

**PRIOR AUTHORIZATION  
VAGAL NERVE STIMULATOR (VNS)  
for Wyoming EqualityCare**

**Note: Prior Authorization DOES NOT guarantee payment or client eligibility**

Date requested \_\_\_\_\_  
 Admission date \_\_\_\_\_  
 Hospital/Surgery Center \_\_\_\_\_  
 Hospital/Surgery Center Medicaid ID # \_\_\_\_\_

For APS Healthcare Use Only	
Date received	_____
Approved	_____ Denied _____
Reviewed By	_____
PA#	_____

Attending/referring physician (first and last name) \_\_\_\_\_  
 Physician Wyoming EqualityCare ID # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_

**PATIENT INFORMATION**

Name \_\_\_\_\_ EqualityCare ID # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 DOB \_\_\_\_\_ SS# \_\_\_\_\_ Sex: Male Female

**ICD-9-CM code(s) (provide ALL code numbers as well as diagnosis names) & surgery codes**

1. \_\_\_\_\_ 4. \_\_\_\_\_  
 2. \_\_\_\_\_ 5. \_\_\_\_\_  
 3. \_\_\_\_\_ 6. \_\_\_\_\_

**Medical necessity:** Supporting documentation to include the following:

- Physician statement confirming diagnosis
- Detailed medical history including other diagnoses besides epilepsy
- Quality of Living Assessment (QOL)
- Other therapies tried including anti-epilepsy medication trials and surgeries
- Clear explanation of the need for VNS in patients under 12 years of age
- Clear explanation of why VNS is more appropriate than other methods of treatment for seizures that are not partial onset seizures.

Client name \_\_\_\_\_ Client EqualityCare ID # \_\_\_\_\_

**Physician Information:** List ALL physicians who will be involved in the care of the patient.

• **Neurosurgeon Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Provider (individual) # \_\_\_\_\_

**OR**

Group Practice Name: \_\_\_\_\_ Group Practice Provider ID #: \_\_\_\_\_

• **Neurologist Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Provider (individual) # \_\_\_\_\_

**OR**

Group Practice Name: \_\_\_\_\_ Group Practice Provider ID #: \_\_\_\_\_

• **Other Physician Name** \_\_\_\_\_ **Phone#** \_\_\_\_\_

Provider (individual) # \_\_\_\_\_

**OR**

Group Practice Name: \_\_\_\_\_ Group Practice Provider ID #: \_\_\_\_\_

**Other contacts:**

• Name \_\_\_\_\_ **Phone#** \_\_\_\_\_

Relationship: \_\_\_\_\_

**Financial Information:**

Financial contact person \_\_\_\_\_ **Phone#** \_\_\_\_\_

Other Insurance? Y / N Name of Company \_\_\_\_\_ OED: \_\_\_\_\_

Medicare? Y / N Part A? Y / N Part B? Y / N

EqualityCare is considered the payer of last resort. If no prior authorization is obtained from EqualityCare and the primary insurance carrier does not reimburse, EqualityCare may deny the claim due to lack of prior authorization.

**Fax form to APS Healthcare toll-free @ 1- 888- 245-1928**  
**Forms can be found on-line at [www.wyoming.apshealthcare.com](http://www.wyoming.apshealthcare.com)**

## **Vagal Nerve Stimulator (VNS) Policy**

### **December 2005**

Many individuals who have seizures are treated with medications. However, in some cases there are individuals whose seizures cannot be treated with medicine, either because the medicine does not work or because side effects are too severe. Surgery might be an option in some cases, but is not indicated for all people. The vagal nerve stimulation (VNS) system offers an option for individuals in this situation.

VNS is an EqualityCare covered service upon prior approval only for individuals who have been evaluated by a Board Certified Neurologist and meet the following criteria:

1. Have been diagnosed with medically refractory partial onset seizures
2. For whom surgery is not a reasonable option or for whom surgery has failed
3. For whom there are no other treatment options to correct severely intractable epilepsy (to be evaluated on a case by case basis only)

FDA-approval in 1997 limited use of VNS to patients 12 years of age and older. Since then, some trials and studies report results supporting the safety of the device in children with certain types of epilepsy. EqualityCare covers VNS for individuals age 12 and older. However, consideration will be applied on a case by case basis to individuals who do not meet this age criteria.

Documentation Requirements:

1. Treating provider's statement confirming diagnosis and detailed medical history, including other diagnoses in addition to epilepsy
2. History of methods to improve seizures which have been tried and failed (i.e. medication, surgery)
3. Quality of Life (QOL) Assessment completed by the person who has epilepsy or their legal guardian
4. Other supporting documentation which substantiates the need for VNS versus other treatment methods, as applicable to the patient

### **VNS Programming**

The initial VNS prior approval authorizes 12 occurrences each of CPT codes for programming the device (CPT 95974 and 95975.) After 12 occurrences of these codes, a QOL Assessment and/or statement of patient progress from the physician must be submitted. Failure to submit such documentation will result in denial of the claim until the information is received.