

TOC required**217.150 Vagus Nerve Stimulation****6-1-22**

The Arkansas Medicaid Program covers vagus nerve stimulation therapy, device, and procedure. Vagus nerve stimulation therapy, device, and procedure require prior authorization for medical necessity.

[View or print the procedure codes for Hospital/Critical Access Hospitals/ESRD services.](#)

[View or print contact information to obtain the DHS or designated vendor step-by-step process for requesting prior authorization.](#)

245.040 Prior Authorization of Vagus Nerve Stimulation Therapy, Device, and Procedure**6-1-22**

The Arkansas Medicaid Program requires prior authorization for vagus nerve stimulation therapy, device, and procedure for medical necessity.

[View or print contact information to obtain the DHS or designated vendor step-by-step process for requesting prior authorization.](#)

272.520 Vagus Nerve Stimulation Therapy, Device and Procedure Billing Protocol**6-1-22**

The Arkansas Medicaid Program covers vagus nerve stimulation therapy, device, and procedure. When filing a claim, providers will bill the cost for both the device and procedure under the single billing code.

[View or print the procedure codes for Hospital/Critical Access Hospitals/ESRD services.](#)

TOC required

251.250 Vagus Nerve Stimulation

6-1-22

The Arkansas Medicaid Program covers vagus nerve stimulation therapy, device, and procedure under the Hospital Outpatient program. Vagus nerve stimulation therapy device and procedure require prior authorization for medical necessity. Refer to the Hospital manual for further information regarding prior authorization and outpatient hospital billing instruction.

View or print the procedure codes for Physician/Independent Lab/CRNA/Radiation Therapy Center services.

View or print contact information to obtain the DHS or designated vendor step-by-step process for requesting prior authorization.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

~~August~~ June 1, 2018 ~~2022~~

2.a. Outpatient Hospital Services (continued)

(6) Border City University-Affiliated Pediatric Teaching Hospitals

Special consideration is given to border city university-affiliated pediatric teaching hospitals due to the higher costs typically associated with such hospitals. Effective for claims with dates of service on or after January 1, 2018, outpatient hospital facility services provided to patients under the age of 21 at border city university-affiliated pediatric teaching hospitals will be reimbursed based on reasonable costs with interim payments and a year-end cost settlement. The State will utilize cost data in a manner approved by CMS consistent with the method used for identifying cost for the private hospital access payments as outlined in this Attachment 4.19-B, Page 1a.

Arkansas Medicaid will use the lesser of the reasonable costs or customary charges to establish cost settlements. The cost settlements will be calculated using the methods and standards used by the Medicare Program.

A border city university-affiliated pediatric teaching hospital is defined as a hospital located within a bordering city (see Attachment 4.19-A page 3b) that submits to the Arkansas Medicaid Program a copy of a current and effective affiliation agreement with an accredited university, and documentation establishing that the hospital is university-affiliated, is licensed and designated as a pediatric hospital or pediatric primary hospital within its home state, maintains at least five different intern pediatric specialty training programs, and maintains at least one-hundred (100) operated beds dedicated exclusively for the treatment of patients under the age of 21.

(7) Effective for claims with dates of service on or after June 1, 2022, all Arkansas hospitals shall be paid based on 100% of the Medicare average comprehensive payment rate as of June 1, 2022 for the vagus nerve stimulation therapy, device and procedure. All rates are published on the agency's website. Except as otherwise noted in the plan, state developed fee schedules are the same for both governmental and private providers.

State of Arkansas

As Engrossed: H3/29/21

93rd General Assembly

A Bill

Regular Session, 2021

HOUSE BILL 1810

By: Representatives Beaty Jr., Bentley, M. Berry, Christiansen, Evans, C. Fite, Haak, Hawks, Hollowell,
McClure, Milligan, Payton, Penzo, Tollett

By: Senators B. Davis, Beckham

For An Act To Be Entitled

AN ACT TO REQUIRE CERTAIN REIMBURSEMENT RATES IN THE
ARKANSAS MEDICAID PROGRAM FOR VAGUS NERVE STIMULATION
THERAPY SYSTEM DEVICES; AND FOR OTHER PURPOSES.

Subtitle

TO REQUIRE CERTAIN REIMBURSEMENT RATES IN
THE ARKANSAS MEDICAID PROGRAM FOR VAGUS
NERVE STIMULATION THERAPY SYSTEM DEVICES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is
amended to add an additional section to read as follows:

20-77-140. Vagus nerve stimulation therapy system device reimbursement
rates.

(a) The Department of Human Services shall establish separate vagus
nerve stimulation therapy system device reimbursement rates for all acute
care hospitals who are Medicaid providers.

(b) The vagus nerve stimulation therapy system device reimbursement
rates for implantation of a vagus nerve stimulation therapy system device
shall be:

(1) Equal to one hundred percent (100%) of the Medicare average
comprehensive payment rate for vagus nerve stimulation therapy, device, and
procedure; and

(2) In addition to the surgery fees already listed in the



Arkansas Medicaid Program.

/s/Beaty Jr.

APPROVED: 4/21/21