

## CHAMPVA POLICY MANUAL

**CHAPTER:** 2  
**SECTION:** 20.14  
**TITLE:** STEREOTACTIC RADIOFREQUENCY PALLIDOTOMY WITH  
MICROELECTRODE MAPPING FOR TREATMENT OF PARKINSON'S  
DISEASE

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**AUTHORITY:** 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(a)(1)

**TRICARE POLICY MANUAL:** Chapter 3, Section 15.16

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### I. EFFECTIVE DATE

November 6, 1996

### II. PROCEDURE CODE(S)

61720

### III. DESCRIPTION

Pallidotomy (a new procedure) is a neurosurgical procedure involving a surgical lesion of the globus pallidus, which lies in the basal ganglia portion of the brain, with the aim of controlling one or more of the major symptoms of parkinsonism, including tremor, rigidity, and hypokinesia, in those patients who have not responded adequately to medical treatment.

### IV. POLICY

A. Pallidotomy for Parkinson's disease may be cost-shared when the following criteria are met:

1. the patient has a diagnosis of idiopathic Parkinson's disease;
2. the patient's disease was previously responsive to levodopa therapy but is now medically intractable;
3. the patient has levodopa-induced dyskinesia or disease characterized particularly by severe bradykinesia, rigidity, tremor, or dystonia, or by marked "on-off" fluctuations;
4. the patient does not have evidence of dementia; and

5. the patient is informed of the risks and benefits of surgery, including the specific mortality and morbidity experience of the center at which the procedure is to be performed.

Note: Coagulopathy, use of antiplatelet agents, and uncontrolled hypertension, particularly intraoperative hypertension, are contraindications to pallidotomy, since they increase the risk of intraoperative hemorrhage.

## **V. POLICY CONSIDERATIONS**

A. Prior to surgery, all patients should have an adequate trial of medical therapy, usually with multiple agents.

B. Previously denied claims for pallidotomy for Parkinson's disease which are identified, may be processed subject to all other claims processing requirements.

## **VI. EXCLUSIONS**

A. Patients exhibiting signs of early dementia.

B. Elderly patients with very advanced disease, autonomic symptoms, severe speech impairment.

C. Patients with "Parkinson's Plus" syndrome which mimic true Parkinson's disease, e.g., postural instability, freezing, poor speech volume and swallowing difficulties.

**\*END OF POLICY\***