POLICY STATEMENT:

I. Based on our criteria and review of the peer-reviewed literature, selective posterior rhizotomy has been medically proven to be effective and therefore, **medically appropriate** when performed on patients meeting **ALL** of the following criteria:
   A. Age 3 to 8 years of age; and
   B. Spasticity confined mainly to the lower limbs, with evidence of voluntary muscle strength underlying the spasticity; and
   C. Presence of intact trunk righting responses, evidence of underlying equilibrium of antigravity and selective motor control; and
   D. No history of previous orthopedic surgery, or severe contractures or bony abnormalities.

II. Based upon our criteria and review of the peer-reviewed literature, this procedure has not been shown to be medically effective in children who do not meet the above criteria (e.g., children with predominant dystonia and rigidity). Therefore, unless all the above criteria are met, the procedure is considered investigational.

Refer to Corporate Medical Policy #11.01.03 regarding Experimental and Investigational Services.

DESCRIPTION:

Selective posterior rhizotomy is a neurosurgical procedure to reduce spasticity in highly selected patients with cerebral palsy by diminishing the number of afferent nerve transmissions to neuronal circuits that regulate the spinal stretch reflex. This procedure was developed in the early 1900’s and has been greatly enhanced with new electrical stimulating devices.

Either a predetermined percentage of the dorsal rootlets are severed or electromyographic responses to direct electrical stimulation may be used to identify specific nerve roots involved in spasticity-producing circuits. Only those rootlets associated with an abnormal electromyographic response to electrical stimulation are divided. The remaining rootlets are left intact to preserve sensation.

Selective posterior rhizotomy has been offered to patients in an attempt to increase ambulation, and in a smaller subset of patients without ambulatory potential, but whose severe spasticity limits adequate care and handling.

RATIONALE:

Selective Posterior Rhizotomy is a procedure and therefore not subject to Food and Drug Administration (FDA) approval. Numerous controlled clinical trials have shown Selective Posterior Rhizotomy to be effective in treating spastic cerebral palsy. (Diagnosis of cerebral palsy in children under three years old may be incorrect and children over eight years of age likely to have contractures and/or have had orthopedic procedures.) Clinical trials have shown that Selective Posterior Rhizotomy improves net health outcomes and is more effective than intensive physiotherapy alone, and as effective as intrathecal Baclofen or Botulinum Toxin A administration. Selective Posterior Rhizotomy has shown improvement in net health outcomes outside investigational settings.
Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

**CPT:**
- 63185  Laminectomy with rhizotomy; one or two segments
- 63190  more than two segments

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**HCPCS:**
- No specific code

**ICD9:**
- 343.0-343.9  Infantile cerebral palsy (code range)

**ICD10:**
- G80.0-G80.9  Cerebral palsy (code range)

**REFERENCES:**


**KEY WORDS:** Cerebral palsy, Rhizotomy, Spasticity.

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**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based on our review, there is no specific regional or national coverage determination addressing selective posterior rhizotomy for cerebral palsy.

*Proprietary Information of Excellus Health Plan, Inc.*