PRIOR AUTHORIZATION for VAGUS NERVE STIMULATION (VNS)

For authorization, please complete this form, include patient chart notes to document information and FAX to the PEHP Prior Authorization Department at (801) 366-7449 or mail to: 560 East 200 South Salt Lake City, UT 84102. If you have prior authorization or benefit questions, please call PEHP Customer Service at (801) 366-7555 or toll free at (800) 753-7490.

Section I: PATIENT INFORMATION

Name (Last, First MI):	DOB:	Age:	PEHP ID #:

Section II: PROVIDER INFORMATION

Date Requested:	Ordering Provider/Physician:	Ordering Provider/Physician NPI #:	Ordering Provider/Physician Tax ID #:

Ordering Provider/Physician Contact Person:	Ordering Provider/Physician Phone: ( )	Ordering Provider/Physician Facsimile: ( )

Rendering Provider/Facility and Address:	Rendering Provider/Facility NPI #:	Rendering Provider/Facility Tax ID #:

Rendering Provider/Facility Contact Person:	Rendering Provider/Facility Phone: ( )	Rendering Provider/Facility Facsimile: ( )

Section III: PRE-AUTHORIZATION REQUEST

Nature of Request: *Please check.*
☐ Auth Extension ☐ Pre-Auth ☐ Retro Auth ☐ Urgent

Requested Date of Service:
From: To:

Place of Service: *Please check.*
☐ Ambulatory Surgical Center ☐ Inpatient ☐ Office ☐ Outpatient

Primary Diagnosis/ICD-10 Code:

Secondary Diagnosis/ICD-10 Code:

A. If Vagal Nerve Stimulator (VNS) being requested for any of the following type so epilepsy/seizure disorder? *Please check.*

1. ☐ Atonic Seizures ("drop seizures")
2. ☐ Dravet Syndrome (Severe Myoclonic Epilepsy of Infancy
3. ☐ Focal Seizures (Partial Onset Seizures)
4. ☐ Generalized Epilepsy Syndrome
5. ☐ Generalized Motor Seizures (Generalized Tonic-Clonic Seizures)
6. ☐ Generalized Treatment-Resistant Epilepsy
7. ☐ Juvenile Myoclonic Epilepsy/JME
9. ☐ Lennox-Gastaut Syndrome (LGS)
10. ☐ Status Epilepticus/SE
11. ☐ Other _____

B. Type of VNS Requested: *Please check.*
1. ☐ Vagus Nerve Electrical Stimulator 2. ☐ Transcutaneous VNS

C. VNS Service Requested: *Please check.*
☐ Removal ☐ Replacement ☐ Revision

D. Status of Current VNS: *Please check.*
☐ Unrepairable ☐ Warranty Expired

Service (s) Requested: *Please list all requested services/CPT codes regardless of pre-auth requirement.*

Procedure/Service: _____ CPT/HCPCS code: _____

Procedure/Service: _____ CPT/HCPCS code: _____

Procedure/Service: _____ CPT/HCPCS code: _____

QUESTION	YES	NO	COMMENTS/NOTES
1. Does the patient have partial onset seizures (*also known as focal seizures*) or Lennox-Gastaut Syndrome (LGS)?	☐	☐	
1. a. Is vagus nerve stimulator/VNS being requested to shorten duration or reduce the severity of seizures?	☐	☐	
1. b. Does the patient remain refractory despite optimal anti-epileptic medications?	☐	☐	
1. c. Does the patient have debilitating side effects from anti-epileptic medications?	☐	☐	
1. d. Does the patient remain refractory despite surgical intervention, such as lesionectomy, medial temporal lobectomy, corpus callosotomy, or lesional epilepsy surgery?	☐	☐	
1. e. Does the patient have a history of bilateral or left cervical vagotomy?	☐	☐	
2. Is vagus nerve stimulation being requested for any of the following conditions? *Please check all that apply.*	☐	☐	

- ☐ Addiction
- ☐ Alzheimer's Disease
- ☐ Anxiety Disorder
- ☐ Atrial Fibrillation
- ☐ Autism
- ☐ Bipolar Disorder
- ☐ Bulimia Nervosa
- ☐ Cancer
- ☐ Cerebral Palsy
- ☐ Crohn's Disease
- ☐ Chronic Headaches
- ☐ Cluster Headaches
- ☐ Coma
- ☐ Depression
- ☐ Dysphagia
- ☐ Essential Tremor
- ☐ Eating Disorder
- ☐ Fibromyalgia
- ☐ Gastroparesis
- ☐ Heart Failure
- ☐ Hemicrania Continua
- ☐ Impaired Glucose Tolerance/Pre-Diabetes
- ☐ Inflammation
- ☐ Migraine Headache
- ☐ Mood Disorder
- ☐ Narcolepsy
- ☐ Obesity
- ☐ Obsessive-Compulsive Disorder
- ☐ Panic Disorder
- ☐ Prader-Willi Syndrome
- ☐ Post-Traumatic Stress Disorder
- ☐ Rheumatoid Arthritis
- ☐ Schizophrenia
- ☐ Sjogren's Syndrome
- ☐ Sleep Disorder
- ☐ Stroke/CVA
- ☐ Tinnitus
- ☐ Tourette's Syndrome
- ☐ Traumatic Brain Injury
- ☐ Vestibular Migraine

Additional Comments:

Please fax completed form and medical records to 801-366-7449.