Viewpoint

The Problem of Funding Off-label Deep Brain Stimulation
Bait-and-Switch Tactics and the Need for Policy Reform

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JAMA Neurol
Published Online: January 2017
2017;74;(1):9-10.
doi:10.1001/jamaneurol.2016.2530

Deep brain stimulation (DBS) is currently approved by the US Food and Drug Administration to treat Parkinson disease, essential tremor, and dystonia. However, so-called off-label use of DBS may be permissible under research-based or compassionate use guidelines to treat severe, medication-refractory cases of other neurological and psychiatric disorders such as Tourette syndrome and obsessive-compulsive disorder.

While affording promising outcomes, DBS surgery and its associated postoperative care is expensive. Mean initial surgical costs are US $65 000 per patient, and battery replacements can add an additional $10 000 to $20 000 in costs during the first 36 months postimplantation (depending on brain target and amount of electricity required).[1] These costs can be daunting because governmental and commercial insurance providers are reluctant to subsidize off-label therapies. Coverage depends on preauthorization requests that require exhaustive documentation of a patient's medical history and peer-to-peer review with an insurance provider's medical director.