

MEDICAL POLICY



SUBJECT: SELECTIVE POSTERIOR (OR DORSAL) RHIZOTOMY FOR CEREBRAL PALSY	EFFECTIVE DATE: 07/02/99 REVISED DATE: 06/20/01, 04/17/02 ARCHIVED DATE: 02/20/03 EDITED DATE: 11/10/05, 11/16/06, 11/15/07, 11/20/08, 10/29/09, 10/28/10, 10/20/11, 12/20/12, 12/19/13
POLICY NUMBER: 7.01.20 CATEGORY: Technology Assessment	PAGE: 1 OF: 3
<ul style="list-style-type: none"><i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i><i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i><i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i>	

POLICY STATEMENT:

- I. Based on our criteria and review of the peer-reviewed literature, selective posterior rhizotomy has been medically proven to be effective and therefore, **medically appropriate** when performed on patients meeting **ALL** of the following criteria:
 - A. Age 3 to 8 years of age; and
 - B. Spasticity confined mainly to the lower limbs, with evidence of voluntary muscle strength underlying the spasticity; and
 - C. Presence of intact trunk righting responses, evidence of underlying equilibrium of antigravity and selective motor control; and
 - D. No history of previous orthopedic surgery, or severe contractures or bony abnormalities.
- II. Based upon our criteria and review of the peer-reviewed literature, this procedure has not been shown to be medically effective in children who do not meet the above criteria (e.g., children with predominant dystonia and rigidity). Therefore, unless all the above criteria are met, the procedure is considered **investigational**.

Refer to Corporate Medical Policy # 11.01.03 regarding Experimental and Investigational Services.

DESCRIPTION:

Selective posterior rhizotomy is a neurosurgical procedure to reduce spasticity in highly selected patients with cerebral palsy by diminishing the number of afferent nerve transmissions to neuronal circuits that regulate the spinal stretch reflex. This procedure was developed in the early 1900's and has been greatly enhanced with new electrical stimulating devices.

Either a predetermined percentage of the dorsal rootlets are severed or electromyographic responses to direct electrical stimulation may be used to identify specific nerve roots involved in spasticity-producing circuits. Only those rootlets associated with an abnormal electromyographic response to electrical stimulation are divided. The remaining rootlets are left intact to preserve sensation.

Selective posterior rhizotomy has been offered to patients in an attempt to increase ambulation, and in a smaller subset of patients without ambulatory potential, but whose severe spasticity limits adequate care and handling.

RATIONALE:

Selective Posterior Rhizotomy is a procedure and therefore not subject to Food and Drug Administration (FDA) approval. Numerous controlled clinical trials have shown Selective Posterior Rhizotomy to be effective in treating spastic cerebral palsy. (Diagnosis of cerebral palsy in children under three years old may be incorrect and children over eight years of age likely to have contractures and/or have had orthopedic procedures.) Clinical trials have shown that Selective Posterior Rhizotomy improves net health outcomes and is more effective than intensive physiotherapy alone, and as effective as intrathecal Baclofen or Botulinum Toxin A administration. Selective Posterior Rhizotomy has shown improvement in net health outcomes outside investigational settings.

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CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: 63185 Laminectomy with rhizotomy; one or two segments
 63190 more than two segments

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HCPCS: No specific code

ICD9: 343.0- 343.9 Infantile cerebral palsy (code range)

ICD10: G80.0-G80.9 Cerebral palsy (code range)

REFERENCES:

*BlueCross BlueShield Association. Selective posterior rhizotomy for the spasticity of cerebral palsy. Medical Policy Reference Manual Policy #7.01.18. 2003 Jul 17 (archived 10/09).

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KEY WORDS:

Cerebral palsy, Rhizotomy, Spasticity.

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CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, there is no specific regional or national coverage determination addressing selective posterior rhizotomy for cerebral palsy.