

Part B Insider (Multispecialty) Coding Alert

REIMBURSEMENT: New Guidelines Mean Broader Application of Deep Brain Stimulation Codes

New guidelines from the **Centers for Medicare & Medicaid Services** have allowed for broader use of deep brain stimulation (DBS) for treatment of essential tremor (ET) and Parkinson's disease.

When applying DBS, surgeons must be careful to report all portions of the service (including incision, placement and, in some cases, programming) while supplying an appropriate diagnosis and meeting other submission requirements.

DBS refers to high-frequency electrical stimulation of anatomic regions deep within the brain using surgically implanted electrodes, says **Jennifer Schmutz, CPC**, of Neurosurgical Association in Indianapolis. The surgeon may place the electrodes on one (unilateral) or both (bilateral) sides of the brain at one of three locations: the thalamic ventralis intermedialis nucleus (VIM), subthalamic nucleus (STN) and globus pallidus interna (GPI).

CMS program memorandum, transmittal AB-03-023, dated Feb. 14, 2003, instructs carriers to pay for (previously uncovered) unilateral or bilateral VIM DBS for the treatment of ET and/or Parkinsonian tremor and unilateral or bilateral STN or GPI DBS for the treatment of Parkinson's disease, beginning April 1.

For thalamic VIM DBS:

1. The patient must have a diagnosis of essential tremor based on postural or kinetic tremors of hand(s) without other neurologic signs, or a diagnosis of idiopathic Parkinson's disease (exhibiting at least two cardinal features of Parkinson's, such as tremor, rigidity or bradykinesia) of a tremor-dominant form.
2. Marked disabling tremor of at least level three or four on the Fahn-Tolosa-Marin Clinical Tremor Rating Scale (or equivalent scale) in the extremity intended for treatment, causing significant limitation in daily activities despite optimal medical therapy.

For STN or GPI DBS:

3. A diagnosis of Parkinson's disease based on the presence of at least two cardinal features of Parkinson's (tremor, rigidity or bradykinesia).
4. Presence of advanced idiopathic Parkinson's as determined by the use of Hoehn and Yahr stage or Unified Parkinson's Disease Rating Scale (UPDRS) part III motor subscale.
5. The patient is L-dopa responsive with clearly defined "on" periods.
6. The patient must exhibit persistent disabling Parkinson's symptoms or drug side effects (for example, dyskinesias, motor fluctuations or disabling "off" periods) despite optimal medical therapy.

7. In all cases, the patient must be willing and able to cooperate during a conscious operative procedure, as well as during postsurgical evaluations, adjustments of medications, and stimulator settings.