

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 03/05/24
Clinical Policy Document: Neurostimulation, Deep Brain and Cortical Brain (Responsive Cortical)	Replaces Effective Clinical Policy Dated: 03/07/23
Reference #: MC/I009	Page: 1 of 12

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Requests for deep brain stimulation (DBS) or cortical brain (Responsive Cortical) stimulation - Must satisfy any of the following: I or II

- I. Deep brain stimulation - must satisfy any of the following: A or B
 - A. Initial placement - must satisfy any of the following: 1 - 4
 - 1. *Chronic*, medically intractable limb tremor in essential tremor (ET) or severe disabling tremor of idiopathic Parkinson’s disease (unilateral or bilateral DBS of the ventral intermediate [VIM] thalamic nucleus using the Activa® Tremor Control System) - must satisfy both of the following: a and b
 - a. *Tremor* causes significant impairment in *activities of daily living*; and
 - b. Failure of pharmacotherapy (such as, but not limited to, propranolol and primidone).
 - 2. *Chronic*, medically intractable primary dystonia (unilateral or bilateral DBS of the subthalamic nucleus or globus pallidus using the Activa® Dystonia Control System) when used in accordance with the Humanitarian Device Exemption (HDE) specifications of the FDA - must satisfy both of the following: a and b
 - a. The member is 7 years of age or older; and
 - b. Failure of pharmacotherapy for motor complications or chemodeneration with botulinum toxin.
 - 3. Refractory motor complications of Parkinson’s disease (PD) (unilateral or bilateral DBS of the subthalamic nucleus or globus pallidus using the Activa® Parkinson’s Control Therapy System or Vercise/ Vercise Genus Deep Brain Stimulation System - must satisfy all of the following: a - e
 - a. Presence of at least 2 major symptoms of Parkinson’s disease (such as, but not limited to, *tremor*, rigidity, and bradykinesia), resulting in significant impairment of *activities of daily living*; and
 - b. Failure of pharmacotherapy for motor complications; and
 - c. Minimal score of 25 points on the motor portion (Section III) of the *Unified Parkinson’s Disease Rating Scale (UPDRS)* (see Attachment A) when the member has been off medications for at least 12 hours; and
- [Note: Other comparable rating scales may be appropriate and will be assessed on a case-by-case basis]

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
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Reference #: MC/I009	Page: 2 of 12

- d. Levodopa-responsive; and
 - e. Absence of severe dementia, severe depression, cerebral atrophy, and advanced (*Hoehn and Yahr Stage V*) Parkinson's disease.
4. Partial-onset seizures (bilateral stimulation of the anterior nucleus of the thalamus using the DBS System for Epilepsy) - must satisfy the following: a - d
- a. Member is at least 18 years of age; and
 - b. History of partial-onset seizures with or without secondary generalization to tonic-clonic activity; and
 - c. Seizures are refractory to three or more antiepileptic medications; and
 - d. Member is experiencing an average of 6 or more seizures per month, over the most recent three months (with no more than 30 days between seizures).

[Note: If device implantation is covered, intraoperative functional cortical and subcortical mapping is also covered (CPTs 95961/95962)]

- B. Replacement or revision of a deep brain stimulator generator/battery, lead or electrode, or patient programmer – must satisfy the following: 1, and 2 or 3, as applicable
1. The indication for initial placement was for any of the following: a - d
 - a. *Chronic*, medically intractable limb tremor in *essential tremor (ET)* or severe disabling tremor of idiopathic Parkinson's disease (unilateral or bilateral DBS of the ventral intermediate [VIM] thalamic nucleus using the Activa® Tremor Control System); or
 - b. *Chronic*, medically intractable primary dystonia (unilateral or bilateral DBS of the subthalamic nucleus or globus pallidus using the Activa® Dystonia Control System) when used in accordance with the Humanitarian Device Exemption (HDE) specifications of the U.S. Food and Drug Administration (FDA); or
 - c. Refractory motor complications of Parkinson's disease (PD) (unilateral or bilateral DBS of the subthalamic nucleus or globus pallidus using the Activa® Parkinson's Control Therapy System); or
 - d. Refractory partial-onset seizures (bilateral stimulation of the anterior nucleus of the thalamus using the DBS System for Epilepsy).
 2. Request is for replacement of the existing generator/battery or patient programmer – must satisfy any of the following: a - b
 - a. The battery life is less than 1 year; or
 - b. The device must be *malfunctioning* and no longer under warranty; or
 3. Request is for replacement and/or revision of lead/electrode due to migration and/or no longer functioning properly is considered medically necessary.

- II. Cortical (Responsive Cortical) neurostimulation (eg, NeuroPace RNS® System) – must satisfy any of the following: A or B
- A. Initial placement - must satisfy all of the following: 1 - 7
1. Member is at least 18 years of age; and
 2. History of partial-onset seizures; and

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Clinical Policy Document: Neurostimulation, Deep Brain and Cortical Brain (Responsive Cortical)	Replaces Effective Clinical Policy Dated: 03/07/23
Reference #: MC/I009	Page: 3 of 12

3. Seizures are refractory to two or more antiepileptic medications; and
 4. Member is experiencing an average of 3 or more disabling seizures (eg, motor partial seizures, complex partial seizures and/or secondary generalized) per month, over the most recent three months; and
 5. Diagnostic testing confirms localized seizures with no more than two epileptogenic regions; and
 6. Member is not a candidate for focal resection epilepsy surgery; and
 7. Member is not a candidate for vagus nerve stimulation.
- B. Replacement or revision of cortical (Responsive Cortical) neurostimulation generator/battery, lead or electrode, or patient programmer – must satisfy: 1, and 2 or 3, as applicable
1. The indication for initial placement was for refractory partial-onset seizures; and
 2. Request is for replacement of the existing generator/battery or patient programmer - must satisfy one of the following: a - b
 - a. The battery life is less than 1 year; or
 - b. The device is *malfunctioning* and no longer under warranty.
 3. Request is for replacement and/or revision of lead/electrode due to migration and/or no longer functioning properly is considered medically necessary.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description.

The following are considered investigative for deep brain stimulation (see Investigative List): I - XXIII
[Note: Does not apply to cortical brain (Responsive Cortical) stimulation]

- I. Addiction
- II. Alzheimer's disease
- III. Anorexia nervosa
- IV. Blepharospasm
- V. Cerebral palsy
- VI. Chronic pain syndrome including complex regional pain syndrome/reflex sympathetic dystrophy
- VII. Chronic vegetative state
- VIII. Cluster headaches
- IX. Cortical-basal ganglionic degeneration or other degenerative disorders

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
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Clinical Policy Document: Neurostimulation, Deep Brain and Cortical Brain (Responsive Cortical)	Replaces Effective Clinical Policy Dated: 03/07/23
Reference #: MC/I009	Page: 4 of 12

- X. Depression
- XI. Head or voice tremor
- XII. Huntington’s disease
- XIII. Infectious diseases
- XIV. Metabolic disorders
- XV. Minimally conscious state
- XVI. Multiple sclerosis (MS)
- XVII. Obesity
- XVIII. Obsessive compulsive disorder (OCD)
- XIX. Parkinson’s disease-related dysarthria/speech deficits
- XX. Post-traumatic dyskinesia or other trauma
- XXI. Progressive supranuclear palsy
- XXII. Tardive dyskinesia or other drug-induced movement disorders
- XXIII. Tourette syndrome

DEFINITIONS:

Activa® Tremor Control System (Medtronic):

Approved by the FDA under the premarket approval process (PMA) for “unilateral thalamic stimulation for the suppression of tremor in the upper extremity in patients who are diagnosed with essential tremor or Parkinsonian tremor not adequately controlled by medications and where the tremor constitutes a significant functional disability”.

Activa® Parkinson’s Control Therapy System (Medtronic):

Approved by the FDA under the PMA process for “bilateral stimulation of the internal globus pallidus (GPi) or the subthalamic nucleus (STN) for adjunctive therapy in reducing some of the symptoms of advanced, Levodopa-responsive Parkinson’s disease that are not adequately controlled with medication”.

Activa® Dystonia Control System (Medtronic):

Approved by the FDA under the Humanitarian Device Exemption (HDE) process. This device was approved for unilateral or bilateral stimulation of the GPi or STN to aid in the management of chronic, intractable (i.e., drug refractory) primary dystonia, including generalized and/or segmental dystonia, hemidystonia, and cervical dystonia (ie, torticollis) in patients seven years of age and older.

Activities of Daily Living (ADL):

Eating, toileting, transferring, bathing, dressing, walking, and continence

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Clinical Policy Document: Neurostimulation, Deep Brain and Cortical Brain (Responsive Cortical)	Replaces Effective Clinical Policy Dated: 03/07/23
Reference #: MC/I009	Page: 5 of 12

Chronic:

Greater than or equal to 6 months in duration

Dystonia:

A movement disorder wherein the tissue/muscle contracts uncontrollably in a disordered state. The following are types of dystonia:

- Cervical dystonia (a.k.a. spasmodic torticollis): neck muscles contract involuntarily
- General dystonia: affects most body parts, if not all
- Focal dystonia: affects a specific body part
- Hemidystonia: involuntary, sustained posturing of only one side of the body
- Multifocal dystonia: affects multiple body parts that are not related in function
- Segmental dystonia: affect two adjoining parts of the body

Essential tremor:

A progressive neurological disorder that is the most common cause of postural or action *tremor* that often affects the arms, but may also affect other body parts

DBS System for Epilepsy (Medtronic):

Approved by the FDA under the premarket approval process (PMA) for epilepsy characterized by partial onset seizures and have failed at least three anti-epileptic medications

Hoehn and Yahr Stage V:

A stage in the Parkinson's disease progression characterized by the following:

- Cachectic stage
- Invalidism complete
- Cannot stand or walk
- Requires constant nursing care

Malfunctioning:

The failure of a device to meet its performance specifications or otherwise perform as intended. Performance specifications include all claims made in the labeling for the device.

NeuroPace RNS® System (NeuroPace):

Approved by the FDA under the PMA process as “an adjunctive therapy in reducing the frequency of seizures in individuals 18 years of age or older with partial-onset seizures who have undergone diagnostic testing that localized no more than 2 epileptogenic foci, are refractory to two or more antiepileptic medications, and currently have frequent and disabling seizures (motor partial seizures, complex partial seizures and / or secondarily generalized seizures). The RNS® System has demonstrated safety and effectiveness in patients who average 3 or more disabling seizures per month over the three most recent months (with no month with fewer than two seizures), and has not been evaluated in patients with less frequent seizures.”

Parkinson's disease:

A gradually progressing motor disorder caused by the loss of brain cells that produce dopamine.

Tremor:

Rhythmic and oscillatory movement of a body part consisting of a constant frequency and variable amplitude

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
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Clinical Policy Document: Neurostimulation, Deep Brain and Cortical Brain (Responsive Cortical)	Replaces Effective Clinical Policy Dated: 03/07/23
Reference #: MC/I009	Page: 6 of 12

Unified Parkinson's Disease Rating Scale (see Attachment A):
Rating tool to follow the longitudinal course of Parkinson's disease

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 03/05/24
Clinical Policy Document: Neurostimulation, Deep Brain and Cortical Brain (Responsive Cortical)	Replaces Effective Clinical Policy Dated: 03/07/23
Reference #: MC/I009	Page: 7 of 12

Prior Authorization: Yes, per network provider agreement.

CODING:

CPT® Deep Brain Stimulation

- 61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording, first array
- 61864 each additional array
- 61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording, first array
- 61868 each additional array
- 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

CPT® Cortical Brain Stimulation

- 61850 Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
- 61860 Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
- 61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays

- 61880 Revision or removal of intracranial neurostimulator electrodes
- 61888 Revision or removal of cranial neurostimulator pulse generator or receiver

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REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines MP/C009
3. Clinical Policy: FDA-Approved Humanitarian Use Devices (HUD) MP/H008
4. Cannon E, Silburn P, Coyne T, O'Maley K, Crawford JD, Sachdev PS. Deep brain stimulation of anteromedial globus pallidus interna for severe Tourette's syndrome. *Am J Psychiatry*. 2012 Aug 1;169(8):860-6. doi: 10.1176/appi.ajp.2012.11101583.
5. Centers for Medicare & Medicaid Services (CMS). National coverage determination (NCD) for deep brain stimulation for essential *tremor* and Parkinson's disease. 160.24. 2003. Retrieved from <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=279&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&=Minnesota&Keyword=deep+brain+stimulation&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAAABAAAA&>. Accessed 12-26-23.
6. Deik DA, Comella C. Treatment of dystonia in children and adults. (Topic 4887, Version 33.0; last updated: 06-02-23). In: Eichler AF, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2021. www.uptodate.com. Accessed 12-26-23.

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Clinical Policy Document: Neurostimulation, Deep Brain and Cortical Brain (Responsive Cortical)	Replaces Effective Clinical Policy Dated: 03/07/23
Reference #: MC/I009	Page: 8 of 12

7. Heck CN, King-Stephens D, Massey AD, et al. Two-year seizure reduction in adults with medically intractable partial-onset epilepsy treated with responsive neurostimulation: Final results of the RNS System Pivotal trial. *Epilepsia*, **(*)
8. Johns Hopkins. Neurology and Neurosurgery. Deep Brain Stimulation. Retrieved from <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/deep-brain-stimulation>. Accessed 12-26-23.
9. Liu C, Wen XW, Ge Y, et al. Responsive neurostimulation for the treatment of medically intractable epilepsy. *Brain Res Bull*. 2013;97:39-47.
10. Mayo Clinic Staff. Cervical dystonia. Mayo Clinic Web site. 2021. <https://www.mayoclinic.org/diseases-conditions/cervical-dystonia/symptoms-causes/syc-20354123>. Accessed 12-26-23.
11. National Institute of Mental Health. Brain stimulation therapies. Last Reviewed: March 2023. Retrieved from <http://www.nimh.nih.gov/health/topics/brain-stimulation-therapies/brain-stimulation-therapies.shtml>. Accessed 12-26-23.
12. National Institute of Neurological Disorders and Stroke (NINDS). Deep Brain Stimulation for Movement Disorders Information Page. Last reviewed November 28, 2023. Retrieved from <https://www.ninds.nih.gov/Disorders/All-Disorders/Deep-Brain-Stimulation-Movement-Disorders-Information-Page>. Accessed 12-26-23.
13. NeuroPace, Inc. NeuroPace RNS System Patient Manual. DN1014634 Rev 3. Mountain View, CA: NeuroPace; revised November 2013.
14. NeuroPace, Inc. RNS System User Manual. DN1011977 Rev 7. Mountain View, CA: NeuroPace; revised January 2013.
15. Chou KL, Tarsy D. Device-assisted and lesioning procedures for Parkinson disease. (Topic 4897, Version 57.0; last updated: 06/07/23). In: Eichler AF, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2021. www.uptodate.com. Accessed 12-26-23.
16. Chou KL, Tarsy D. Surgical treatment of essential tremor. (Topic 4901, Version 35.0; 30-0; last updated: 08/15/23). In: Eichler AF, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2021. www.uptodate.com. Accessed 12-26-23.
17. U.S. Food and Drug Administration (FDA). FDA approved medical device to treat epilepsy. FDA News Release. Silver Spring, MD: FDA; November 14, 2013.
18. Rughani A, Schwalb JM, Sidiropoulos C, et al. Congress of Neurological Surgeons Systematic Review and Evidence-Based Guideline on Subthalamic Nucleus and Globus Pallidus Internus Deep Brain Stimulation for the Treatment of Patients with Parkinson's Disease: Executive Summary. *Neurosurgery*, Mar 2018; 82(6): 753-756.
19. Vatz JB. Bilateral Deep Brain Stimulation (DBS) of the Subthalamic Nucleus (STN) or the Globus Pallidus Interna (GPi) for Treatment of Advanced Parkinson's Disease. Centers for Medicare & Medicaid Services (CMS). Blue Cross and Blue Shield Association Technology Evaluation Center. 2002. Retrieved from <https://www.cms.gov/medicare-coverage-database/details/technology-assessments-details.aspx?TAId=15&bc=AAAEAAAAAAAA&>. Accessed 12-26-23.
20. Zesiewicz TA, Elble RJ, Louis ED, Gronseth GS, Ondo WG, Dewey, Jr. RB, et al. Evidence-based guideline update: Treatment of essential tremor. Last reaffirmed 07/16/22. *Neurology*. Nov 2011;77. Retrieved from <https://www.aan.com/Guidelines/home/ByTopic?topicId=17>. Accessed 12-26-23.
21. Bouwens van der Vlis TAM, Schijns OEMG, Schaper FLWVJ, et al. Deep brain stimulation of the anterior nucleus of the thalamus for drug-resistant epilepsy. *Neurosurg Rev*. 2018 Jan 6 [Epub ahead of print].
22. Salanova V, Witt T, Worth R, et al; SANTE Study Group. Long-term efficacy and safety of thalamic stimulation for drug-resistant partial epilepsy. *Neurology*. 2015;84(10):1017-1025.

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
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Clinical Policy Document: Neurostimulation, Deep Brain and Cortical Brain (Responsive Cortical)	Replaces Effective Clinical Policy Dated: 03/07/23
Reference #: MC/I009	Page: 9 of 12

23. Piacentino M, Durisotti C, Garofalo PG, et al. Anterior thalamic nucleus deep brain stimulation (DBS) for drug-resistant complex partial seizures (CPS) with or without generalization: Long-term evaluation and predictive outcome. *Acta Neurochir (Wien)*. 2015;157(9):1525-1532; discussion 1532.
24. Kim SH, Lim SC, Kim J, et al. Long-term follow-up of anterior thalamic deep brain stimulation in epilepsy: A 11-year, single center experience. *Seizure*. 2017;52:154-161.
25. Chang B, Xu J. Deep brain stimulation for refractory temporal lobe epilepsy: A systematic review and meta-analysis with an emphasis on alleviation of seizure frequency outcome. *Childs Nerv Syst*. 2018;34(2):321-327.
26. Voelker R. Electrical stimulation for epilepsy. *JAMA*. 2018;319(21):2164.
27. Klinger N, Mittal S. Deep brain stimulation for seizure control in drug-resistant epilepsy. *Neurosurg Focus*. 2018;45(2):E4.
28. Zhou JJ, Chen T, Farber SH, et al. Open-loop deep brain stimulation for the treatment of epilepsy: A systematic review of clinical outcomes over the past decade (2008-present). *Neurosurg Focus*. 2018b;45(2):E5.
29. Sirven JI. Evaluation and management of drug-resistant epilepsy. (Topic 2214 Version 62.0; last updated: 12/19/23). In: Dashe JF, ed. *UpToDate*. Waltham, MASS.: UpToDate; 2021. Accessed 12-26-23.
30. Salanova V. Deep brain stimulation for epilepsy. *Epilepsy Behav*. 2018;88S:21-24.
31. US Food and Drug Admin. Code of Federal Regulations Title 21, Volume 8, Subpart A, Sec 803.3, (k) <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?CFRPart=803&showFR=1>. Accessed 12-26-23.

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Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
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Reference #: MC/I009	Page: 10 of 12

Attachment A

Unified Parkinson's Disease Rating Scale, Section III (Motor Exam)

Speech	0-normal 1-slight loss of expression, diction, volume 2-monotone, slurred but understandable, mod. impaired 3-marked impairment, difficult to understand 4-unintelligible
Facial Expression	0-normal 1-slight hypomymia, could be poker face 2-slight but definite abnormal diminution in expression 3-mod. hypomimia, lips parted some of time 4-masked or fixed face, lips parted 1/4 of inch or more with complete loss of expression
Tremor at Rest	Face, Right Upper Extremity (RUE), Left Upper Extremity (LUE), Right Lower Extremity (RLE), <u>and</u> Left Lower Extremity (LLE) – score separately: 0-absent 1-slight and infrequent 2-mild and present most of time 3-moderate and present most of time 4-marked and present most of time
Action or Postural Tremor	RUE <u>and</u> LUE – score separately: 0-absent 1-slight, present with action 2-moderate, present with action 3-moderate present with action and posture holding 4-marked, interferes with feeding
Rigidity	Neck, RUE, LUE, RLE, <u>and</u> LLE – score separately: 0-absent 1-slight or only with activation 2-mild/moderate 3-marked, full range of motion 4-severe
Finger Taps	Right <u>and</u> Left – score separately: 0-normal 1-mild slowing, and/or reduction in amplitude 2-moderate impaired. Definite and early fatiguing, may have occasional arrests 3-severely impaired. Frequent hesitations and arrests. 4-can barely perform
Hand Movements (open and close hands in rapid succession)	Right <u>and</u> Left – score separately: 0-normal 1-mild slowing, and/or reduction in amplitude 2-moderate impaired. Definite and early fatiguing, may have occasional arrests 3-severely impaired. Frequent hesitations and arrests 4-can barely perform

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
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Reference #: MC/I009	Page: 11 of 12

Unified Parkinson's Disease Rating Scale, Section III (continued)

Rapid Alternating Movements (prone and supinate hands)	Right <u>and</u> Left – score separately: 0-normal 1-mild slowing, and/or reduction in amplitude 2-moderate impaired. Definite and early fatiguing, may have occasional arrests 3-severely impaired. Frequent hesitations and arrests. 4-can barely perform
Leg Agility (tap heel on ground, amplitude should be 3 inches)	Right <u>and</u> Left – score separately: 0-normal 1-mild slowing, and/or reduction in amplitude 2-moderate impaired. Definite and early fatiguing, may have occasional arrests 3-severely impaired. Frequent hesitations and arrests. 4-can barely perform
Arising From Chair (patient arises with arms folded across chest)	0-normal 1-slow, may need more than one attempt 2-pushes self up from arms or seat 3-tends to fall back, may need multiple tries but can arise without assistance 4-unable to arise without help
Posture	0-normal erect 1-slightly stooped, could be normal for older person 2-definitely abnormal, mod. stooped, may lean to one side 3-severely stooped with kyphosis 4-marked flexion with extreme abnormality of posture
Gait	0-normal 1-walks slowly, may shuffle with short steps, no festination or propulsion 2-walks with difficulty, little or no assistance, some festination, short steps or propulsion 3-severe disturbance, frequent assistance 4-cannot walk
Postural Stability (retropulsion test)	0-normal 1-recovers unaided 2-would fall if not caught 3-falls spontaneously 4-unable to stand
Body Bradykinesia/Hypokinesia	0-none 1-minimal slowness, could be normal, deliberate character 2-mild slowness and poverty of movement, definitely abnormal, or decreased amplitude of movement 3-moderate slowness, poverty, or small amplitude 4-marked slowness, poverty, or amplitude

Retrieved from Fahn S, Marsden CD, Calne DB, Goldstein M, eds. Recent Developments in Parkinson's Disease, Vol 2. Florham Park, NJ. Macmillan Health Care Information 1987, pp 15 3-163, 293-304 <https://www.parkinsons.va.gov/resources/UPDRS.asp>

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 03/05/24
Clinical Policy Document: Neurostimulation, Deep Brain and Cortical Brain (Responsive Cortical)	Replaces Effective Clinical Policy Dated: 03/07/23
Reference #: MC/I009	Page: 12 of 12

Attachment B

Image of Deep Brain Stimulation
Retrieved from the National Institute of Mental Health

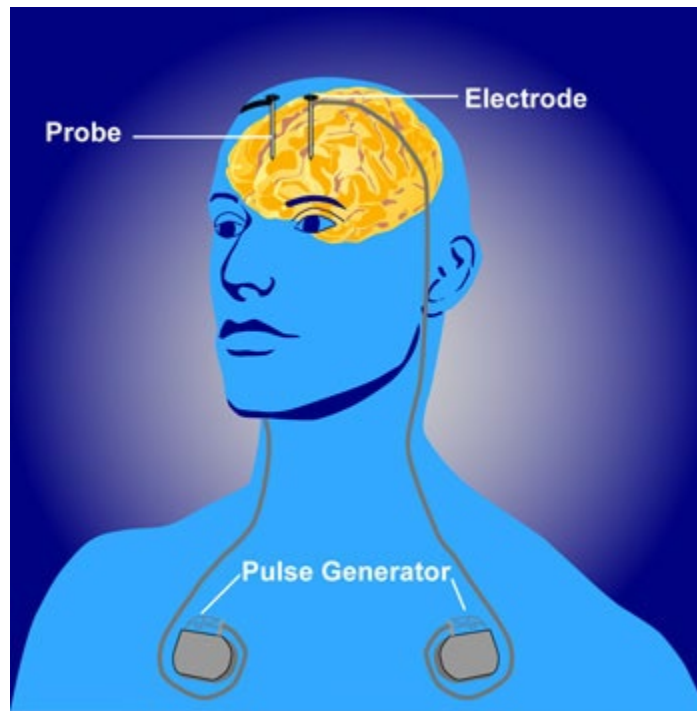
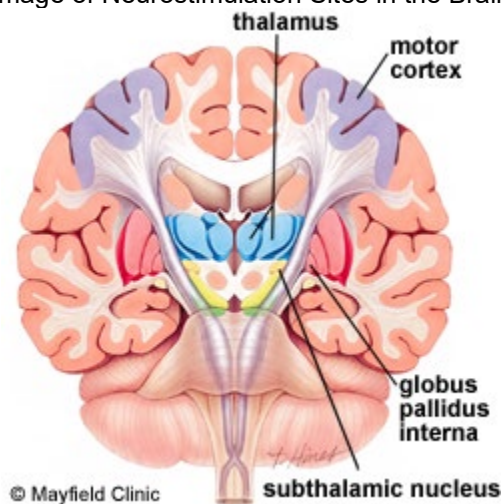


Image of Neurostimulation Sites in the Brain



Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: या नद : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kamscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໃບດອາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີມີ້ພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).