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Preview questionnaire Deep brain stimulation

For Medicare Plus BlueSM PPO, BCN HMOSM (commercial) and BCN AdvantageSM members

Effective Dec. 8, 2019

Deep brain stimulation

We provide coverage for this procedure for 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 will retrospectively monitor compliance with this authorization requirement.

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

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

Q Does the patient have PARKINSON'S DISEASE with ALL of the following (A-C)? A. A good response to medication treatment with Levodopa (unless contraindicated or not tolerated). B. 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. C. 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.

A

Possible answers: Yes No N/A

Q Is the patient AT LEAST seven years or older WITH chronic primary dystonia 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 N/A

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 N/A

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

A

Possible answers: Yes No N/A

Q Does the patient have seizures AND EITHER of the following? A. Patient is ineligible for surgery. B. Patient has a history of previous surgery that was unsuccessful in controlling the seizures.

A

Possible answers: Yes No N/A