PHRENIC NERVE IMPLANT (STIMULATOR)
MED205.010

COVERAGE:

Coverage will be allowed for phrenic nerve implantation or stimulation with subsequent training for the following conditions:

- respiratory paralysis resulting from lesions or injury to the brain stem and cervical spinal cord (C3 or higher), such as quadriplegia or sleep apnea syndrome with central apnea;
- central alveolar hypoventilation syndrome; and
- chronic pulmonary disease with ventilatory insufficiency.

NOTE: Documentation that preoperative screening of phrenic nerves, lungs, and diaphragm showing sustain ventilation via electrical stimulation must be submitted.

Coverage will be allowed for removal and reimplantation of the phrenic nerve stimulator device due to infection or growth.

Coverage will not be allowed for phrenic nerve implantation or stimulation for the following conditions:

- independent breathing without the assistance of a ventilating device;
- nerve conduction disorders, such as tumors, vascular diseases, diabetes mellitus, or multiple sclerosis; and,
- temporary respiratory insufficiency

DESCRIPTION:

Phrenic Nerve Implant (Stimulator) provides electrical pulse/stimulation to the patient's phrenic nerve, allowing for rhythmic inspiratory diaphragm contractions and passive expiratory breathing due to hypoventilation. The integrity of the diaphragm and the phrenic nerves is required to provide adequate ventilation by electrical pulsing or stimulation.

Phrenic nerve implantation or stimulation is also known as:

- Electrophrenic Respiration (REP),
- Transvenous Electrophrenic Respiration (EPR),
- Electrophrenic Nerve Pacing (EPP),
- Electrophrenic Pacemaker, or
- Functional Electrical Stimulation (FES) of Phrenic Nerve.

RATIONALE:

None

DISCLAIMER:

State and federal law, as well as contract language, including
definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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