

NERVOUS SYSTEM

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I. CPT¹ PROCEDURE CODES

61000 - **61860, 61863** - 64999

II. DESCRIPTION

A. The nervous system consists of the central and peripheral nervous systems. The central is comprised of the brain and spinal cord and the peripheral includes all the other neural elements. The nervous system is the organ system which along with the endocrine system, correlates the adjustments and reactions of an organism to internal and environmental conditions.

B. Therapeutic embolization is a type of procedure that is commonly performed by interventional radiologist to occlude blood vessels. A microcatheter or balloon is threaded into a vein, or artery for the purposes of embolization, blocking a pathologic vascular channel.

III. POLICY

A. Services and supplies required in the diagnosis and treatment of illness or injury involving the nervous system are covered.

B. Therapeutic embolization (CPT¹ procedure codes 61624, 61626) is covered. The following list of indications is not all-inclusive. Other indications are covered when safe, effective and comparable or superior to standard treatment.

1. Cerebral Arteriovenous Malformations.
2. Pulmonary Arteriovenous Malformations (PAVM).
3. Vein of Galen Aneurysm.
4. Inoperable or High-Risk Intracranial Aneurysms.

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5. Dural Arteriovenous Fistulas.

6. Meningioma.

C. The embolization devices must be approved by the FDA.

IV. EXCLUSIONS

A. Transcatheter hepatic arterial embolization for the treatment of cancers that have metastasized to the liver, unresectable hepatocellular carcinoma and resectable hepatocellular carcinoma.

B. N-butyl-2-cyanoacrylate (Histacryl Bleu®), iodinated poppy seed oils (e.g., Ethiodol®), and absorbable gelatin sponges.

C. Magnetocephalography (CPT² procedure codes 95965-95967).

D. Sacral nerve neurostimulator (CPT² procedure codes 64561, 64581, 64585, 64590, and 64595). See [Chapter 3, Section 9.1](#) for information on the Sacral Nerve Root Stimulation (SNS).

V. EFFECTIVE DATES

A. January 1, 1989, for PAVM.

B. April 1, 1994, for meningioma.

C. The date of FDA approval of the embolization device for all other embolization procedures.

- END -

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