

Deep brain stimulation

Services must meet medical necessity criteria. Submit prior 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 the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable procedure codes: *61850, *61863, *61864, *61867, *61868, *61880, *61885, *61886 and *61888

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

- 1.*The Deep Brain Stimulation Questionnaire is required [Questionnaire Assessment](#)
- 2.Please attach any clinical information you would like BCBSM to consider for this request from the patients medical record up in the Case Communication field.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Questionnaire

Deep Brain Stimulation

Answering the question(s) below will provide additional information needed to process your request.

- Q** Does the patient have PARKINSON'S DISEASE with ALL of the following (1-3)? 1) A good response to medication treatment with Levodopa (unless contraindicated or not tolerated). 2) A score of AT LEAST 30 on the motor portion of the Unified Parkinson Disease Rating Scale when the patient has been without medication for 12 hours OR patient has had Parkinsons disease for at least 4 years. 3) Motor complications not controlled by medication therapy (for example, dopamine agonists or Monoamine-oxidase-B inhibitors). Note: Disabling, medically unresponsive tremor is defined as all of the following: Tremor causing significant limitation in daily activities. Inadequate control by maximal dosage of medication for at least 3 months before implant



Possible answers: Yes No NA

See below for the questions you'll encounter in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Is the patient AT LEAST seven years or older WITH primary dystonia that is chronic AND uncontrolled with medications? Note: Primary dystonia is where dystonia is the only neurological disorder the patient has; it is not caused by outside or secondary factors; and is not dystonia that occurs with other neurologic disorders. Primary dystonia may include generalized dystonia, segmented dystonia, hemidystonia or cervical dystonia (torticollis). Is the patient AT LEAST seven years or older WITH primary dystonia that is chronic AND uncontrolled with medications? Note: Primary dystonia is where dystonia is the only neurological disorder the patient has; it is not caused by outside or secondary factors; and is not dystonia that occurs with other neurologic disorders. Primary dystonia may include generalized dystonia, segmented dystonia, hemidystonia or cervical dystonia (torticollis). Note: Disabling, medically unresponsive tremor is defined as all of the following: Tremor causing significant limitation in daily activities. Inadequate control by maximal dosage of medication for at least 3 months before implant

A Possible answers: Yes No NA

Q Does the patient have BOTH of the following (A and B)? a) Tremors causing significant limitation in daily activities b) Tremors that are not adequately controlled by maximal dosage of medication for AT LEAST 3 MONTHS

A Possible answers: Yes No NA

Q Does the patient have seizures that are not controlled with anticonvulsant medications?

A Possible answers: Yes No NA

Q Does the patient have seizures AND is ineligible for surgery OR has a history of previous surgery that was unsuccessful in controlling the seizures?

A Possible answers: Yes No NA