Vagus Nerve Stimulation

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Policy

The Medical Management Department reviews referral requests for authorization of vagus nerve stimulation.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

To facilitate the authorization process referral requests must include the following:

1. Documentation of the patient's seizure disorder and seizure history;
2. Other therapeutic trials;
3. Reason why the patient is not a candidate for surgical resection

B. Criteria for Medical Necessity:

Implantable vagus nerve electrical stimulators are considered medically necessary for patients with seizure disorder if **ALL** the following criteria are met:

1. Patient has focal seizure disorder (previously known as partial-onset seizure disorder) **OR** primary generalized seizure disorder **OR** Lennox-Gastaut syndrome; **and**
2. Patient is at least 4 years of age; **and**
3. Patient has intractable seizure disorder affecting activities of daily living; **and**
4. Patient has failed more than one trial of single or combination anti-epileptic medications, as evidenced by persistent seizures or intolerable side effects of drug therapy; **and**
5. Patient has failed, or is not a candidate for, surgical resection for epilepsy; **and**
6. Patient has not undergone bilateral or left cervical vagotomy.

C. Indications Considered Experimental, Investigational or not Medically Necessary:

1. Implantable vagus nerve stimulation is considered experimental or investigational as a treatment of all conditions other than refractory seizures.
2. Transcutaneous vagus nerve stimulation (e.g., the gammaCore device), for any indication including seizure disorder.
3. Use in patients with epileptic syndromes related to brain tumors, autism spectrum disorder and post-traumatic epilepsy.

HCPCS/CPT Codes

61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	with connection to 2 or more electrode arrays
61888	Revision or removal of cranial neurostimulator pulse generator or receiver
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
64568	Incision for implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator
64569	Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	Removal of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator
95974	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
95975	Complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)

References

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Hayes, Inc. Directory. Vagus Nerve Stimulation for Epilepsy. Publication date June 9, 2014. Annual review May 25, 2018. Accessed February 5, 2019.

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UpToDate. Schacter, S. Vagus nerve stimulation therapy for the treatment of epilepsy. Last updated April 27, 2018.

U.S. Department of Health & Human Services, U.S. Food and Drug Administration, Vagus Nerve Stimulation Therapy System, Device Approval, July 2005.

WI Forward Health: Prior Authorization Guidelines for Vagus Nerve Stimulator Implant Surgeries, Topic #13757. Available at https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Print.aspx?ia=1&p=1&sa=50&s=3&c=638&nt=Vagus+Nerve+Stimulator+Implant+Surgeries Accessed February 6, 2019.

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