



INLAND EMPIRE HEALTH PLAN

IEHP UM Subcommittee Approved Authorization Guidelines
Vagus Nerve Stimulation

Policy:

IEHP has determined that vagus nerve stimulators (VNS) are a covered benefit for the treatment of refractory partial onset seizures. The use of vagus nerve stimulators for all other indications is considered to be experimental as there is a lack of data to support the use of the device in all other circumstances.

A partial onset seizure has a focal onset in one area of the brain and may or may not involve a loss of motor control or alteration of consciousness. Partial onset seizures may be simple, complex, or complex partial seizures, secondarily generalized.

Refractory seizures are classified as at least one seizure per month and results in an intolerable interruption of the Member's capability to function regardless of the prescribed intake of anti-seizure medication.

CMS National Coverage Determination Manual Section 160.18 (2007):

CMS states VNS is reasonable and necessary for patients with refractory partial onset seizures for who surgery is not recommended or for whom surgery has failed. In addition, VNS is not considered reasonable or necessary for **all** other types of seizure disorders. VNS is not reasonable and necessary for drug resistant depression.

Medi-Cal (2007):

The Medi-Cal guideline states for Medi-Cal Members all the following criteria must be met for authorization of a VNS procedure:

- A Member has a documented intractable seizure disorder and has an appropriate trial period taking anticonvulsant medications.
- If the Member is not a good candidate for other more effective anti-seizure surgical therapy, or if the Member refuses anti-seizure surgical therapy, or previous surgical therapy has been unsuccessful.
- Implantation of the VNS device must be requested by the Member's epileptologist/neurologist.
- The surgeon implanting the VNS device must have surgical privileges that allow insertion of this device.

10801 Sixth St, Suite 120, Rancho Cucamonga, CA 91730
Tel (909) 890-2000 Fax (909) 890-2003
Visit our web site at: www.iehp.org

A Public Entity

IEHP UM Subcommittee Approved Authorization Guidelines

Vagal Nerve Stimulation

Page 3 of 4

Bibliography:

1. CMS National Coverage Determination (NCD) for Vagus Nerve Stimulation (VNS) (160.18) [internet]: Effective 05/04/2007. Accessed 08/26/2013: <http://www.cms.gov/medicare-coverage-database>
2. Medi-Cal [internet]: Revised: 12/2011. Accessed 08/26/2013: <http://www.medi-cal.ca.gov>
3. Apollo Medical Review Criteria Guidelines for Vagus Nerve Stimulation (Pg 595; Twelveth Edition, 2013)
4. Aetna Policy Bulletin: Vagus Nerve Stimulation. Number 0191. [Internet] Reviewed last 04/26/2013 Accessed on 08/26/2013 at http://www.aetna.com/cpb/medical/data/100_199/0191.html
5. Anthem Medical Policy: Vagus Nerve Stimulation. Policy Number SURG.00007. [Internet] Reviewed 08/09/2013. Accessed 08/26/2013 at http://www.anthem.com/medicalpolicies/policies/mp_pw_a053286.htm

Disclaimer

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.

IEHP UM Subcommittee Approved Authorization Guidelines

Vagal Nerve Stimulation

Page 4 of 4