



CINGULOTOMY

Effective Date: February 25, 2004

Review Dates: 2/04, 1/05, 12/05, 12/06, 12/07, 12/08, 12/09

Date Of Origin: February 25, 2004

Status: Current

I. DESCRIPTION

Stereotactic cingulotomy is a psychosurgical procedure designed to interrupt the interconnecting neuronal pathways of the brain involved in the regulation of the emotions and certain autonomic functions. The intent of psychosurgery is to modify or alter disturbances of behavior, thought content, or mood that are not responsive to other conventional modes of therapy, or for which no organic pathological cause can be demonstrated by established methods.

MRI-guided stereotactic cingulotomy consists of lesioning the anterior cingulum of the brain. Electrocautery probes are stereotactically inserted through lateral burr holes in the skull. A radio frequency pulsating current is used to ablate the tissue that connects the limbic system to the frontal lobe. Two or three repeat procedures may be performed in the same patient when a satisfactory result has not been achieved with the first cingulotomy.

Although cingulotomy can be helpful in certain patients with severe, disabling, and treatment-refractory major affective disorders, obsessive-compulsive disorder (OCD), and chronic anxiety states, there is limited literature to support its use and outcomes.

II. POLICY/CRITERIA

Stereotactic cingulotomy for psychosurgery is considered investigational and is not a covered benefit.

III. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable



IV. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING INFORMATION

ICD9 codes:

These procedures are not covered for the following dx:

- 295.00 - 295.95 Schizophrenic disorders
- 296.00 - 296.99 Episodic mood disorders
- 300.00 - 300.09 Anxiety, dissociative and somatoform disorders
- 300.3 Obsessive-compulsive disorders
- 300.4 Dysthymic disorder
- 301.0 - 301.9 Personality disorders
- 307.23 Gilles de la Tourette's disorder
- 311 Depressive disorder, not elsewhere classified
- 338.21 - 338.29 Chronic pain
- 338.4 Chronic pain syndrome

This list should not be considered inclusive.

CPT/HCPCS codes:

- 61720 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus
- 61735 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus

Not covered for any diagnosis:

- 61490 Craniotomy for lobotomy, including cingulotomy

Special Note: This policy is based in part on Medicare guidelines.

**VI. REFERENCES**

Cosgrove GR, Rauch SL, “Stereotactic cingulotomy” *Acta Psychiatr Scand.* 2003 Apr;107(4):283-90.

Kim CH, Chang JW, Koo MS, Kim JW, Suh HS, Park IH, Lee HS, “Anterior cingulotomy for refractory obsessive-compulsive disorder.” *Acta Psychiatr Scand.* 2003 Apr;107(4):241-3.

Medicare Coverage Issues Manual;

http://cms.hhs.gov/manuals/PUB06PDF/PART_35.pdf, (Retrieved November 25, 2003).

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