

Epilepsy Surgery

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| <p>LOB(s):</p> <p><input checked="" type="checkbox"/> Commercial</p> <p><input checked="" type="checkbox"/> Medicare</p> <p><input checked="" type="checkbox"/> Medicaid</p> | <p>State(s):</p> <p><input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other:</p> <p><input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington</p> |
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Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Epilepsy is a brain disorder that causes recurring, unprovoked seizures. Epilepsy may occur as a result of a genetic disorder or an acquired brain injury, such as a trauma or stroke. During a seizure, sudden, temporary, bursts of electrical activity in the brain that change or disrupt the way messages are sent between brain cells occur resulting in involuntary changes in body movement or function, sensation, behavior, or awareness and can cause loss of consciousness.

Epilepsy is one of the most common neurological disorders in the United States and has a prevalence of approximately 3 million adults. Management generally involves antiepileptic drugs, but for some patients, seizures are uncontrolled by medical therapy. For patients with focal seizure disorders, more invasive interventions might be warranted. Laser interstitial thermal therapy LITT and Responsive Neurostimulation (RNS) are potentially alternative treatment option.

Laser interstitial thermal therapy is indicated for use to necrotize or coagulate soft tissue through interstitial irradiation or thermal therapy under magnetic resonance imaging (MRI) guidance. Laser interstitial thermal therapy can be used for medically refractory epileptic seizures as an alternative to open brain surgery.

Responsive Neurostimulation (RNS) is for the treatment of drug-resistant refractory focal Epilepsy. The RNS System uses a neurostimulator that is seated in the skull and connected to lead wires with electrodes that are implanted in the brain to monitor and respond to brain activity to attempt to prevent seizures at the source of the seizure.

Criteria

Commercial

Prior authorization is required

I. Laser Interstitial Thermal Therapy

PacificSource considers Laser Interstitial Thermal Therapy to be medically necessary when **ALL** of the following criteria is met:

- A. Diagnosis of lesional Mesial Temporal Lobe Epilepsy (MTLE)
- B. Documented seizure activity refractory to at least two (2) anti-epileptic drugs for three (3) months
- C. Member is **NOT** a candidate for resective epileptic surgery
- D. Member does not have either of the following contraindications:
 - 1. An implanted device that contraindicates MRI
 - 2. Progressive brain lesions and/or tumors not associated with epilepsy

II. Insertion of Responsive Neurostimulation (RNS)

PacificSource considers Responsive Neurostimulation (RNS) to be medically necessary when **ALL** of the following criteria is met:

- A. Member is 18 years of age or older
- B. Diagnosis of focal epilepsy
- C. Member experiences 3 or more seizures per month within prior 3 months
- D. Refractory to 2 or more antiepileptic medications
- E. Diagnostic testing found no more than two localized epileptogenic foci
- F. Individual is not a candidate for focal resection epilepsy surgery
- G. Individual is not a candidate for Vagus nerve stimulation

III. Revision or Replacement of Responsive Neurostimulation (RNS)

PacificSource considers revision or replacement of an implanted Responsive Neurostimulator (RNS) to be medically necessary when the insertion criteria above is met.

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) Oregon Administrative Rules (OARs) 410-141-3820 to 3825 & 410-120-1200 for coverage of Laser Interstitial Thermal Therapy.

PacificSource Community Solutions (PCS) considers CPT codes 61736 and 61737 as insufficient evidence of effectiveness per Guideline Note 173 of the *Oregon Health Plan (OHP)* OHP Prioritized list of Health Services.

PacificSource Community Solutions follows Oregon Administrative Rules (OAR) 410-120-1320, 410-141-3820 to 3830, Guideline Note 221, and Line 174 of the OHP Prioritized List of Health Services for coverage of NeuroPace Responsive Neurostimulator for Epilepsy.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS criteria, evidence-based criteria, and internal policy guidelines, requests are reviewed on an individual basis for determination of coverage and medical necessity.

Experimental/Investigational/Unproven

PacificSource considers Laser Interstitial Thermal Therapy to be experimental, investigational, or unproven for any neurological indication not listed above and including, but not limited to the following:

- Treatment of primary or metastatic brain tumors;
- Radiation necrosis of the brain.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 61736 Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion
- 61737 Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)
- 61850 Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
- 61860 Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
- 61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; first array
- 61864 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
- 61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of Neurostimulator electrode array in subcortical site (e.g., thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode
- 61868 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (e.g., thalamus, Globus pallidum, subthalamus nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)
- 61880 Revision or removal of intracranial neurostimulator electrodes

- 61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
- 61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays
- 61888 Revision or removal of cranial neurostimulator pulse generator or receiver-
- 64999 Unlisted procedure, nervous system
- C1767 Generator, neurostimulator (implantable), nonrechargeable:
- L8679 Implantable neurostimulator, pulse generator, any type
- L8680 Implantable neurostimulator electrode, each
- L8681 Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
- L8682 Implantable neurostimulator radiofrequency receiver
- L8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
- L8685 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
- L8686 Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension
- L8687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
- L8688 Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension
- L8689 External recharging system for battery (internal) for use with implantable neurostimulator, replacement only
- L8695 External recharging system for battery (external) for use with implantable neurostimulator, replacement only

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HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

Definitions

Epilepsy - a neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain

Focal Epilepsy - Seizures that begin in one area of the brain and area of origin may be identifiable by the provider

Mesial temporal lobe epilepsy (MTLE) - a seizure disorder in which the individual has lesions (abnormal tissue) involving the medial or internal structures of the temporal lobe of the brain

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Appendix

Policy Number:

Effective: 2/1/2021

Next review: 8/1/2024

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): (OAR) 410-120-1320, 410-141-3820 to 3830

Commercial Ops: 8//2023

Government Ops: 8/2023