Deep Brain Stimulation (DBS)

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: None

WellFirst Health Medical Policy:

1.0 Deep brain stimulation (DBS) requires prior authorization through the Health Services Division and is considered medically necessary for ANY of the following conditions:

1.1 Parkinson disease when ALL of the following criteria are met:
   - 1.1.1 Idiopathic Parkinson disease; AND
   - 1.1.2 Disability affecting safety, functional status, or quality of life, due to ANY of the following:
     - 1.1.2.1 Bradykinesia
     - 1.1.2.2 Tremor
     - 1.1.2.3 Rigidity
     - 1.1.2.4 Levodopa-induced dyskinesia
   - 1.1.3 Favorable response in the past to administration of levodopa; AND
   - 1.1.4 Current signs or symptoms refractory to standard medications for Parkinson disease; AND
     - 1.1.4.1 Lack of prominent dysautonomia; AND
     - 1.1.4.2 Lack of cerebellar or pyramidal findings.

1.2 In patients with essential tremor when ALL of the following criteria are met:
   - 1.2.1 Disability of one or more limbs from resting, positional, or kinetic tremor that affects safety, functional status, or quality of life; AND
   - 1.2.2 Tremor refractory to one (1) year or more of standard medication.

1.3 In patients with dystonia when all the following criteria are met:
   - 1.3.1 Primary dystonia (e.g. idiopathic or inherited isolated dystonia); AND
   - 1.3.2 Daily activities impaired despite optimal medical management.
Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy and to applicable state and/or federal laws.

2.0 DBS for the following indications (not an all-inclusive list) is considered experimental and investigational, and therefore is not medically necessary:

2.1 Cognitive impairment, dementia, or depression that would be worsened by or would interfere with the patient’s ability to benefit from DBS, **OR**

2.2 Current psychosis, alcohol abuse, or other drug abuse, **OR**

2.3 Structural lesions such as basal ganglionic stroke, tumor, or vascular malformation as etiology of the movement disorder, **OR**

2.4 Previous movement disorder surgery within the affected basal ganglion, **OR**

2.5 Significant medical, surgical, neurologic, or orthopedic comorbidities contraindicating DBS surgery or stimulation **OR**

2.6 For the treatment of psychiatric disorders, including, but not limited to obsessive-compulsive disorder, eating disorder, mental retardation, aggressive behavior, depression, anxiety, or addiction disorder; **OR**

2.7 For the treatment of refractory phantom limb pain or chronic pain disorders,

2.8 Cluster headaches
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<tr>
<th>Committee/Source</th>
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<tbody>
<tr>
<td>Document created: Medical Policy Committee/Health Services Division</td>
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