

Responsive neurostimulator/deep brain stimulation trigger

We provide coverage for this procedure for pediatric and adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *61863, *61864, *61868, *61880, *61885, *61888

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See below for the questions you'll encounter in the e-referral system.

Q Is the request for responsive neurostimulation for the treatment of refractory partial epilepsy?

A

Possible answers: Yes No