

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Vagus Nerve Stimulation (VNS), Implantable

MP9232

Covered Service: Yes

**Prior Authorization
Required:** Yes

**Additional
Information:** Revision or replacement of a vagus nerve stimulator electrode array does not require prior authorization.

Prevea360 Health Plan Medical Policy:

- 1.0 Vagus nerve stimulation **requires** prior authorization through the Health Services Division and is considered medically necessary for members with epilepsy when **ALL** of the following criteria are met:
 - 1.1 Refractory to anticonvulsant drug treatment; **AND**
 - 1.2 Refractory to epilepsy surgery, member not suitable epilepsy surgery candidate, or member refused epilepsy surgery; **AND**
 - 1.3 No history of left or bilateral vagotomy
- 2.0 Noninvasive vagus nerve stimulation (e.g. GammaCore Sapphire D) is considered experimental and investigational, and therefore not medically necessary for any indication.
- 3.0 Electrical stimulation of the vagus nerve is experimental/investigational and is not medically necessary for the treatment of all other indications, including but not limited to:
 - Autism
 - Obesity
 - Refractory depression
 - Diabetes mellitus
 - Heart failure
 - Ventricular arrhythmia prevention
 - Cognitive impairment associated with Alzheimer's disease
 - Obsessive-compulsive disorder
 - Treatment-resistant cluster headache
 - Treatment-resistant chronic daily headache
 - Major depressive disorder
 - Multiple sclerosis
 - Cluster headaches
 - Alzheimer disease

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