

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

New Prior Authorization Criteria for Vagus Nerve Stimulator Implant Surgeries

This *ForwardHealth Update* introduces new prior authorization (PA) approval criteria for vagus nerve stimulator implant surgeries effective for PA requests received on and after August 1, 2012.

This *ForwardHealth Update* introduces new prior authorization (PA) approval criteria for vagus nerve stimulator (VNS) implant surgeries effective for PA requests received on and after August 1, 2012.

Prior Authorization Authority

Vagus nerve stimulation is a safe and effective treatment for members with medical refractory partial onset seizures for whom other surgery is not an option or for whom surgery has failed.

Section DHS 107.02(3)(a) through (i), Wis. Admin. Code, provides the Department of Health Services (DHS) with the following rule provisions regarding VNS:

- Authority to require PA for covered services.
- Procedures for PA documentation.
- Departmental review criteria used to authorize coverage and reimbursement.

General Documentation Requirements

Section DHS 106.02(9)(a) through (g), Wis. Admin. Code, requires providers to prepare and maintain medical and financial recordkeeping and documentation for all services provided to members and to provide such recordkeeping and

documentation as requested by the DHS to determine Medicaid coverage and reimbursement.

Prior Authorization Approval Criteria

The following criteria must be met for PA requests to be approved for VNS implant surgery:

- The member has either medically intractable partial-onset seizures for which resective or disconnection epilepsy surgery is either not an option (for personal or medical reasons) or has failed *or* the member has medically intractable primary generalized, symptomatic generalized, or mixed epilepsy.
- Multiple trials of antiepileptic medications with documented compliance have either failed or have produced unacceptable side effects.
- The medical record contains documentation that the member's seizures significantly interfere with daily functioning and quality of life; *and* there is reason to believe that quality of life will be improved as a result of VNS.
- The member does not have other independent diagnoses that could explain why his or her seizures are failing to respond to medical treatment.

The approval criteria for PA requests for VNS implant surgeries are also included in Attachment 1 of this *Update*.

Covered Services

Vagus nerve stimulator implant surgeries require PA. Vagus nerve stimulator implant surgeries that do not meet the PA approval criteria are considered noncovered. Any charges related to the noncovered VNS implant surgery will not be reimbursed.

Refer to Attachment 2 for a list of allowable *Current Procedural Terminology* codes for VNS implant surgery.

How to Submit Prior Authorization Requests

The rendering surgeon is required to obtain PA from ForwardHealth for VNS implant surgeries. ForwardHealth will deny claims for services and equipment related to the surgery unless there is an approved PA on file from the rendering surgeon for the surgery.

When submitting PA requests to ForwardHealth for VNS implant surgery, the rendering surgeon is required to submit the following:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (07/12).
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12).
- Documentation supporting the criteria in the Prior Authorization Approval Criteria section of this *Update*.

Providers may submit PA requests via the ForwardHealth Portal, including the capability to upload additional required documentation. Providers may refer to the Prior Authorization Portal User Guide available on the Portal for instructions on submitting PA requests and uploading documentation.

Providers may submit paper PA requests to ForwardHealth by fax at (608) 221-8616 or by mail to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

For complete PA information, refer to the Physician service area of the Online Handbook.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

Prior Authorization Approval Criteria for Vagus Nerve Stimulator Implant Surgery

The following criteria must be met for prior authorization requests to be approved for vagus nerve stimulator (VNS) implant surgery:

- The member has either medically intractable partial-onset seizures for which resective or disconnection epilepsy surgery is either not an option (for personal or medical reasons) or has failed *or* the member has medically intractable primary generalized, symptomatic generalized, or mixed epilepsy.
- Multiple trials of antiepileptic medications with documented compliance have either failed or have produced unacceptable side effects.
- The medical record contains documentation that the member's seizures significantly interfere with daily functioning and quality of life *and* there is reason to believe that quality of life will be improved as a result of VNS.
- The member does not have other independent diagnoses that could explain why his or her seizures are failing to respond to medical treatment.

ATTACHMENT 2

Vagus Nerve Stimulator Implant Surgery Procedure Codes

The following table lists allowable *Current Procedural Terminology* (CPT) procedure codes for vagus nerve stimulator implant surgery. All of the procedure codes listed in the table require prior authorization.

Vagus Nerve Stimulator Implant Surgery Procedure Codes	
Code	Description
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 (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, 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)