Instructions for use
The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer’s particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer’s benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

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CMM-210~Implantable Intrathecal Drug Delivery System

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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 General Guideline
Please note this guideline does not apply to epidural injections administered for obstetrical or surgical epidural anesthesia.

CMM-210.3 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

Nonmalignant, Chronic Intractable 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 at least six (6) months of noninvasive pain management, including active rehabilitative exercises and fixed schedule dosing of opioids or other analgesics
  - 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 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.

Severe, Refractory Spasticity/ Chronic Intractable Dystonia
• 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 permanent implantable infusion for the treatment of chronic intractable spasticity or chronic intractable dystonia is considered medically necessary when a preliminary trial of intrathecal antispasmodic drug administration, that meets the above medical necessity criteria, demonstrates a beneficial clinical response.

Cancer-Related Pain
• 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.

CMM 210.4 Non-Indications
An intrathecal or epidural drug delivery system is considered 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
• Administration of any drug or drug combination not approved by the US Food and Drug Administration for the intended use.

CMM 210.5 Replacement
Replacement of an implanted intrathecal or epidural drug infusion system is considered medically necessary when both of the following criteria have been met:
• The existing device is documented to be nearing end of battery life, will no longer be functional and cannot be repaired, or a built-in component provides notification of impending failure
• There is no evidence to suggest the device has been abused or neglected.

Replacement of an implantable/intrathecal infusion pump is considered not medically necessary when the existing infusion pump and/or components remain functional.

CMM-210.6 Procedure (CPT®) Codes

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<tr>
<td>62310</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic (Deleted Code 01/01/2017)</td>
</tr>
<tr>
<td>62311</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal) (Deleted Code 01/01/2017)</td>
</tr>
<tr>
<td>62318</td>
<td>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 (Deleted Code 01/01/2017)</td>
</tr>
<tr>
<td>62319</td>
<td>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)</td>
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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.
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>62320</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance.</td>
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<tr>
<td>62321</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)</td>
</tr>
<tr>
<td>62322</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance.</td>
</tr>
<tr>
<td>62323</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)</td>
</tr>
<tr>
<td>62324</td>
<td>Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance.</td>
</tr>
<tr>
<td>62325</td>
<td>Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)</td>
</tr>
<tr>
<td>62326</td>
<td>Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance.</td>
</tr>
<tr>
<td>62350</td>
<td>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</td>
</tr>
<tr>
<td>62351</td>
<td>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</td>
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<tr>
<td>62360</td>
<td>Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir</td>
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<tr>
<td>62361</td>
<td>Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump</td>
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<tr>
<td>62362</td>
<td>Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump with or without programming</td>
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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 210.5: References


