

**August 2006**

**Provider Bulletin Number 687b**

## **Professional Providers**

### **Revisions to Vagal Nerve Stimulators Coverage**

Effective with processing dates on and after September 1, 2006, and retroactive to dates of service on and after November 1, 2005, the following vagal nerve stimulator (VNS) procedure codes no longer require prior authorization:

- 95970
- 95974

Additionally, with the exception of provider specialty 351—Indian Health Services, there will be no provider specialty restrictions for physicians billing VNS procedure codes.

The fiscal agent will identify and adjust previously processed claims with dates of service on and after November 1, 2005, which have been denied due to any of the above restrictions.

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, please view the *Professional Services Provider Manual*, pages 8-49 and AII-3.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or 785-274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

**8400. Updated 8/06**

**Tuberculosis (TB):**

Only **inpatient** treatment, including physician and laboratory services, is covered for consumers whose medical ID card indicates TB.

Acute problems, which are present on admission or arise during hospitalization, and maintenance management of pre-existing chronic conditions are covered services. Hospitalization for monitoring toxicity of anti-tuberculosis drugs is covered.

Patients highly suspected of tuberculosis but presenting a diagnostic problem, can be admitted for completion of the diagnosis.

Anti-tuberculosis drugs to treat the consumer and family members are provided at no cost by the Kansas Department of Health and Environment (KDHE). Contact KDHE at (785) 296-2547, or your local health department.

**Vagal Nerve Stimulators:**

Vagal nerve stimulators (VNS) are covered for beneficiaries with epileptic disorders. **With the exception of procedure codes 95970 and 95974, all services must be prior authorized.**

VNS services must meet the following conditions:

- The beneficiary must have an epileptic disorder. VNS will not be covered for individuals with previous epileptic brain surgery, or individuals with progressive disorders.
- **Mental retardation with epilepsy is not a contraindication for VNS but must be considered with other factors.**
- The beneficiary must be over the age of 12, with documentation showing that the VNS will improve quality of life.
- All other courses of treatment must be documented, such as conventional and anticonvulsant drugs.

Refer to Appendix II for a list of covered codes.

**Vision:**

The Kansas Medical Assistance Program offers a variety of optical benefits:

- Complete eye examination every four years.
- Eyeglasses with certain limitations, see the Vision Provider Manual

Many vision services have specific limitations. For further information a Vision Provider Manual may be requested (refer to Section 1100).

Updated 8/06

<u>COV.</u>	<u>PROCEDURE CODE</u>	<u>NOMENCLATURE</u>
<b><u>VAGAL NERVE STIMULATOR CODES</u></b>		
PA	61885	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
PA	61888	Revision or removal of cranial neurostimulator pulse generator or receiver
PA	64573	Incision for implantation of neurostimulator electrodes; cranial nerve
PA	64585	Revision or removal of peripheral neurostimulator electrodes
PA	64590	Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or indicative coupling
PA	64595	Revision or removal of peripheral neurostimulator pulse generator or receiver
PA	95970	Electronic analysis of implanted neurostimulator pulse generator system (such as rate, pulse, amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling impedance, and patient compliance measures); simple or complex brain, spinal cord, or peripheral (such as neuromuscular) neurostimulator pulse generator/transmitter without programming
PA	95974	Complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour
PA	95975	Complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour