NeuroPace Responsive Neurostimulator (RNS) for Epilepsy for Epilepsy

State(s):	LOB(s):
☒ *Idaho* ☒ *Montana* ☒ *Oregon* ☒ *Washington* ☐ *Other:*	☒ *Commercial* ☒ *Medicare* ☒ *Medicaid*

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

NeuroPace Responsive Neurostimulation (RNS) is for the treatment of drug-resistant refractory focal Epilepsy. The RNS System monitors and responds to brain activity to prevent seizures at the source of the seizure. The RNS neurostimulator monitors the brain's electrical activity, and when activity that could lead to a seizure is detected, it delivers a pulse of electrical stimulation through the leads. The electrical pulse is intended to stop the seizure before it begins.

Criteria

Commercial

Prior authorization is required.

NeuroPace Responsive Neurostimulation (RNS) may be indicated when **ALL** of the following are present:

1. RNS is being used for the treatment of drug-resistant refractory focal Epilepsy;
   a. Refractory to 2 or more tolerated, appropriately chosen and used antiepileptic medications;
2. Individual is 18 years of age or older with partial onset seizures;
3. Diagnostic testing found in no more than 2 localized epileptogenic foci;
4. Individuals that average 3 or more disabling seizures such as motor partial, complex partial and/or secondarily generalized seizures per month over the three most recent month (with no month with fewer than two seizures);
5. Individual is not a candidate for focal resection epilepsy surgery; and

6. Individual is not a candidate for vagus nerve stimulation.

Contraindications:

The NeuroPace Responsive Neurostimulation (RNS) is contraindicated when any of the following conditions are present:

1. Individuals with risk factors for surgical complications such as active systemic infection, coagulation disorders (such as the use of antithrombotic therapies), or platelet count below 50,000.
2. Patients who have implanted medical devices that deliver electrical energy to the brain.
3. Patients who are unable or do not have the necessary assistance to properly operate the NeuroPace remote monitor or magnet.

Exclusions: NeuroPace Responsive Stimulation is considered not medically necessary for primary generalized seizures and for all other indications not noted above.

Medicaid

PacificSource Community Solutions follows Oregon Administrative Rules (OAR) 410-120-1320, 410-141-3820, & 410-141-3825, and Line 174 of the OHP Prioritized List of Health Services for coverage of NeuroPace Responsive Neurostimulator for Epilepsy.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of internal policy guidelines, CMS criteria, and evidence-based criteria, requests are reviewed on an individual basis for determination of coverage and medical necessity.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

61850 Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical

61860 Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical

61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array

61864 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)

61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of Neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array

61868 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, Globus pallidum, subthalami nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure

61880 Revision or removal of intracranial neurostimulator electrodes

61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array

61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays

61888 Revision or removal of cranial neurostimulator pulse generator or receiver

64999 Unlisted procedure, nervous system

95970 Electronic analysis of implanted neurostimulator pulse generator/ transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/ transmitter, without programming

95971 Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (e.g., sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

95976 Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional.

95977 Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

95983 Electronic analysis of implanted neurostimulator pulse generator/ transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/ transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional

95984 Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/ transmitter programming, each additional 15 minutes face-hyphento-hyphenface time with physician or other qualified health care professional (List separately in addition to code for primary procedure)

C1767 Generator, neurostimulator (implantable), nonrechargeable:

C1788 Lead, neurostimulator (implantable)

C1816 Receiver and/or transmitter, neurostimulator (implantable)

C1883 Adaptor/ extension, pacing lead or neurostimulator lead (implantable)

C1897 Lead, neurostimulator test kit (implantable)

E0745 Neuromuscular stimulator, electronic shock unit

L8680 Implantable neurostimulator electrode, each

L8681 Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only

L8682 Implantable neurostimulator radiofrequency receiver

L8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver

L8685 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver

L8686 Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension

L8687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension

L8688 Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension

L8689 External recharging system for battery (internal) for use with implantable neurostimulator, replacement only

L8695 External recharging system for battery (external) for use with implantable neurostimulator, replacement only

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References

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Washington State Health Care Authority, Health Technology Reviews, 2020 https://www.hca.wa.gov/about-hca/health-technology-assessment/health-technology-reviews

Appendix

Policy Number: [Policy Number]

Effective: 2/1/2021 **Next review:** 2/1/2022

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): [Applicable Regulation(s)]

Commercial Ops: 6/2021

Government Ops: 6/2021