

Subject: **Vagus Nerve Stimulator**

Unit: Health Care Services

Vagus Nerve Stimulator

PURPOSE: to establish process for decision making and authorization of Vagus Nerve Stimulator (VNS) implantation as an adjunct to management of members diagnosed with intractable seizure disorder.

POLICY: Implantation of a Vagus Nerve Stimulator for the management of intractable seizure disorder is a covered service when medically necessary and the stated procedures for authorization and review are followed.

PROCEDURE:

A. The attending neurologist must submit documentation of medical necessity, which includes the following criteria:

- a. Member's overall medical condition
- b. Member's functional status
- c. Home environment
- d. Seizure type, frequency and severity
- e. Past and current seizure management
- f. Compliance with antiepileptic drug regimen
- g. Effect of seizure disorder on over all medical condition
- h. Effect of seizure disorder on functional status (activities of daily living)
- i. Effect of seizure disorder on member's quality of life
- j. Cost effectiveness
- k. No history of Left or Bilateral Vagotomy

B. One of the following indications for Vagus Nerve Stimulator must be present:

- a. Epilepsy refractory to Epilepsy Surgery
- b. Individual is not a suitable candidate for Epilepsy Surgery
- c. Individual refuses Epilepsy Surgery

C. Requests including complete documentation for Vagus Nerve Stimulators will be reviewed by the joint consultation of the Medical Directors of the contracted Health Plans and DES/DDD.

Vagus Nerve Stimulator

Issue/Revision Date: July 31,2014

Effective Date: January 06, 2012