L	Diagnosis (BMI/other)	Display ICD-10-CM diagnosis codes for the patient's secondary diagnoses.
Item 23	Prior Authorization Number	Display the payer's prior authorization number if obtained.
Item 24D	Procedures, Services, or Supplies	Display the CPT® code for each procedure or service rendered, with one CPT® code in each line. Include modifiers as needed, eg, 51, Multiple procedures.
Item 24E	Diagnosis Pointer	Relate the services in 24 D to the diagnosis codes in 21 A-L

DISE CMS-1500 Billing Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE ☐ (Medicare#) MEDICAID ☐ (Medicaid#) TRICARE ☐ (ID#/DoD#) CHAMPVA ☐ (Member ID#) GROUP HEALTH PLAN ☐ (ID#) FECA BLK LUNG ☐ (ID#) OTHER ☑ (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Patient, Jane

3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☑

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Patient, Jane

5. PATIENT'S ADDRESS (No., Street): 1776 American Way

6. PATIENT RELATIONSHIP TO INSURED: Self ☑ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street): 1776 American Way

CITY: Hometown STATE: HS

8. RESERVED FOR NUCC USE

CITY: Hometown STATE: HS

ZIP CODE: 12345 TELEPHONE (Include Area Code): ( )

ZIP CODE: 12345 TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☐

a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES ☐ NO ☐ PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES ☐ NO ☐

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☐ *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES ☐ NO ☐ $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. G47.33 B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER: ABC987654321

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	01	20			22		31575		A	XXXX	XX		NPI	
2														NPI	
3														NPI	
4														NPI	
5														NPI	
6														NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN ☐ EIN ☐

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES ☐ NO ☑

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

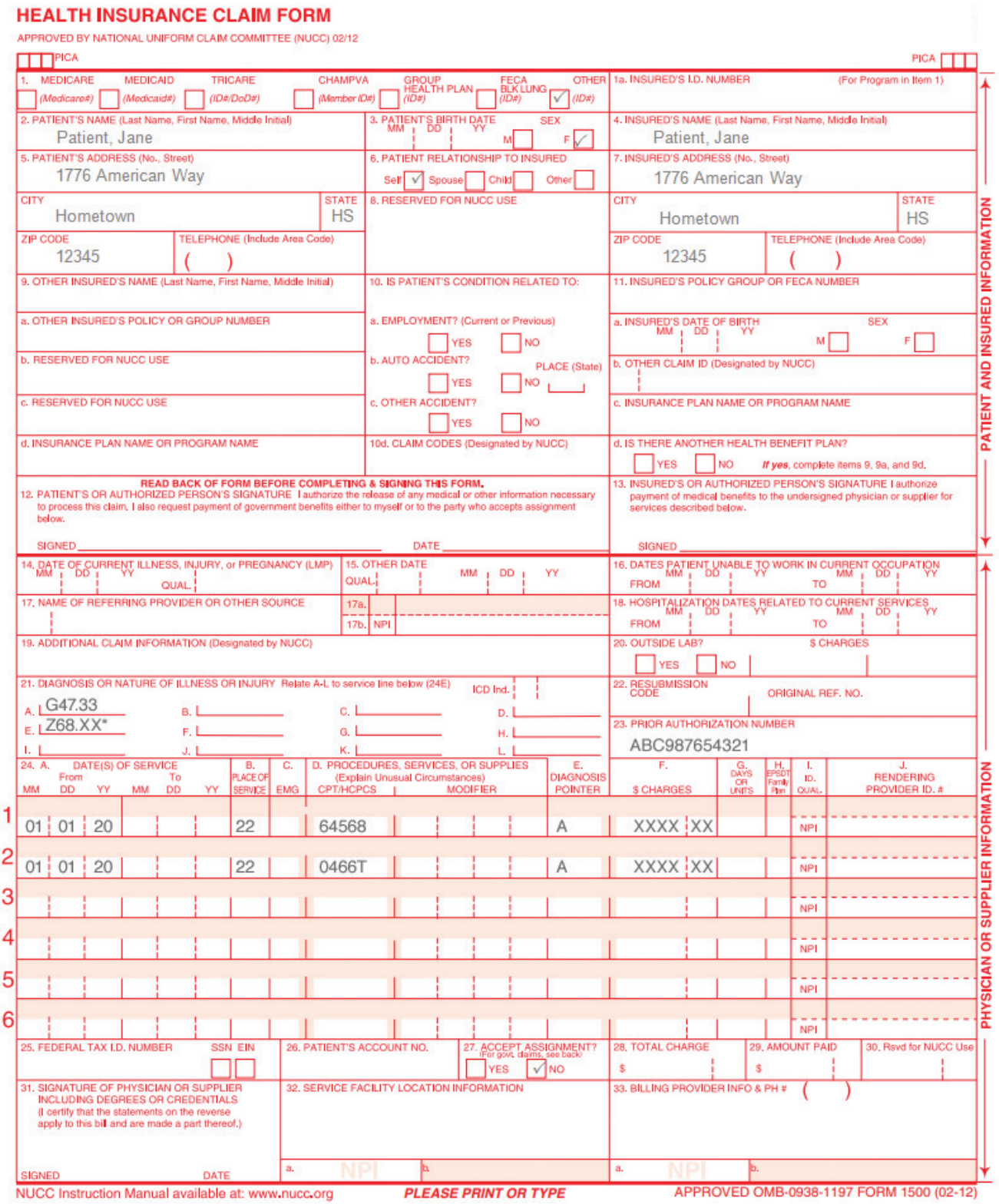
a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

Physician Surgery CMS-1500 Billing Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#) ☑	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Patient, Jane	3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☑
4. INSURED'S NAME (Last Name, First Name, Middle Initial) Patient, Jane	
5. PATIENT'S ADDRESS (No., Street) 1776 American Way	6. PATIENT RELATIONSHIP TO INSURED Self ☑ Spouse ☐ Child ☐ Other ☐
7. INSURED'S ADDRESS (No., Street) 1776 American Way	
CITY Hometown STATE HS	8. RESERVED FOR NUCC USE
CITY Hometown STATE HS	
ZIP CODE 12345 TELEPHONE (Include Area Code) ( )	
ZIP CODE 12345 TELEPHONE (Include Area Code) ( )	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☐
a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐	
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES ☐ NO ☐ PLACE (State)
b. OTHER CLAIM ID (Designated by NUCC)	
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES ☐ NO ☐
c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☐ *If yes*, complete items 9, 9a, and 9d.	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____	13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE QUAL. MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? YES ☐ NO ☐ $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. G47.33 B. C. D. E. Z68.XX* F. G. H. I. J. K. L.	22. RESUBMISSION CODE ORIGINAL REF. NO.
	23. PRIOR AUTHORIZATION NUMBER ABC987654321

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 01 01 20	22		64568		A	XXXX XX			NPI	
2 01 01 20	22		0466T		A	XXXX XX			NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES ☐ NO ☑	28. TOTAL CHARGE $	29. AMOUNT PAID $	30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE	32. SERVICE FACILITY LOCATION INFORMATION a. NPI b.		33. BILLING PROVIDER INFO & PH # ( ) a. NPI b.		

PATIENT AND INSURED INFORMATION

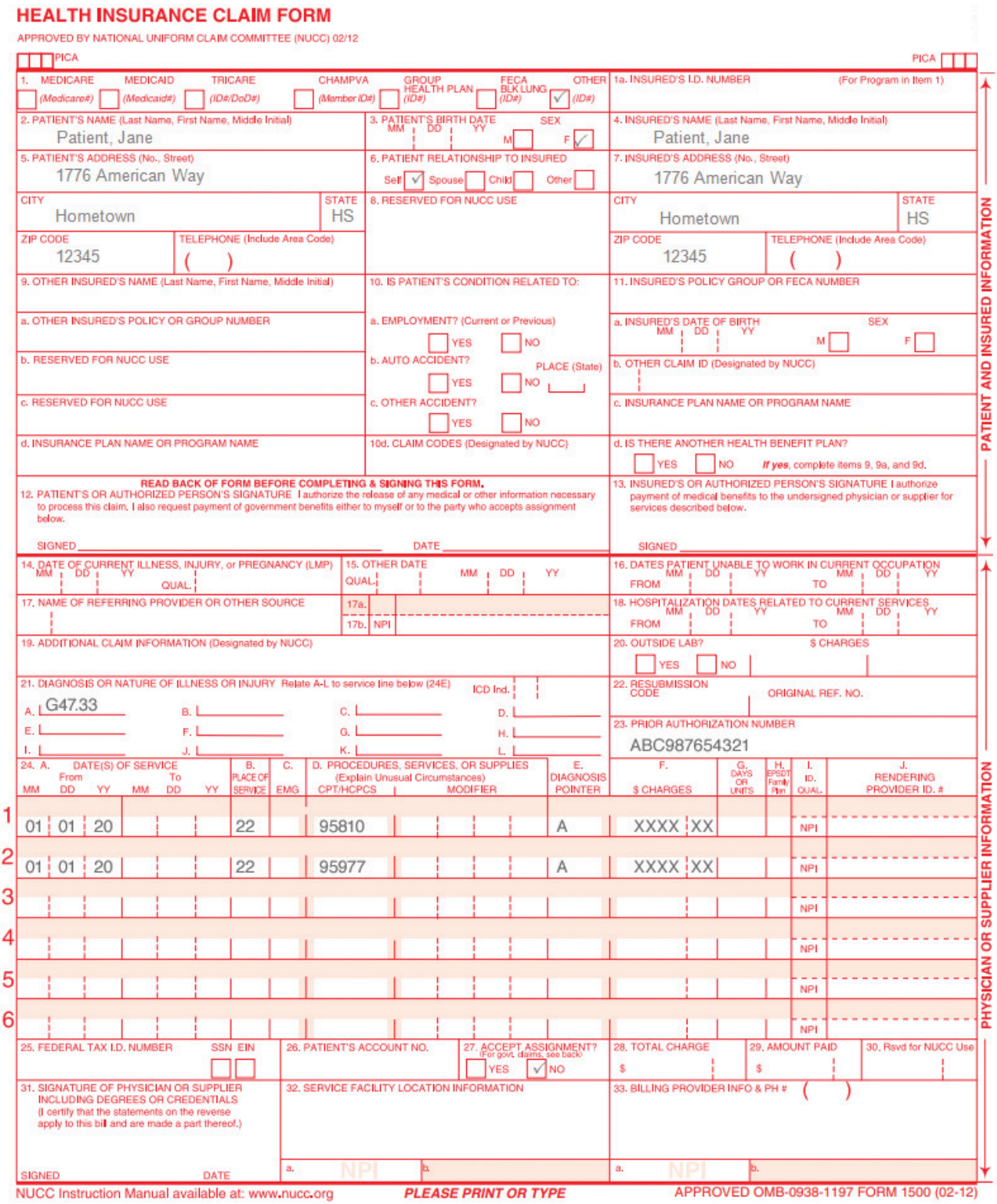
PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

** BMI Diagnosis code is required on Medicare claims*

Please ensure the Prior Authorization number is included on every claim submitted to commercial insurance providers.

Programming CMS-1500 Billing Example



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#) ☑

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Patient, Jane

3. PATIENT'S BIRTH DATE MM DD YY SEX M ☐ F ☑

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Patient, Jane

5. PATIENT'S ADDRESS (No., Street): 1776 American Way

6. PATIENT RELATIONSHIP TO INSURED: Self ☑ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street): 1776 American Way

CITY: Hometown STATE: HS

8. RESERVED FOR NUCC USE

CITY: Hometown STATE: HS

ZIP CODE: 12345 TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES ☐ NO ☐

a. INSURED'S DATE OF BIRTH MM DD YY SEX M ☐ F ☐

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES ☐ NO ☐ PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES ☐ NO ☐

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ☐ NO ☐ *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES ☐ NO ☐ $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. G47.33 B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER: ABC987654321

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 01 01 20		22		95810		A	XXXX XX			NPI	
2 01 01 20		22		95977		A	XXXX XX			NPI	
3										NPI	
4										NPI	
5										NPI	
6										NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN ☐ EIN ☐

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES ☐ NO ☑

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

Disclaimers

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Appendix A: Medicare Appeal Process

Medicare Claims are typically processed within 30 days of submission

- If denied – The physician must file a request for redetermination within 120 days from the date of receipt of the Remittance Advice.
- To receive a Physician Appeals Packet and/or with any questions you may have, please contact the Inspire Reimbursement Hotline at 833-897-0939 or reimbursement@inspiresleep.com.
- A templated Redetermination appeal is included in the packet for claims. Please contact the Inspire Reimbursement Hotline at 833-897-0939 or reimbursement@inspiresleep.com for a copy.
- Medicare requires a signature on each appeal. Please sign the appeal letter and the redetermination form and send to the address provided with:
  - Copy of the denial
  - Patient pre-op notes: polysomnography (PSG), drug induced sleep endoscopy (DISE) and surgical consult
  - Copy of completed patient selection checklist
  - Op-notes
  - Clinical articles and coding information included in the packet

MACs generally issue a decision within 60 days of receipt of the request for redetermination.

- If denied – The physician must file a request for reconsideration within 180 days of receipt of the decision.
- Again, a templated reconsideration appeal is included in the packet for claims.
- Medicare requires a signature on each appeal – please sign the appeal letter and reconsideration form and send to the address provided with:
  - Copy of the denial
  - Patient pre-op notes (PSG, DISE and surgical consult)
  - Copy of completed patient selection checklist
  - Op-notes

    - Clinical articles and coding information included in the packet
- Generally, a QIC sends a decision to all parties within 60 days of receipt of the request for reconsideration

For questions regarding reimbursement, please call the Inspire Reimbursement Hotline at 1-833-897-0939 or email questions to reimbursement@inspiresleep.com.