



Automated Medical Payments

# Medicaid Bulletin

## Colorado Title XIX

Fiscal Agent

**CONSULTEC**  
600 Seventeenth Street  
Suite 600 North  
Denver, CO 80202

### Medicaid Provider Services

303-534-0146  
1-800-237-0757

### Mailing Addresses

Claims & PARs  
P.O. Box 30  
Denver, CO 80201-0030

Correspondence, Inquiries & Adjustments  
P.O. Box 90  
Denver, CO 80201-0090

Provider enrollment, Provider information,  
Changes, Signature authorization,  
and Claim requisitions  
P.O. Box 1100  
Denver, CO 80201-1100

### Medicaid Fiscal Agent Information on the Internet

[WWW.CONSULTEC-GCRO.COM](http://WWW.CONSULTEC-GCRO.COM)

Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Hospitals, Physicians, December 1999  
Osteopaths & Nurse Practitioners

Reference: B9900040

## Medicaid benefit for Vagus Nerve Stimulation

**E**ffective for services on or after November 1, 1999, Vagus Nerve Stimulation (VNS) is a benefit of the Colorado Medicaid program.

- Coverage criteria are listed below and follow the FDA-labeled usage for the device.
- The procedure requires prior authorization.

### VNS Description

VNS treats seizures that are not controlled sufficiently through normal treatment with antiepileptic drugs or when surgery has failed or is not recommended. The stimulator is a small computerized generator which is implanted in the chest wall. Electrodes attach to the generator and are guided up the neck and wrap around the vagus nerve. The generator automatically delivers electrical pulses to the nerve. The generator also can be activated manually with hand-held magnets. Once stimulated, the vagus nerve affects broad areas in the brain where seizure activity is believed to originate, preventing seizures from occurring or lessening their severity or duration.

### VNS must be prior authorized by CFMC and all of the following conditions must be met:

1. Documentation of true epileptic seizures.
2. Documentation that seizures are partial onset and difficult to treat. Seizures have been treated with at least 3 antiepileptic drugs separately and/or in combination for at least 12 months.
3. Evaluation of medical necessity for vagus nerve stimulator by a board certified neurologist.
4. Patient is not a candidate for curative epilepsy surgery, or prior curative epilepsy surgery has failed.
5. Completion and scoring of *Quality of Life in Epilepsy-31* for patients over the age of 20 years or *Quality of Life in Epilepsy-AD-48* for adolescent patients over 12 years of age up to 20 years.
6. Completion of the Seizure Activity survey.
7. Adequate body size to accommodate the implanted device.
8. Patient must be over 12 years of age.
9. Patient does not have a diagnosis of cardiopulmonary disease, active peptic ulcer, severe neurological disease (e.g., Parkinson's, Multiple Sclerosis, Stroke/Brain Attack), or other known contraindicated conditions.

**ICD9-CM codes that support medical necessity for VNS implantation**

345.41 Partial epilepsy, with impairment of consciousness, with intractable epilepsy.

345.51 Partial epilepsy, without mention of impairment of consciousness, with intractable epilepsy.

**Prior Authorization Guidelines**

VNS implantation surgery must be prior authorized by CFMC. A scored *Quality of Life in Epilepsy* survey must be submitted with the PAR. Approval is based on the indications for coverage, documentation demonstrating the potential for notable improvements to quality of life and completion of a baseline seizure activity survey.

Initial or subsequent electronic analysis and programming of the VNS pulse generator is subject to prior authorization requirements. Revision or removal of the pulse generator system also requires prior authorization.

**Billing Guidelines**

VNS is an inpatient and outpatient benefit. VNS may be billed using the UB-92 claim format with:

DRG 7 Peripheral and cranial nerve and other nervous system procedures with complication, or

DRG 8 Peripheral and cranial nerve and other nervous system procedures without complication for inpatient procedures, or

ICD9-CM procedure code 04.92 (implantation or replacement of peripheral neurostimulator) for outpatient procedures.

The cost of the device is included in the DRG or outpatient visit.

**Professional Services Coding & Maximum Allowable Charges**

Level III Code	Description	Maximum Charges	Assistant Surgery	PAR	Follow up Days
X4573	Incision for implantation of neurostimulator electrodes, vagus nerve	\$239.03	Yes	Yes	0
X4585	Revision or removal of vagal neurostimulator electrodes	\$ 80.57	Yes	Yes	0
X1885	Incision and placement of vagal neurostimulator pulse generator	\$135.39	Yes	Yes	0
X1888	Revision or removal of vagal neurostimulator pulse generator	\$170.49	Yes	Yes	0

Colorado Medicaid uses the following global fee structure for initial or subsequent electronic analysis and programming of the vagal neurostimulator pulse generator. It combines professional services and evaluation & management fees. Medicaid reimburses one global fee per quarter.

Level III Code	Description	Maximum Charges	Assistant Surgery	PAR	Follow up Days
X5970	Initial electronic analysis of pulse generator and subsequent programming during first 3-month period following implantation	\$1,000.00	No	Yes	0
X5971	Subsequent analysis and programming during second 3-month period following implantation	\$ 700.00	No	Yes	0
X5972	Subsequent analysis and programming during third 3-month period following implantation	\$ 500.00	No	Yes	0
X5973	Subsequent analysis and programming during fourth 3-month period following implantation	\$ 500.00	No	Yes	0
X5974	Subsequent analysis and programming following the first year of implantation/per visit; first hour	\$ 67.00	No	Yes	0
X5975	Subsequent analysis and programming following the first year of implantation, each additional 30 minutes	\$ 31.84	No	Yes	0

## Billing Limitations

Code	Description	Limitation
Electronic analysis and programming global fees can be billed once in a three-month period.		
X5970- X5973	See table on page 2	Each can be billed only one time per patient, depending on length of time since implantation. Multiple billings will be denied.
9597x series	Professional services for electronic analysis or programming of neurostimulator pulse generators	These procedure codes will be denied.
63690 and 63691	Old codes for professional services for electronic analysis or programming of neurostimulator pulse generators	These procedure codes have been deleted and will be denied.
Evaluation and management codes <i>should not</i> be billed for VNS device reprogramming.		
99213- 99215	Professional services for evaluation and management in an office or outpatient setting.	These procedure codes will be denied when billed with electronic analysis and programming global fees.
ICD9-CM 345x series	Other epilepsy diagnoses	Duplicate procedures billed using this series and with 345.41 or 345.51 will be denied

## Documentation Requirements

The required documentation must accompany any prior authorization forms submitted to CFMC. Copies of the Seizure Activity and Quality of Life questionnaires and scoring manuals can be obtained free of charge by contacting Consultec Prior Authorization Assistance at 303-534-0279 or toll-free at 1-800-237-7647. A DOS-based scoring program also is available free of charge for the adult QOLIE-31 survey.

## Patient Registry

Providers are encouraged to enroll VNS patients into the Cyberonics Patient Registry. For more information, please contact Gloria Schallert, R.N. at 1-888-867-7846.

For questions regarding this bulletin, please contact Provider Services at:

303-534-0146 or Colorado toll-free at 1-800-237-0757.