

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 20.4
TITLE: **STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES**

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

RELATED AUTHORITY: 32 CFR 199.4 (a)(1), (b)(2)(vii), (c)(2)(i) and (iii)

TRICARE POLICY MANUAL: Chapter 3, Section 15.3

I. EFFECTIVE DATE

October 25, 1993

II. PROCEDURE CODE(S)

61760, 61795, **61862**, 61880, 95970-95975, and 99211-99215

III. DESCRIPTION

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 the specific brain areas, usually the temporal lobe, to record the electroencephalogram.

Stereotactic implantation of depth electrodes and the electroencephalogram are used to localize a seizure focus in patients who are candidates for surgery or to implant a brain stimulator in the thalamus to control tremors. The patient is usually taken off anticonvulsant medication and several weeks of monitoring may be necessary.

IV. POLICY

A. Stereotactic implantation of depth electrodes and the electroencephalogram may be considered for cost sharing when all of the following criteria are met:

1. The patient's seizures are intractable to medical therapy.
2. Prior diagnostic studies suggest, but do not confirm, the presence of a localized seizure focus.
3. The seizure focus is located in an area of the brain amenable to surgical resection (see [Chapter 2, Section 20.5, Electrocorticography](#)).

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4. Stereotactic implantation of depth electrodes for deep brain stimulation, in accordance with labeled indication on or after the day of FDA approval of the device, may be cost shared.

5. 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 medications is covered. Battery replacement is also covered.

6. Coverage may also be provided for beneficiaries under the age of 12 when a physician has attested to the appropriateness of implementation of an FDA-approved vagus nerve stimulator.

END OF POLICY