

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 20.1
TITLE: NERVOUS SYSTEM

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (c)(3)

I. EFFECTIVE DATE

- A. August 26, 1985
- B. January 1, 1989 for pulmonary arteriovenous malformations (PAVM).
- C. April 1, 1994, for therapeutic embolization for treatment of meningioma.
- D. July 14, 1997, for Guglielmi Detachable Coil (GDC).

II. PROCEDURE CODE(S)

61000-64560, 64573-64577, 64600-64999, 95970-95975, and 99211-99215

III. DESCRIPTION

A. The nervous system consists of the central and peripheral nervous systems. The central is comprised of the brain and spinal cord and the peripheral includes all the other neural elements.

B. The nervous system is the organ system which along with the endocrine system, correlates the adjustments and reactions of an organism to internal and environmental conditions.

C. Therapeutic embolization is a type of procedure that is commonly performed by interventional radiologist to occlude blood vessels. A microcatheter or balloon is threaded into a vein or artery for the purposes of embolization blocking a pathologic vascular channel.

D. Stereotactic implantation of depth electrodes is an invasive procedure in which needle-like electrodes are implanted through burr holes in the skull into the depths of specific brain areas to localize a seizure focus in patients who are candidates for surgery or to implant a brain stimulator in the thalamus to control tremors.

E. Psychosurgery is brain surgery directed at destroying normal and healthy brain tissue in order to relieve mental and psychic symptoms that other treatment modalities such as drug therapy and psychotherapy have been ineffectual in treating, for the purpose of changing or controlling behavior.

F. The Guglielmi Detachable Coil (GDC) is an extremely fine wire made from platinum, one of the softest metals, at the end of a longer stainless steel wire. In a controlled manner, the surgeon uses a micro-catheter to thread each coil through blood vessels to the aneurysm site. Application of a very-low-voltage electric current detaches and releases the coil into the aneurysm. Once in place, the GDC coils fill the aneurysm, isolating it from circulation to reduce the likelihood of rupture and hemorrhagic stroke. By applying a low voltage direct current to a stainless steel wire at the base of the coil, the platinum coil is detached. This applied current not only detaches the coil but also promotes electrothrombosis within the aneurysm.

IV. POLICY

A. Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the nervous system are covered.

B. Therapeutic embolization (CPT procedure code 61624) is covered. The following list of indications is not all inclusive. Other indications are covered when safe, effective, and comparable or superior to standard treatment.

1. Cerebral arteriovenous malformations.
2. Pulmonary arteriovenous malformations (PAVM).
3. Vein of Galen aneurysm.
4. Inoperable or high-risk intracranial aneurysms.
5. Dural arteriovenous fistulas.
6. Meningioma.

C. Implantation of depth electrodes is covered.

1. Implantation of a FDA approved vagus nerve stimulator as adjunctive therapy in reducing the frequency of seizures in adults and adolescents over 12 years of age, which are refractory to anti-epileptic medication is covered. Battery replacement is also covered.

2. Coverage may also be provided for beneficiaries under the age of 12 when a physician has attested to the appropriateness in a particular case.

D. Spinal cord and deep brain stimulation are covered in the treatment of chronic intractable pain. Coverage includes:

1. the accessories necessary for the effective functioning of the covered device; and
2. repair, adjustment, replacement and removal of the covered device and associated surgical costs.

E. The GDC may be cost-shared for embolizing unruptured intracranial aneurysms that, because of their morphology, their location, or the patient's general medical condition, are considered by the treating neurosurgical team to be:

1. very high risk for management by traditional operative techniques; or
2. inoperable; or
3. for embolizing other vascular malformation such as arteriovenous malformations and arteriovenous fistulae of the neurovasculature, to include arterial and venous embolizations in the peripheral vasculature.

V. EXCLUSIONS

A. Cerebellar stimulators/pacemakers for the treatment of neurological disorders.

B. Deep brain neurostimulation in the treatment of insomnia, depression, anxiety, and substance abuse.

C. Dorsal column and deep brain electrical stimulation for the treatment of motor function disorders.

D. Dorsal root entry zone (DREZ) thermocoagulation or microcoagulation neurosurgical procedure.

E. Endovascular GDC treatment of wide-necked aneurysms and rupture.

F. Epidural steroid injections for thoracic pain.

G. Extraoperative electrocortigraphy for stimulation and recording in order to determine electrical thresholds of neurons as an indicator of seizure focus.

H. Magnetocephalography (CPT procedure codes 95965-95967).

I. N-butyl-2-cyanoacrylate (Histacryl Bleu®); iodinated poppy seed oils (e.g., Ethiodol®); absorbable gelatin sponges.

J. Neuromuscular electrical stimulation (CPT procedure codes 64565 and 64580) for the treatment of denervated muscles.

K. Psychosurgery is not in accordance with accepted professional medical standards.

L. Sacral nerve neurostimulator (CPT procedure codes 64561, 64581, 64585, 64590, and 64595).

M. Stereotactic cingulotomy.

N. Transcatheter hepatic arterial embolization for the treatment of cancers that have metastasized to the liver, unresectable hepatocellular carcinoma, and respectable hepatocellular carcinoma.

O. Transcutaneous, percutaneous, functional dorsal column electrical stimulation in the treatment of multiple sclerosis, or other motor function disorders.

END OF POLICY