Medical Policy
Prior Authorization Criteria:
Deep Brain Stimulation
(Commercial)

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Criteria: Effective 6/14/2019
Requests will be considered using Milliman Clinical Care Guidelines (MCGs). Guidelines are developed using publications that have been assessed in terms of quality, utility, and relevance. Preference is given to publications that:
1. Are designed with rigorous scientific methodology.
2. Are published in higher-quality journals (e.g., journals that are read and cited most often within their field).
3. Address an aspect of specific importance to the guideline in question (e.g., admission criteria, length of stay).
4. Represent an update or contain new data or information not reflected in the current guideline.

Click Here: ConnectiCare-MCG Clinical Criteria

On an annual basis, each guideline undergoes external review by clinically active experts (e.g., board-certified specialist physicians without stated financial conflicts of interest) to confirm the clinical appropriateness, accuracy, validity, and applicability of each guideline.

Review history:

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<th>DATE</th>
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<tr>
<td>6/2019</td>
<td>• Adopted MCG Clinical Care Guidelines</td>
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<tr>
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<td>• Reformatted and reorganized policy, transferred content to new template</td>
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