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The Problem of Funding Off-label Deep Brain Stimulation

Bait-and-Switch Tactics and the Need for Policy Reform

P. Justin Rossi, BA¹; James Giordano, PhD²; Michael S. Okun, MD³[» Author Affiliations](#)*JAMA Neurol.* 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.



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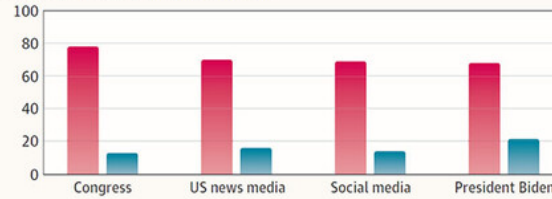
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