

Vagus Nerve Stimulation (VNS)

Date of Origin: 12/2008

Last Review Date: 05/27/2026

Effective Date: 06/01/2026

Dates Reviewed: 07/2010, 07/2011, 07/2012, 05/2013, 07/2014, 01/2016, 01/2017, 06/2018, 05/2019, 05/2020, 06/2021, 05/2022, 05/2023, 05/2024, 05/2025, 05/2026

Developed By: Medical Necessity Criteria Committee

I. Description

A vagus nerve stimulator (VNS) is an implantable device that is used as an adjunctive treatment for medical refractory focal/partial-onset seizures. Like a pacemaker, the VNS pulse generator is surgically implanted under the skin near the collar bone. A lead wire connects the pulse generator to the left vagus nerve in the neck. The VNS is then programmed to deliver intermittent electrical signals to the vagus nerve. These signals help prevent the electrical bursts in the brain that cause seizures.

II. Criteria (CWQI: HCS-0068A)

- A. OHSU Health Services considers vagus nerve stimulators medically necessary durable medical equipment (DME) and will allow coverage to plan limitations when **ALL** of the following criteria are met
 - a. The member is 4 years of age or older (FDA approved for 4 years old and older);
 - b. The member has not had a bilateral or left cervical vagotomy
 - c. The member has medically refractory partial onset seizures and **1 or more** of the following:
 - i. Medically refractory seizures that occur despite therapeutic levels of anti-epileptic medications; **or**
 - ii. Seizures that cannot be treated with therapeutic levels of anti-epileptic drugs because of intolerable side effects
 - d. Unsuccessful surgical intervention (*lesionectomy or medial temporal lobectomy*) with **1 or more** of the following conditions:
 - i. Seizures refractory to surgical intervention
 - ii. Patient was not a surgical candidate
 - iii. Patient refused surgical intervention
- B. Note – Electronic analysis of an implanted neurostimulator pulse generator system for VNS is considered medically necessary when criteria are met
- C. OHSU Health Services considers replacement/revision of a vagus nerve therapy system/handheld magnet medically necessary if the original system/magnet met criteria as medically necessary and is no longer under warranty and cannot be repaired.
- D. OHSU Health Services considers vagus nerve stimulation experimental and investigational for use in treatment-resistant depression due to the lack of well-designed controlled clinical trials. Only one randomized control trial evaluating the effectiveness of VNS for treatment-resistant depression has been identified. This study did not find statistically significant improvement in most measures of depression.

Therefore, the available evidence is not sufficient to permit conclusions on the effect of VNS therapy on health outcomes or its effects compared with alternative therapies for depression treatment.

- E. OHSU Health Services considers vagus nerve stimulation experimental and investigational for the treatment of all other indications, including but not limited to, addictions, Alzheimer's disease, anxiety disorders, autism, cognitive impairment associated with Alzheimer's disease, depression, headaches, obesity, obsessive-compulsive disorder, Tourette's syndrome, sleep disorders, heart failure, essential tremors, Crohn's disease, pain syndromes, bulimia, cerebral palsy, coma, cancer, generalized epilepsy syndromes etc. The effectiveness of vagus nerve stimulation for the treatment of these, or other conditions, has not been established.

III. Information Submitted with the Prior Authorization Request:

1. Medical records from the treating neurologist documenting a diagnosis of partial-onset seizures as well as medical and surgical treatment tried and failed.

IV. Applicable CPT or HCPC codes

Codes	Description
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode array
64553	Percutaneous implantation of neurostimulator electrodes; 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
L8680	Implantable neurostimulator electrode, each
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator
L8682	Implantable neurostimulator radiofrequency receive
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receive
L8685	Implantable neurostimulator pulse generator, single array, rechargeable,

	includes extension
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension

V. References

1. Amar AP, DeGiorgio CM, Tarver WB, et al. Long-term multicenter experience with vagus nerve stimulation for intractable partial seizures: results of the XE5 trial. *Stereotact Funct Neurosurg.* 1999;73(1-4):104-8.
2. American Psychiatric Association: Practice guideline for the treatment of patients with major depressive disorder (revision). *Am J Psychiatry* 2000; 157:1-45.
3. Ansari S, Chaudhri K, Al Moutaery KA. Vagus nerve stimulation: Indications and limitations. *Acta Neurochir Suppl.* 2007;97(Pt 2):281-286.
4. Ardesch JJ, Buschman HPJ, Wagner-Schimmel LJJ, van der Aa HE, Hageman G. Vagus nerve stimulation for medically refractory epilepsy: A long-term follow-up study. *Seizure.* 2007 Oct;16(7):579-85.
5. Balabanov A, Rossi MA. Epilepsy surgery and vagal nerve stimulation: what all neurologists should know. *Semin Neurol.* 2008 Jul;28(3):355-63. Epub 2008 Jul 24.
6. Beekwilder JP, Beems T. Overview of the clinical applications of vagus nerve stimulation. *J Clin Neurophysiol.* 2010;27(2):130-138.
7. Camilleri M, Toouli J, Herrera MF, et al. Intra-abdominal vagal blocking (VBLOC therapy): Clinical results with a new implantable medical device. *Surgery.* 2008;143(6):723-731.
8. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination: Vagus nerve stimulation for resistant depression. New/Revised NCD #160.18. Accessed May 22, 2013 at: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=230&ncdver=2&DocID=160.18&kq=true&bc=gAAAAAgAAAAAA%3d%3d&>
9. De Herdt V, Boon P, Ceulemans B, Hauman H, Lagae L, Legros B, et al. Vagus nerve stimulation for refractory epilepsy: A Belgian multicenter study. *Eur J Paediatr Neurol.* 2007 Sep;11(5):261-9.
10. DeGiorgio, C, Heck C, Bunch S; J. Britton J, Green P, Lancman M, et al. Vagus nerve stimulation for epilepsy: Randomized comparison of three stimulation paradigms. *Neurology* 2005; 65:317-9.
11. Dietrich S, Smith J, Scherzinger C, et al. A novel transcutaneous vagus nerve stimulation leads to brainstem and cerebral activations measured by functional MRI. *Biomed Tech (Berl).* 2008;53(3):104-111.
12. Fochtmann LJ, Gelenberg AJ. Guideline Watch: Practice guideline for the treatment of patients with major depressive disorder, 2nd Edition.
13. George MS, Nahas Z, Borckardt JJ, et al. Vagus nerve stimulation for the treatment of depression and other neuropsychiatric disorders. *Expert Rev Neurother.* 2007;7(1):63-74.
14. George MS, Sackeim HA, Rush J, et al. Vagus nerve stimulation: a new tool for brain research and therapy. *Society of Biol. Psych.* 2000; 47:287-295.
15. Institute for Clinical Systems Improvement (ICSI). Major depression in adults in primary care. ICSI Health Care Guideline. 10th ed. Bloomington, MN: ICSI; May 2007.

16. Lund C, Kostov H, Blomskjöld B, Nakken KO. Efficacy and tolerability of long-term treatment with vagus nerve stimulation in adolescents and adults with refractory epilepsy and learning disabilities. *Seizure*. 2011;20(1):34-37.
17. National Institute for Clinical Excellence (NICE). Vagus nerve stimulation for refractory epilepsy in children. March 16, 2004. Accessed August 16, 2010. Available at URL address: <http://www.nice.org.uk/guidance/index.jsp?action=download&o=30908>
18. Renfroe JB, Wheless JW. Earlier use of adjunctive vagus nerve stimulation therapy for refractory epilepsy. *Neurology*. 2002 Sep 24;59(6 Suppl 4): S26-30.
19. Rielo D, Benbadis S. Vagus nerve stimulation. *eMedicine*. February 14, 2007. Accessed on May 22, 2013 available at: <http://www.emedicine.com/neuro/TOPIC559.HTM>. Accessed December 4, 2008.
20. Trescher WH, Lesser RP. The Epilepsies. Vagus Nerve Stimulation. Bradley: *Neurology in Clinical Practice*. 5th ed. Butterworth Heinemann Elsevier Philadelphia, PA. 2008. Ch 71. 51. U.S. Food and Drug Administration (FDA). New Device Approval VNS Therapy S
21. Wheless JW, Baumgartner J. Vagus nerve stimulation therapy. *Drugs Today*. 2004 Jun;40(6):501-15.
22. Physician Advisors

VI. Annual Review History

Review Date	Revisions	Effective Date
05/2013	Annual Review: Added table with review date, revisions, and effective date.	05/2013
07/2014	Annual Review: No change	07/2014
01/2016	Annual Review: No change	01/27/2016
01/2017	Annual Review: Updated to new template, removed word refractory from the depression indication in III.C	01/25/2017
06/2018	Annual Review: No change	06/27/2018
05/2019	Annual Review: Updating and rewording the criteria. Removed deleted codes	06/01/2019
05/2020	Annual Review: No content changes	06/01/2020
06/2021	Annual Review: No content changes	07/01/2021
05/2022	Annual Review: No content change	06/01/2022
05/2023	Annual Review: Added indications to the investigational list	06/01/2023
05/2024	Annual Review: No changes	06/01/2024
05/2025	Annual Review: Grammar updates, added to the list of indications not treated with vagus nerve stimulation	06/01/2025
05/2026	Annual Review: Grammar updates	06/01/2026

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
G40.A01	Absence epileptic syndrome, not intractable, with status epilepticus
G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus
G40.A11	Absence epileptic syndrome, intractable, with status epilepticus
G40.A19	Absence epileptic syndrome, intractable, without status epilepticus
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509	Epileptic seizures related to external causes, not intractable, without status epilepticus
G40.802	Other epilepsy, not intractable, without status epilepticus
G40.804	Other epilepsy, intractable, without status epilepticus
G40.821	Epileptic spasms, not intractable, with status epilepticus

ICD-10	ICD-10 Description
G40.822	Epileptic spasms, not intractable, without status epilepticus
G40.823	Epileptic spasms, intractable, with status epilepticus
G40.824	Epileptic spasms, intractable, without status epilepticus
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.911	Epilepsy, unspecified, intractable, with status epilepticus
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
O99.351	Diseases of the nervous system complicating pregnancy, first trimester
O99.352	Diseases of the nervous system complicating pregnancy, second trimester
O99.353	Diseases of the nervous system complicating pregnancy, third trimester
O99.355	Diseases of the nervous system complicating the puerperium
R56.01	Complex febrile convulsions
R56.1	Post traumatic seizures
R56.9	Unspecified convulsions

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

NCD/LCD Document (s): NCD 160.18

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=230&ncdver=2&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=Oregon&Keyword=Vagus+Nerve+Stimulation&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAAACAAAAAAAA%3d%3d&>

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC