

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 20.13
TITLE: SELECTIVE POSTERIOR RHIZOTOMY FOR SPASTICITY IN
CEREBRAL PALSY

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

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(i)

TRICARE POLICY MANUAL: Chapter 3, Section 15.10

I. EFFECTIVE DATE

October 1, 1990

II. PROCEDURE CODE(S)

63185-63190

III. DESCRIPTION

Selective or functional posterior rhizotomy, a modification of the posterior or dorsal root rhizotomy procedure, is a surgical procedure in which intraoperative electrostimulation is used to identify the nerve roots or rootlets adjacent to the spinal cord which are involved in spasticity - production circuits. These fibers are severed while normal fibers are preserved, with the goal of reducing the adverse effects of spasticity.

IV. POLICY

A. Selective posterior rhizotomy for the treatment of spasticity in cerebral palsy may be cost-shared for the patient with:

1. ambulatory potential; or
2. severe spasticity without independent function.

V. POLICY CONSIDERATIONS

A. CHAMPVA may cost share medically necessary pre- and postoperative diagnostic testing and evaluations, for patients with ambulatory function being considered for or following this type of surgery.

B. Posterior or dorsal root rhizotomy surgical procedures, or selective posterior rhizotomy surgical procedures performed to alleviate the symptoms associated with chronic pain may be considered for cost-sharing if determined to be medically necessary.

VI. EXCLUSIONS

- A. Selective posterior rhizotomy is excluded for patients with:
1. progressive neurological disorder;
 2. ataxia; or
 3. athetosis.

END OF POLICY