

**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

## **Changes to Coverage Policies for Permanent Implantation of Intrathecal Infusion Pumps for Treatment of Spasticity**

Effective for dates of service on and after April 15, 2015, prior authorization (PA) requests for permanent implantation of intrathecal infusion pumps for the treatment of spasticity are subject to changes in the PA guidelines. This *ForwardHealth Update* outlines the changes.

### **Changes to Prior Authorization Guidelines for Permanent Implantation of Intrathecal Infusion Pumps for Treatment of Spasticity**

Effective for dates of service (DOS) on and after April 15, 2015, prior authorization (PA) requests for permanent implantation of an intrathecal infusion pump (IIP) for the treatment of spasticity are subject to changes in the PA guidelines. Only PA guidelines for implantation of an IIP for the treatment of spasticity are changing; PA guidelines for implantation of an IIP for the treatment of pain remain the same.

### **Changes to Trial Period Requirements**

ForwardHealth no longer requires the following for a PA request for permanent implantation of an IIP for the treatment of spasticity to be approved:

- A 24-hour trial period.
- A separate PA request for the trial period.

Effective for DOS on and after April 15, 2015, ForwardHealth will allow providers to submit one PA request for permanent implantation of the IIP for the treatment of spasticity. Although separate approval of a successful trial period will no longer be required for approval of the PA request for permanent implantation, providers are required to maintain documentation of a successful screening dose in their records. Permanent implantation of an IIP is not reimbursable without a successful screening dose.

### **Coverage Requirements for Permanent Implantation of Intrathecal Infusion Pumps for Treatment of Spasticity**

ForwardHealth covers a temporary baclofen bolus screening dose and permanent baclofen IIP implantation for the treatment of spasticity when all of the following criteria are met and documented in the PA request:

- The member suffers from chronic, intractable spasticity.
- All other appropriate treatment methods (pharmacological [including failure of oral baclofen in adults], 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.

*Note:* The approved PA request for permanent implantation of the IIP will not be valid unless a successful screening dose shows at least a 50 percent reduction of spasticity.

Requests for PA for baclofen pump implantation will be denied by ForwardHealth for the following members:

- Members who are allergic to baclofen.
- Members with the presence of an infection at the time of either the screening dose or permanent pump placement.
- Members whose body size is too small to accommodate the implantable pump.
- Members who have an inability to comply with therapy maintenance (refills).
- Members who are younger than 4 years old.

### Allowable Procedure Codes

Providers continue to be required to use one of the following *Current Procedural Terminology* procedure codes and modifier, as indicated, when submitting a PA request for the screening dose and permanent implantation of an IIP for the treatment of spasticity.

To designate the screening dose:

- 62310 **with modifier U5** (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).
- 62311 **with modifier U5** (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]).

To designate permanent implantation:

- 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).

### Additional Prior Authorization Information

For more information regarding PA guidelines for both screening dose and permanent implantation of IIPs, refer to the Intrathecal Infusion Pumps for Spasticity or Pain topic (topic #16818) in the Prior Authorization Guidelines chapter of the Prior Authorization section of the Physician service area of the ForwardHealth Online Handbook.

### Information Regarding Managed Care Organizations

This *ForwardHealth 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/](http://www.forwardhealth.wi.gov/).

P-1250