Selective Dorsal Rhizotomy for Cerebral Palsy

Last Review Date: July 8, 2016  Number: MG.MM.SU.44aC6

Medical Guideline Disclaimer
Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflect how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, (“EmblemHealth”) has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions
1. Cerebral Palsy (CP) — a non-progressive disorder associated with neuromuscular, perceptual and sensory impairments. Etiologies include genetic, inflammatory, infectious, anoxic, traumatic and metabolic causes. Damage can occur before, during or after birth. There are three basic types:
   a. Ataxic — characterized by rapid, repetitive movements.
   b. Dyskinetic — characterized by abnormal involuntary movements.
2. Spastic — characterized by muscle hypertonicity and impairment of motor skills; diplegia, one of the most common variants, primarily involves the lower extremities.
3. Selective dorsal rhizotomy (SDR) — a surgical technique that involves the severing of spinal nerve rootlets with the goal of interrupting excitatory neural pathways, thereby reducing or eliminating spasticity.

Guideline
Members with spastic CP of either the diplegic or quadriplegic type are eligible SDR when the following criteria are met:
1. Failure of medical management.\(^1\)
2. Must be participating in active physical therapy prior to SDR.
3. Good prognosis for ambulation.
4. There must be sufficient functional and intellectual capacity to participate in post-operative physical rehabilitation.

**Relative Contraindications**
Relative or absolute contraindications for SDR include, but may not be limited to any of the following:

1. Abnormal spine anatomy.
2. Athetoid or ataxic disease.
3. Dystonia or rigidity.
4. Other neurological motor disorders.
5. Severe fixed joint contractures or deformity.
6. Significant underlying muscle weakness that makes likelihood of recovery poor.

**Applicable Procedure Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>63185</td>
<td>Laminectomy with rhizotomy; one or two segments</td>
</tr>
<tr>
<td>63190</td>
<td>Laminectomy with rhizotomy; more than 2 segments</td>
</tr>
</tbody>
</table>

**Applicable ICD-10 Diagnosis Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G80.0</td>
<td>Spastic quadriplegic cerebral palsy</td>
</tr>
<tr>
<td>G80.1</td>
<td>Spastic diplegic cerebral palsy</td>
</tr>
<tr>
<td>G80.2</td>
<td>Spastic hemiplegic cerebral palsy</td>
</tr>
<tr>
<td>G80.3</td>
<td>Athetoid cerebral palsy</td>
</tr>
<tr>
<td>G80.4</td>
<td>Ataxic cerebral palsy</td>
</tr>
<tr>
<td>G80.8</td>
<td>Other cerebral palsy</td>
</tr>
<tr>
<td>G80.9</td>
<td>Cerebral palsy, unspecified</td>
</tr>
</tbody>
</table>

**References**
BlueCross and BlueShield Association Medical Policy Reference Manual, Policy No. 7.01.28

\(^1\) Treatments include pharmacotherapy, botulinum toxin A injection, intrathecal baclofen infusion, orthopedic management, physical therapy, braces and nerve blocks.

Specialty-matched clinical peer review.