

National Coverage Determination

Vagus Nerve Stimulation (VNS)

Contractor Number

NEURO-004

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954
05101, 05201, 05301, 05401,
05102, 05202, 05302, 05402, 52280

Contractor Type

Carrier B
Fiscal Intermediary A
MAC A
MAC B

Primary Geographic Jurisdiction

Carrier B: Wisconsin, Illinois, Michigan, Minnesota

Fiscal Intermediary A: Alaska, Alabama, Arizona, Arkansas, Connecticut, Florida, Georgia, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maine, Michigan, Minnesota, Missouri, Mississippi, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Vermont, Washington, Wisconsin, West Virginia, Wyoming, U.S. Virgin Islands

MAC A/B: Iowa, Missouri, Nebraska, Kansas

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CMS National Coverage Policy**§160.18 - Vagus Nerve Stimulation****CMS Effective Date**

05-04-2007

Indications and Limitations of Coverage**A. General**

VNS is a pulse generator, similar to a pacemaker, that is surgically implanted under the skin of the left chest and an electrical lead (wire) is connected from the generator to the left vagus nerve. Electrical signals are sent from the battery-powered generator to the

vagus nerve via the lead. These signals are in turn sent to the brain. FDA approved VNS for treatment of refractory epilepsy in 1997 and for resistant depression in 2005.

B. *Nationally Covered Indications*

Effective for services performed on or after July 1, 1999, VNS is reasonable and necessary for patients with medically refractory partial onset seizures for whom surgery is not recommended or for whom surgery has failed.

C. *Nationally Non-Covered Indications*

Effective for services performed on or after July 1, 1999, VNS is not reasonable and necessary for all other types of seizure disorders which are medically refractory and for whom surgery is not recommended or for whom surgery has failed.

Effective for services performed on or after May 4, 2007, is not reasonable and necessary for resistant depression.

D. *Other*

*Also see §160, "Electrical Nerve Stimulators."
(This NCD last reviewed by CMS May 2007.)*

Source

Rev. 70, Issued: 06-22-07; Effective: 05-04-07; Implementation: 07-23-07

See [Vagus Nerve Stimulation NEURO-004: Billing and Coding Guidelines](#)

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An asterisk (*) indicates a revision to that section of the NCD

Start Date of Notice Period

(Published)

Existing regulations

Revision History