

To:
Ambulatory
Surgery Centers
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Wisconsin Medicaid Coverage of Vagus Nerve Stimulators

Effective for dates of service on and after March 1, 2005, Wisconsin Medicaid separately reimburses certified medical equipment vendors for vagus nerve stimulators when the implant surgery is performed in an ambulatory surgery center or outpatient hospital and there is an approved prior authorization for the surgery.

Separate Reimbursement for Vagus Nerve Stimulator Devices

Effective for dates of service (DOS) on and after March 1, 2005, Wisconsin Medicaid separately reimburses certified medical equipment vendors for vagus nerve stimulators when the implant surgery is performed in an ambulatory surgery center (ASC) or outpatient hospital and when the performing surgeon has an approved prior authorization (PA) for the surgery. The place of service codes for these facilities are as follows:

- “22” (Outpatient Hospital).
- “24” (Ambulatory Surgical Center).

Providers Are Required to Be Medicaid-Certified Medical Equipment Vendors

Vagus nerve stimulator manufacturers, outpatient hospitals, and ASCs are required to obtain separate Medicaid certification and a unique provider number as a medical equipment vendor before submitting claims for the vagus

nerve stimulator device. Device manufacturers, outpatient hospitals, and ASCs are required to indicate their medical equipment vendor Medicaid provider number on the CMS 1500 claim form or 837 Health Care Claim: Professional (837P) electronic transaction when submitting claims for reimbursement.

Obtaining a Certification Packet

Providers may obtain a Wisconsin Medicaid medical equipment vendor certification packet by:

- Contacting Provider Services at (800) 947-9627 or (608) 221-9883.
- Sending a written request to:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

- Accessing the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ and doing the following:
 - ✓ Selecting “Providers” on the Wisconsin Medicaid home page.
 - ✓ Choosing “Certification Packets” under “Provider Publications and Forms.”

- ✓ Scrolling down the page and selecting the “Medical Supply and Equipment Vendor” certification packet. Providers should download, print, and mail the completed certification packet to the previously listed address.

Providers should refer to the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ for a complete list of publications for medical equipment vendors.

Performing Surgeon Required to Obtain Prior Authorization for the Surgery

The performing surgeon is required to obtain PA from Wisconsin Medicaid for vagus nerve stimulator implant surgeries. Wisconsin Medicaid will deny all institutional and professional claims relating to the surgery unless there is an approved PA for the surgery.

Refer to the Physician Services Handbook for applicable procedure codes.

Submitting Claims for Vagus Nerve Stimulators

Providers are required to use procedure code E0756 (Implantable neurostimulator pulse generator) when submitting claims for the vagus nerve stimulator device. Procedure code E0756 is only reimbursable for the vagus nerve stimulator device; no other implant device is reimbursed under E0756.

Providers are required to use procedure code E0752 (Implantable neurostimulator electrode, each) when submitting claims for vagus nerve stimulator electrodes. Procedure code E0752 includes the tunneling tool.

Note: On the claim form, indicate the date of the surgery as the DOS.

Providers should *not* indicate the surgeon’s PA number on claims for services and equipment relating to the surgery; Wisconsin Medicaid will verify that the surgeon’s PA request was approved.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for detailed information about procedure codes E0756 and E0752.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

Providers are required to use procedure code E0756 (Implantable neurostimulator pulse generator) when submitting claims for the vagus nerve stimulator device.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT

Allowable Procedure Codes for Vagus Nerve Stimulator Devices

Providers should use the following procedure code information for vagus nerve stimulator devices.

Vagus Nerve Stimulator Devices									
Procedure Code	Procedure Code Description	Maximum Allowable Fee	Prior Authorization	Life Expectancy	Covered in Nursing Home	Copayment	Bilateral	Place of Service	Provider Type
E0752	Implantable neurostimulator electrode, each [includes tunneling tool]	\$3,948	No*	N/A	No	\$3.00	No	22, 24	54
E0756	Implantable neurostimulator pulse generator	\$11,999	No*	10 years	No	\$3.00	No	22, 24	54

* The implant surgery requires an approved prior authorization. Refer to the Physician Services Handbook for the applicable procedure codes.

Allowable Place of Service Codes	Provider Types
22 — Outpatient Hospital 24 — Ambulatory Surgical Center	54 — Medical Equipment Vendors