

Update April 2014

No. 2014-26

#### Affected Programs: BadgerCare Plus, Medicaid

**To:** Ambulatory Surgery Centers, Hospital Providers, Medical Equipment Vendors, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Programs

# New Prior Authorization Criteria for Intrathecal Infusion Pumps for Spasticity or Pain

Placement of intrathecal infusion pumps (IIP) for the treatment of spasticity or pain is covered by ForwardHealth with prior authorization (PA). Intrathecal pumps for baclofen and opioid delivery require a trial period be completed prior to the implantation surgery. A separate PA is required for both the trial period and the implantation surgery. This *ForwardHealth Update* introduces the new PA approval criteria for IIP trial periods and implantation surgeries effective for PA requests received on and after May 1, 2014.

## **General Coverage Information**

Placement of intrathecal infusion pumps (IIP) for the treatment of spasticity or pain is covered by ForwardHealth with prior authorization (PA). Intrathecal pumps for baclofen and opioid delivery require a trial period be completed prior to the implantation surgery. Trial periods must last a minimum of 24 hours. A separate PA is required for both the trial period and the implantation surgery. This ForwardHealth Update introduces new PA approval criteria for IIP trial periods and implantation surgeries effective for PA requests received on and after May 1, 2014. Trial periods and implantation surgeries that do not meet the PA approval criteria are noncovered. ForwardHealth will not reimburse providers for any charges related to noncovered pump implantation surgeries. Associated charges for the IIP device and facility charges will only be reimbursed if surgery services for the implantation of the pump have been approved.

Implantation of spinal cord pumps for infusion may provide benefit when treating chronic, intractable spasm and/or pain caused by diseases of, or injury to, the brain and/or spinal cord. The implantation procedure is invasive and has a significant complication rate; therefore, it should only be considered for conditions where evidence supports its effectiveness and where more conservative methods to control spasm and/or pain have failed.

Baclofen (Lioresal) is a derivative of gamma aminobutyric acid (GABA) that acts specifically at the spinal end of the upper motor neurons to cause muscle relaxation. Intrathecal baclofen may be indicated for patients with chronic, intractable spasticity.

Intrathecal medication for pain management is an alternative for cancer patients and other severe, chronic, and intractable pain sufferers whose pain is not relieved by conventional drugs or other methods of opiate delivery. It may also serve as an alternative for patients who cannot tolerate the side effects of systemic administration of opioids in the doses needed for adequate pain management. ForwardHealth covers an IIP when used to administer opioid drugs, ziconotide, and/or clonidine intrathecally or epidurally for those patients who have proven unresponsive to less invasive medical therapy. ForwardHealth considers the implantation of an IIP for delivery of baclofen or opioid pain medication a treatment of last resort.

## Prior Authorization Approval Criteria for Intrathecal Infusion Pumps for Treatment of Spasticity

### **Trial Period**

ForwardHealth covers a temporary baclofen bolus dose trial period lasting a minimum of 24 hours when all of the following criteria are met and documented in the PA request:

- The member suffers from chronic, intractable spasticity.
- All other treatment methods (pharmacological [including failure of oral baclofen], surgical, and physical therapies) have been given an adequate trial period and proved unsatisfactory or were judged to be unsuitable or contraindicated for the member.
- The spasticity interferes with a member's daily living activities.

#### **Permanent Implantation**

ForwardHealth covers permanent baclofen infusion pump implantation when all of the following criteria are met and documented in the PA request:

- A trial period lasting a minimum of 24 hours with a temporary baclofen bolus dose has been completed. Trial period authorization criteria are listed above.
- The member has shown a clinically significant response to an intrathecal bolus dose of 100 mcgs or less of baclofen during the trial period.
- The member shows at least a 50 percent reduction of spasticity during the trial period.

*Note*: Requests for PA for baclofen pump implantation will be denied by ForwardHealth for members in the following circumstances:

- Members with traumatic brain injury who are less than one year from the date of injury.
- Members who are allergic to baclofen.
- Members with the presence of an infection at the time of either trial or permanent pump placement.

- Members whose body size is too small to accommodate the implantable pump.
- Members with the presence of spinal anomalies.
- Members who have an inability to comply with therapy maintenance (refills).
- Members who are younger than 4 years old.

The approval criteria for IIP implantation for the treatment of spasticity are also included in Attachment 1 of this *Update*.

## Prior Authorization Approval Criteria for Intrathecal Infusion Pumps for Treatment of Pain

#### Trial Period

ForwardHealth covers a trial period of intraspinal opioid drug administration lasting a minimum of 24 hours for the treatment of pain when all of the following criteria are met and documented as part of the PA request:

- The member has not responded adequately to noninvasive methods of pain control.
- Other treatment methods (pharmacological, surgical, physical, or psychological therapies) have been given an adequate trial period and proved unsatisfactory or were judged to be unsuitable or contraindicated for the member.
- The member has undergone careful screening by a multidisciplinary team prior to the beginning of the trial drug administration. That screening must include both a psychological and physical evaluation. These evaluations must confirm that the pain is not believed to be primarily psychological in origin and should reflect clear evidence of a physiological explanation for the chronic pain (i.e., an objective basis, such as an imaging study showing pathology consistent with the clinical complaints and of sufficient severity to explain symptoms).

#### **Permanent Implantation**

ForwardHealth covers permanent IIP implantation for the treatment of pain when all of the following criteria are met and documented in the PA request:

- An authorized trial period lasting a minimum of 24 hours has been completed. Trial period authorization criteria are listed above.
- There is at least a 50 percent reduction in pain during the trial.
- A record of any side effects that the member experiences.

ForwardHealth will consider exceptions to the above requirements in the situations of terminal care for cancer with uncontrollable pain. ForwardHealth will review these requests on an individual basis, and a trial period is not required.

*Note*: Requests for PA for IIP implantation for the treatment of pain will be denied by ForwardHealth for members in the following circumstances:

- Members who have a known allergy or hypersensitivity to the drug being used.
- Members with the presence of an active infection.
- Members whose body size is too small to accommodate the implantable pump.
- Members with the presence of spinal anomalies.
- Members who have an inability to comply with therapy maintenance (refills).
- Members who are younger than 4 years old.

The approval criteria for IIP implantation for the treatment of pain are also included in Attachment 2.

## How to Submit Prior Authorization Requests

ForwardHealth requires the rendering surgeon to request and obtain PA for both IIP trial periods and implantation surgeries. ForwardHealth will deny claims for the surgery, the facility charges, the equipment, and other services related to the surgery unless there is an approved PA on file from the rendering surgeon for the surgery. All of the following must be included as part of a PA request for IIP trial periods and implantation surgeries:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13).
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12).
- Additional documentation supporting the criteria in the Prior Authorization Approval Criteria sections of this *Update*.

Providers may submit PA requests via the ForwardHealth Portal at *mmm.forwardhealth.mi.gov*/, including the capability to upload electronically completed PA attachments and additional required documentation. Providers may refer to the Prior Authorization Portal User Guide available on the ForwardHealth Portal for instructions on submitting PA attachments.

Providers may submit PA requests by fax to ForwardHealth at (608) 221-8616 or by mail to:

> ForwardHealth Prior Authorization Ste 88 313 Blettner Blvd Madison WI 53784

For complete PA information, refer to the Physician service area of the Online Handbook.

## Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements. The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *www.forwardhealth.wi.gov/*.

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# ATTACHMENT 1 Prior Authorization Approval Criteria for Intrathecal Infusion Pumps for Treatment of Spasticity

Following are prior authorization (PA) approval criteria for intrathecal infusion pumps for the treatment of spasticity effective for PA requests received on and after May 1, 2014.

#### **Trial Period**

ForwardHealth covers a temporary baclofen bolus dose trial period lasting a minimum of 24 hours when all of the following criteria are met and documented in the PA request:

- The member suffers from chronic, intractable spasticity.
- Other treatment methods (pharmacological [including failure of oral baclofen], surgical, and physical therapies) have been given an adequate trial period and proved unsatisfactory or were judged to be unsuitable or contraindicated for the member.
- The spasticity interferes with a member's daily living activities.

#### **Permanent Implantation**

ForwardHealth covers permanent baclofen infusion pump implantation when all of the following criteria are met and documented in the PA request:

- A trial period lasting a minimum of 24 hours with a temporary baclofen bolus dose has been completed. Trial period authorization criteria are listed above.
- The member has shown a clinically significant response to an intrathecal bolus dose of 100 mcgs or less of baclofen during the trial period.
- The member shows at least a 50 percent reduction of spasticity during the trial period.

*Note*: Requests for PA for baclofen pump implantation will be denied by ForwardHealth for members in the following circumstances:

- Members with traumatic brain injury who are less than one year from the date of injury.
- Members who are allergic to baclofen.
- Members with the presence of an infection at the time of either trial or permanent pump placement.
- Members whose body size is too small to accommodate the implantable pump.
- Members with the presence of spinal anomalies.
- Members who have an inability to comply with therapy maintenance (refills).
- Members who are younger than 4 years old.

# ATTACHMENT 2 Prior Authorization Approval Criteria for Intrathecal Infusion Pumps for Treatment of Pain

Following are prior authorization (PA) approval criteria for intrathecal infusion pumps (IIP) for the treatment of pain effective for PA requests received on and after May 1, 2014.

## **Trial Period**

ForwardHealth covers a trial period of intraspinal opioid drug administration lasting a minimum of 24 hours for the treatment of pain when all of the following criteria are met and documented as part of the PA request:

- The member has not responded adequately to non-invasive methods of pain control.
- Other treatment methods (pharmacological, surgical, physical, or psychological therapies) have been given an adequate trial period and proved unsatisfactory or were judged to be unsuitable or contraindicated for the member.
- The member has undergone careful screening by a multidisciplinary team prior to the beginning of the trial drug administration. That screening must include both a psychological and physical evaluation. These evaluations must confirm that the pain is not believed to be primarily psychological in origin and should reflect clear evidence of a physiological explanation for the chronic pain (i.e., an objective basis, such as an imaging study showing pathology consistent with the clinical complaints and of sufficient severity to explain symptoms).

#### **Permanent Implantation**

ForwardHealth covers permanent IIP implantation for the treatment of pain when all of the following criteria are met and documented in the PA request:

- An authorized trial period lasting a minimum of 24 hours has been completed. Trial period authorization criteria are listed above.
- There is at least a 50 percent reduction in pain during the trial.
- A record of any side effects that the member experiences.

ForwardHealth will consider exceptions to the above requirements in the situations of terminal care for cancer with uncontrollable pain. ForwardHealth will review these requests on an individual basis, and a trial period is not required.

*Note*: Requests for PA for IIP implantation for the treatment of pain will be denied by ForwardHealth for members in the following circumstances:

- Members who have a known allergy or hypersensitivity to the drug being used.
- Members with the presence of an active infection.
- Members whose body size is too small to accommodate the implantable pump.
- Members with the presence of spinal anomalies.
- Members who have an inability to comply with therapy maintenance (refills).
- Members who are younger than 4 years old.