

Medical Coverage Policy Vagal Nerve Stimulation

☐ Device/Equipment	t 🗌 Drug 🖂	Medical	Surgery	☐ Test	Other
Effective Date:	10/1/2005	Policy L	ast Updated:	10/4	1/2011
☐ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.					
□ Prospective review	is not required				
Description:					
Vagal nerve stimulation (VNS) therapy uses a device implanted under the skin in the left chest area. This device sends mild, intermittent electrical impulses through a lead to the left vagus nerve, which then sends signals to the brain. The device is programmed individually by the neurologist for each patient, and the patient has the ability to either initiate or abort stimulation with the use of a hand held magnet. The patient may also increase the electrical impulses if he or she feels a seizure is forthcoming.					
VNS therapy has been medically refractory partial have failed pharmachave failed or are no	rtial onset seizure cologic managem	s who: ent, and			s with
There is demonstration	of efficacy in a se	elect subs	et of patients v	vith epilepsy	/ .
The use of VNS therapy as a treatment for depression has been studied. At this time there is insufficient medical literature to support the efficacy of this treatment for depression.					
Medical Criteria:					
None					
Policy:					

VNS is **medically necessary** as an adjunctive therapy in reducing the frequency of seizures in adults and adolescents over the age of twelve who have partial onset seizures that are refractory to antiepileptic medications.

Vagal nerve stimulation treatment for all other conditions, including treatment for depression, is **not medically necessary.**

Preauthorization is not required or recommended.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable diagnostic imaging, lab, and machine tests or surgery coverage/benefits.

Coding:

61885, 61886, 61888, 64553, 64573, 64568, 64569, 64570, 95974, 95975

L8680 Implantable neurostimulator electrode, each

L8681 Patient programmer (external) for use with implantable programmable neurostimulator pulse generator

L8682 Implantable neurostimulator radiofrequency receiver

L8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver

L8685 Implantable neurostimulator pulse generator, single array, rechargeable, includes extension

L8686 Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension

L8687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension

L8688 Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension

L8689 External recharging system for battery (internal) for use with implantable neurostimulator

Also Known As:

NCP

NeuroCybernetic prosthesis

Vagal nerve stimulation

Vagal nerve stimulation for epilepsy, NeuroCybernetic prosthesis

Related Topics:

Not applicable

Published:

Policy Update, Nov 2002

Policy Update, Sep 2005

Policy Update, Aug 2006

Policy Update, Oct 2007

Provider Update, Oct 2008 Provider Update, Sep 2009 Provider Update, Jan 2011 Provider Update, Dec 2011

References:

2005 TEC Assessment; Tab 8.

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Vagal nerve stimulation for epilepsy:

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