

Vagus Nerve Stimulator Fact Sheet

The Florida Medicaid fee-for-service (FFS) delivery system began to reimburse for Vagus Nerve Stimulator (VNS) therapy effective January 1, 2011, in inpatient and outpatient hospital settings. VNS therapy is provided to reduce the frequency of seizures in adults and children with partial onset seizures that are refractory (intractable) to anti-epileptic medications and for which surgery has failed or is not recommended. A VNS therapy system consists of a medical device that may be surgically implanted in a hospital or an ambulatory surgical center.

Effective November 2, 2017, the current FFS codes for VNS are included in the below chart of billing information. In the FFS system, the facility is eligible to be reimbursed a maximum fee of \$16,200 for the complete device or \$8,100 for a partial replacement of the device, in addition to the surgical rate for Enhanced Ambulatory Patient Grouping (EAPG) and Diagnosis-Related Grouping (DRG) payments. A partial device is the replacement of only one or more components (e.g., 2 leads), without a replacement of all device components. A complete device is implanted for the first time or as a replacement for all device components. The physician who implants the device may only receive reimbursement from Medicaid at the facility rate listed on the [Practitioner Fee Schedule](#).

Health plans negotiate mutually agreed upon reimbursement rates with their contracted providers for the services rendered to eligible Florida Medicaid enrollees. Please contact the health plans you contract with if you have any questions about reimbursement of the VNS device and surgery.

A chart of updated device billing information by provider is located on the second page of this document. This updated device billing information is effective in the FFS delivery system November 2, 2017.

Vagus Nerve Stimulator Fact Sheet

Updated Device Billing Information Chart

Provider	Claim Type	New or Full Replacement Device	Partial Replacement	Unit Limit	Prior Authorization	Additional Information
Inpatient Hospital	UB-04 or 8371	<p>1. Revenue Code: 0278 – Other Implants</p> <p>2. CPT Code(s): L8679 – Implantable neurostimulator, pulse generator, any type</p>	<p>1. Revenue Code: 0278 – Other Implants</p> <p>2. CPT Code(s): L8679 SC** – <i>Implantable neurostimulator, pulse generator, any type</i> (Note: Modifier SC is required for partial replacement of vagus nerve stimulators.) **Must be <u>only</u> modifier on claim line</p>	1 per date of service	No prior authorization is required for the device. Prior authorization for the inpatient stay is still required unless exempt by other Medicaid policy or rule.	The claim line with L8679 will pay independent of the Diagnosis-Related Group (DRG) payment for the surgery.
Outpatient Hospital	UB-04 or 8371	<p><u>Claim Line 1</u></p> <p>Revenue Code: 0360 – General Surgery*</p> <p>CPT Code(s): 64568– Incision for Implantation of Cranial Nerve (eg, Vagus Nerve) Neurostimulator Electrode Array and Pulse Generator* *Both are required</p> <p><u>Claim Line 2</u></p> <p>Revenue Code: 0278 – Other Implants</p> <p>CPT Code(s): L8679 – Implantable</p>	<p><u>Claim Line 1</u></p> <p>Revenue Code: 0360 – General Surgery*</p> <p>CPT Code(s): 64569– Revision or Replacement of Cranial Nerve (eg, Vagus Nerve) Neurostimulator Electrode Array, including connection to existing pulse generator* *Both are required</p> <p><u>Claim Line 2</u></p> <p>Revenue Code: 0278 – Other Implants</p> <p>CPT Code(s): L8679 SC** – Implantable</p>	1 per date of service	No prior authorization is required for this device claim line. Prior authorization or other services billed on the same claim may still apply.	The device is reimbursed in addition to the Enhanced Ambulatory Patient Grouping payment for the surgery.

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		neurostimulator, pulse generator, any type* <i>*Both are required</i>	neurostimulator, pulse generator, any type* <i>*Both are required</i> <i>**Must be <u>only</u> modifier on claim line</i>			
Ambulatory Surgical Center	CMS-1500 or 837P	<p><u>Claim Line 1</u></p> <p>CPT Code(s): 64568– Incision for Implantation of Cranial Nerve (eg, Vagus Nerve) Neurostimulator Electrode Array and Pulse Generator</p> <p><u>Claim Line 2</u></p> <p>CPT Code(s): L8679 – Implantable neurostimulator, pulse generator, any type</p>	<p><u>Claim Line 1</u></p> <p>CPT Code(s): 64569– Revision or Replacement of Cranial Nerve (eg, Vagus Nerve) Neurostimulator Electrode Array, including connection to existing pulse generator</p> <p><u>Claim Line 2</u></p> <p>CPT Code(s): L8679 SC** – Implantable neurostimulator, pulse generator, any type <i>**Must be <u>only</u> modifier on claim line</i></p>	1 per date of service	No prior authorization is required for this device claim line. Prior authorization or other services billed on the same claim may still apply.	The device is reimbursed in addition to the Enhanced Ambulatory Patient Grouping payment for the surgery.