



**Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

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## Deep Brain Stimulation (DBS)

**MP9331**

**Covered Service:** Yes

**Prior Authorization Required:** No

**Additional Information:** The criteria in this policy do not apply to those devices which have been granted a humanitarian device exemption (HDE) by the FDA, which are considered medically necessary when all FDA-required criteria are met.

For a current list of HDE approved devices, refer to the FDA HDE database at [Listing of CDRH Humanitarian Device Exemptions | FDA](#) , [FDA HDEA Approved Devices](#)

See [Responsive Cortical Stimulation MP9496](#) for the treatment of epilepsy.

### WellFirst Health Medical Policy:

- 1.0 Deep brain stimulation (DBS) does **not** require prior authorization through the Health Services Division and is considered medically necessary for **ANY** of the following FDA approved indications:
  - 1.1 Thalamic stimulation for the suppression of tremor in the upper extremity in members who are diagnosed with essential tremor or Parkinsonian tremor not adequately controlled by medication **and** where the tremor constitutes a significant functional disability; **OR**
  - 1.2 Stimulation of the internal globus pallidus (GPi) or the subthalamic nucleus (STN) as an adjunctive therapy in reducing some of the symptoms of advanced, levodopa-responsive Parkinson's diseases that are not adequately controlled with medication; **OR**
  - 1.3 Intractable primary dystonia.
  - 1.4 Medically refractory epilepsy.
- 2.0 DBS is considered experimental and investigational, and therefore is not medically necessary for other conditions, including, but not limited to:
  - 2.1 Secondary dystonia

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- 2.2 Multiple sclerosis
- 2.3 Behavioral health indications (e.g., major depressive disorder, schizophrenia, etc.).
- 2.4 Cluster headaches
- 2.5 Neuropathic pain
- 2.6 Epilepsy disorder
- 3.0 The following humanitarian device exemption approved devices are considered medically necessary for these listed indications:
  - 3.1 Reclaim™ Deep Brain Stimulation device for obsessive compulsive disorder
  - 3.2 Activa® Dystonia Therapy for treatment of primary dystonia

	Committee/Source	Date(s)
<b>Document</b>		
<b>Created:</b>	Medical Policy Committee/Health Services Division	April 17, 2019
<b>Revised:</b>	Medical Policy Committee/Health Services Division	April 15, 2020
	Medical Policy Committee/Health Services Division	April 21, 2021
	Medical Policy Committee/Health Services Division	April 20, 2022
	Medical Policy Committee/Health Services Division	March 15, 2023
	Medical Policy Committee/Health Services Division	October 18, 2023
<b>Reviewed:</b>	Medical Policy Committee/Health Services Division	April 15, 2020
	Medical Policy Committee/Health Services Division	April 21, 2021
	Medical Policy Committee/Health Services Division	April 20, 2022
	Medical Policy Committee/Health Services Division	March 15, 2023
	Medical Policy Committee/Health Services Division	May 17, 2023
	Medical Policy Committee/Health Services Division	October 18, 2023

Published: 11/01/2023

Effective: 11/01/2023