MEDICAL POLICY
No. 91475-R0

CINGULOTOMY

Effective Date: February 25, 2004
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12/09, 12/10, 12/11, 12/12, 12/13, 11/14, 11/15
Date Of Origin: February 25, 2004
Status: Current

I. POLICY/Criteria

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

II. MEDICAL NECESSITY REVIEW

☐ Required
☐ Not Required
☒ Not Applicable

III. 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. Consult individual plan documents as state
mandated benefits may apply. If there is a conflict between this policy and a plan document,
the provisions of the plan document will govern.
❖ 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); if a coverage determination has not been adopted by CMS, this policy applies.
❖ MEDICAID/HEALTHY MICHIGAN PLAN: For Medicaid/Healthy Michigan Plan
members, this policy will apply. Coverage is based on medical necessity criteria being met and
the appropriate code(s) from the coding section of this policy being included on the Michigan
Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945
42542 42543 42546 42551-159815--.00.html. If there is a discrepancy between this
policy and the Michigan Medicaid Provider Manual located
at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--.00.html, the Michigan
Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and
Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.
❖ MICHILD: For MICHILD members, this policy will apply unless MICHILD certificate of
coverage limits or extends coverage.
IV. 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.

V. CODING INFORMATION

This list should not be considered inclusive.

ICD-10 Codes that are not covered:
- F30.10 – F30.9 Manic episode
- F31.0 – F31.9 Bipolar disorder
- F32.0 – F32.9 Major depressive disorder, single episode
- F33.0 – F33.9 Major depressive disorder, recurrent
- F34.0 – F34.9 Persistent mood [affective] disorders
- F42 Obsessive-compulsive disorder
- F60.89 Other specific personality disorders

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


Medicare Coverage Issues

Stereotactic Cingulotomy, Aetna Clinical Policy Bulletin
@ http://www.aetna.com/cpb/medical/data/200_299/0288.html (Retrieved October 2, 2015)

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