Selective Dorsal Rhizotomy for Cerebral Palsy

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>
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<tr>
<th>Code</th>
<th>Description</th>
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</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>
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</tbody>
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Applicable ICD-10 Diagnosis Codes

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