1. Purpose

The purpose of this policy is to establish the criteria for the medical necessity of implantable intrathecal drug delivery systems.

2. 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 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 patients, it should be used as part of a program to facilitate restoration of function and return to activity, and not just for pain reduction.

3. Statement of Policy

3.1. The determination of medical necessity for the use of an implantable intrathecal drug delivery system is always made on a case-by-case basis.

3.2. The use of implantable intrathecal drug delivery systems may be considered medically necessary for a patient with chronic intractable pain and/or spasticity due to:

- Failed back surgery syndrome with low back pain and/or radicular pain
- Complex regional pain syndrome (also known as reflex sympathetic dystrophy)
- Primary or metastatic cancer
- Post-herpetic neuralgia
- Severe, refractory spasticity of cerebral or spinal cord origin in patients who are unresponsive to or cannot tolerate oral anti-spasticity agents (i.e., Baclofen [Lioresal®]) (a.k.a. Intrathecal injection of Baclofen).

3.3. There may be other chronic pain conditions for which the use of implantable intrathecal drug delivery systems may be considered medically necessary.

3.4. A trial of percutaneous intrathecal drug delivery systems for pain may be considered medically necessary when the following criteria have been met:

- There is documented pathology (i.e., an objective basis for the pain complaint); and
The patient with non-malignant pain has demonstrated 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; and

- The patient has participated in a reasonable trial of aggressive active rehabilitative exercises; and
- Patient has had a sufficient trial of strong opioids or other analgesics in adequate doses, with a fixed schedule (not on a PRN basis) dosing which have failed to relieve pain or the patient has developed intolerable side effects to systemic opioids or other analgesics; or who cannot physically tolerate oral or transdermal opioid therapy; and
- Further surgical intervention or other treatment is not indicated or likely to be effective; and
- Patient has a life expectancy of greater than three (3) months, and
- The patient has received appropriate psychiatric care and has obtained psychiatric clearance.

3.5. An implantable intrathecal drug delivery system for pain is **considered medically necessary** if the patient met the criteria in section 3.4 and experienced at least a 50% reduction in pain during an appropriate trial.

3.6. The use of percutaneous intrathecal drug delivery systems for spasticity without pain will be reviewed on a case-by-case basis.

4. References

4.1. Scientific:

The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding intrathecal pain pumps and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


• Dahm P, Nitescu P, Appelgren L, Curelaru I. Efficacy and technical complications of long-term continuous intraspinal infusions of opioid and/or bupivacaine in


• Workloss Data Institute. *Official Disability Guidelines*. 

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Proprietary Information 

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4.2. Related Triad Medical Policies:

• TMMP 18 – Medical Necessity

**CPT Codes**

This policy relates to the use of the following CPT Codes:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description (AMA CPT Guide)</th>
</tr>
</thead>
<tbody>
<tr>
<td>62318</td>
<td>Injection, 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.</td>
</tr>
<tr>
<td>62319</td>
<td>Injection, 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, sacral (caudal).</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>
</tr>
<tr>
<td>62355</td>
<td>Removal of previously implanted intrathecal or epidural catheter.</td>
</tr>
<tr>
<td>62360</td>
<td>Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir.</td>
</tr>
<tr>
<td>62361</td>
<td>Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump.</td>
</tr>
<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>
</tr>
<tr>
<td>62365</td>
<td>Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion.</td>
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</tbody>
</table>
| 62367    | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug
<table>
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<tr>
<th>CPT Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>prescription status); without reprogramming or refill.</td>
</tr>
<tr>
<td>62368</td>
<td>Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming.</td>
</tr>
<tr>
<td>95990</td>
<td>Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed.</td>
</tr>
<tr>
<td>95991</td>
<td>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.</td>
</tr>
</tbody>
</table>

This list may not be all inclusive and is not intended to be used for coding/billing purposes.

**Table of Revisions**

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Modified By</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/20/2015</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
</tr>
<tr>
<td>02/19/2014</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. §3.4., 4th bullet, added the following statement: &quot;or who cannot physically tolerate oral or transdermal ovoid therapy.&quot;</td>
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<tr>
<td>03/03/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
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<tr>
<td>03/27/2012</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. Added CPT code table.</td>
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<tr>
<td>03/09/2011</td>
<td>Level 1, 2, 3</td>
<td>Annual Review; no changes</td>
</tr>
<tr>
<td>03/18/2010</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes made to policy text.</td>
</tr>
<tr>
<td>02/18/2009</td>
<td>Level 1, 2, 3</td>
<td>New medical policy.</td>
</tr>
</tbody>
</table>

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.