

Evidence Based Guideline

Cingulotomy, Stereotactic Approach

File Name: cingulotomy_stereotactic_approach

Guideline Number: EBG.SUR6688

Origination: 1/1996

Last Review: 7/2003

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

Stereotactic Cingulotomy is a psychosurgical treatment for various psychiatric disorders. Small lesions are created in specific regions of the brain with radiofrequency-induced heating of electrodes attached to ventricular needles. The needles are inserted into the brain through bilateral burr holes in the skull. The procedure's goal is to reduce psychiatric symptoms and improve patient functioning.

Evidence Based Guideline for Cingulotomy, Stereotactic Approach

- Stereotactic Cingulotomy may be appropriate when used as a last resort to treat severe, incapacitating obsessive-compulsive disorder that is unresponsive to appropriate trials of other treatments.

Medical Evidence regarding Cingulotomy, Stereotactic Approach indicates it is not recommended in the following situations:

- When more conservative treatments have not been tried and failed.
- For any diagnosis other than severe, incapacitating obsessive-compulsive disorder.
- For major depressive disorder, other anxiety disorders, and bipolar disorder.
- For schizophrenia or other personality disorders.

Benefits Application

Please refer to certificate for availability of benefit. This guideline relates only to the services or supplies described herein. Benefits may vary according to benefit design; therefore certificate language should be reviewed before applying the terms of the policy.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 61735

Medical Term Definitions

Scientific Background and Reference Sources

DATTA Tech Brief, Nov. 1994

Medline Search 1/93 - 12/95

Medical Policy Advisory Group Review 3/99

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

Specialty Matched Consultant Advisory Panel - 7/2002

Specialty Matched Consultant Advisory Panel - 7/2003

Policy Implementation/Update Information

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| 1/96 | Original policy issued. |
| 1/97 | Reaffirmed |
| 3/99 | Reaffirmed. Medical Policy Advisory Group |
| 7/99 | Reformatted, Description of Procedure or Service changed, Medical Term Definitions added. |
| 10/00 | Specialty Matched Consultant Advisory Panel review. No change recommended in criteria. System coding changes. Medical Policy Advisory Group review. No change in criteria. Approve. |
| 7/01 | Changed name from Stereotactic Cingulotomy to Cingulotomy, Stereotactic Approach. |
| 8/02 | Specialty Matched Consultant Advisory Panel review 7/12/2002. No changes. Typo corrected in Billing/Coding section of policy. Code 67135 changed to 61735. |
| 7/03 | Specialty Matched Consultant Advisory Panel review 7/15/03. No changes to criteria. Benefits Application section revised. Policy status changed to "Active policy, no longer scheduled for routine literature review." |
| 3/04 | Billing/Coding section updated for consistency. |
| 8/28/06 | Medical Policy changed to Evidence Based Guideline. |

Policy: Cingulotomy, Stereotactic Approach

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.