



CLINICAL GUIDELINES

CMM-210 ~ Implantable Intrathecal Drug Delivery Systems

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eviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist and/or individual's Primary Care Physician (PCP) may provide additional insight.

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CMM-210~Implantable Intrathecal Drug Delivery Systems

CMM-210.1 Definitions

An implantable intrathecal drug delivery system (Pain pump or Baclofen pump) is a device used for the continuous infusion of a drug directly into the cerebrospinal fluid via a catheter placed in the intrathecal or epidural space. A pump is placed in the subcutaneous tissue of the abdomen and connected to the catheter. The pump reservoir holds the medication(s), and the pump is programmed to give a set dose of medication over time. For most individuals, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction.

CMM-210.2 Indications and Non-Indications

- ✓ The use of an implantable intrathecal or epidural drug delivery system is considered medically necessary for ANY of the following indications when the associated criteria are met:
 - Nonmalignant, chronic intractable pain (e.g., failed back surgery syndrome with low back pain and/or radicular pain, complex regional pain syndrome [i.e., reflex sympathetic dystrophy], post-herpetic neuralgia)
 - Severe, refractory spasticity or chronic intractable dystonia in individuals who are unresponsive to or cannot tolerate oral anti-spasticity agents (i.e., baclofen [Lioresal®]) (i.e., intrathecal injection of Baclofen)
 - Cancer-related pain

- ✓ A trial with a percutaneous intrathecal or epidural drug delivery system for nonmalignant chronic intractable pain **is considered medically necessary** when ALL of the following criteria have been met:
 - There is a documented pathology (i.e., an objective basis for the pain complaint)
 - Failure of a sufficient trial of at least six (6) months of all reasonable treatment options for pain management which could potentially provide benefit with a reasonable expectation that the treatment could possibly render the need for the intrathecal pain pump medically unnecessary
 - Participation in a reasonable trial of aggressive active rehabilitative exercises
 - Failure of a sufficient trial of strong opioids or other analgesics in adequate doses, with a fixed schedule (not on an as-needed basis) dosing

- Further surgical intervention or other treatment is not indicated or likely to be effective
 - Statement from a primary care physician, neurologist, physiatrist, psychiatrist, psychologist, or other licensed behavioral and/or medical health care provider attesting to the absence of untreated, underlying mental health conditions/issues (e.g., depression, drug, alcohol abuse) as a major contributor to chronic pain.
- ✓ A trial with a percutaneous intrathecal drug delivery system for severe, refractory spasticity or chronic intractable dystonia is considered medically necessary when there is failure, contraindication or intolerance to at least a six-week trial of oral antispasmodic drugs and physical therapy.
 - ✓ A trial with a percutaneous intrathecal or epidural drug delivery system for cancer-related pain is considered medically necessary when there is failure, intolerance, or contraindication to noninvasive methods of pain control, including systemic opioids.
 - ✓ A permanent implantable intrathecal or epidural drug delivery system for the above listed pain conditions is considered medically necessary if the individual has met the above criteria for a preliminary trial and has experienced at least a 50% reduction in pain during an appropriate trial.
 - ✓ An intrathecal or epidural drug delivery system is experimental, investigational or unproven for ANY other indication, including the following:
 - Cancer-related pain, spastic/dystonic, or other pain conditions that do not meet the above criteria
 - Administration of insulin for diabetes
 - Administration of antibiotics for osteomyelitis
 - Administration of heparin for thromboembolic disease

CMM-210.3 Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.-

CPT®	Code Description/Definition
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic
62319	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62355	Removal of previously implanted intrathecal or epidural catheter
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump with or without programming
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump when performed; requiring skill of a physician or other qualified health care professional

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

CMM 210.4: References

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