SHP Deep Brain Stimulation

AUTH: SHP Surgical 74 v3 (AC)

MCG Health
Ambulatory Care
25th Edition

Link to Codes

Coverage

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See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Deep brain stimulation is the use of implanted electrodes to regulate involuntary tremors or movements in an individual.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of deep brain stimulation for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Treatments

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- Deep Brain Stimulation is considered medically necessary in individuals with **1 or more** of the following
  - Parkinson's Disease with **ALL** of the following
    - Individual has idiopathic Parkinson's Disease
    - Individual has significant disability affecting safety, functional status or quality of life due to **1 or more** of the following
      - Bradykinesia
      - Tremor
      - Rigidity
      - Levodopa-induced dyskinesia
    - Individual has had a favorable response in the past to administration of levodopa
    - Individual has current signs or symptoms refractory to standard medication for Parkinson's disease
    - Individual has no significant cognitive impairment
    - If individual has depression or mood disorders, they are adequately controlled with medicine
    - Individual has no intracranial pathology on imaging studies that would contraindicate or complicate deep brain stimulation
    - Individual does not have coagulopathy
  - Essential Tremor and **ALL** of the following

        - Individual has significant disability of one or more limbs from resting, positional, or kinetic tremor that affects safety, functional status, or quality of life
        - Individual has tremor refractory to at least one year of standard medication
        - Individual has no significant cognitive impairment
        - If individual has depression or mood disorders, they are adequately controlled with medicine
        - Individual has no intracranial pathology on imaging studies that would contraindicate or complicate deep brain stimulation
        - Individual does not have coagulopathy
    - Primary Dystonia with **ALL** of the following
        - Individual is seven (7) years of age or older
        - Individual has severe impairment in daily activities despite optimal medical management
        - Individual has no intracranial pathology on imaging studies that would contraindicate or complicate deep brain stimulation
        - Individual does not have coagulopathy
    - Partial onset seizures with **ALL** of the following
        - Individual is eighteen (18) years of age or older
        - Individual has undergone diagnostic testing that localized no more than two (2) epileptogenic foci
        - Individual is refractory to two or more antiepileptic medications
        - Individual is currently having an average of three (3) or more disabling seizures (for example, motor partial seizures, complex partial seizures, or secondary generalized seizures) per month over the most recent three months
    - Replacement/revision of a cranial neurostimulator pulse generator or receiver or electrodes is considered medically necessary for **ALL** of the following
        - Individual meets ALL of the criteria for initial placement of cranial neurostimulator pulse generator or receiver or electrodes
        - Existing cranial neurostimulator pulse generator or receiver or electrodes are no longer under warranty
        - Existing cranial neurostimulator pulse generator or receiver or electrodes are damaged or not functioning properly and cannot be repaired

Document History

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- Revised Dates:
    - 2022: May
    - 2020: June
    - 2019: October
    - 2014: May, August
    - 2013: May
    - 2010: April
    - 2009: March
    - 2008: March, April
    - 2004: November
    - 2003: April
    - 2002: February
- Reviewed Dates:
    - 2021: May
    - 2019: June
    - 2018: March
    - 2017: February, May
    - 2015: May
    - 2012: May
    - 2011: May
    - 2010: March
    - 2008: April
    - 2007: December
    - 2005: November
    - 2004: April
    - 2003: February
- Effective Date: June 2001

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
    - CPT 61850 – Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
    - CPT 61860 – Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical

- CPT 61863 – Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
- CPT 61864 – Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
- CPT 61867 – Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; first array
- CPT 61868 – Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
- CPT 61880 – Revision or removal of intracranial neurostimulator electrodes
- CPT 61885 – Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
- CPT 61886 – Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
- CPT 61888 – Revision or removal of cranial neurostimulator pulse generator or receiver

- CPT/HCPCS codes considered not medically necessary per this Policy:
  - None

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Denys, D., & Koning, P. (2022, Mar 08). Deep brain stimulation for treatment of obsessive-compulsive disorder. Retrieved Apr 04, 2022, from UpToDate: https://www.uptodate.com/contents/deep-brain-stimulation-for-treatment-of-obsessive-compulsive-disorder?search=Deep%20brain%20stimulation&source=search_result&selectedTitle=3~93&usage_type=default&display_rank=3#H1391040

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NCD: Electrical Nerve Stimulator (160.7). (1995, Aug 07). Retrieved Apr 04, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=240&ncdver=1&keyword=Electrical%20nerve%20stimulators&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

NCD: Treatment of Motor Function Disorders with Electric Nerve Stimulation (160.2). (2003, Apr 01). Retrieved Apr 04, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=22&ncdver=2&keyword=brain%20stimulation&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Procedure Fee Files & CPT Codes. (2022). Retrieved Apr 05, 2022, from Department of Medical Assistance Services: https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/#searchCPT

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Guidelines on Subthalamic Nucleus and Globus Pallidus Internus Deep Brain Stimulation for the Treatment of Patients with Parkinson's Disease. (2018). Retrieved Apr 05, 2022, from Congress of Neurological Surgeons: https://www.cns.org/guidelines/browse-guidelines-detail/congress-of-neurological-surgeons-systematic-revie

Codes

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CPT® : 61850, 61860, 61863, 61864, 61867, 61868, 61880, 61885, 61886, 61888

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