Implantable Infusion Pump Benefit Criteria to Change for Texas Medicaid

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Effective for dates of services on or after April 1, 2011, implantable infusion pump (IIP) benefit criteria will change for Texas Medicaid.

An IIP may be medically necessary for administration of the following:

- Intrathecal or epidural antispasmodic drugs to treat refractory intractable spasticity
- Intrathecal, epidural, or central venous analgesic (opioid or nonopioid) drugs for treatment of severe chronic intractable pain
- Intrahepatic chemotherapy for primary liver cancer or metastatic cancer with metastases limited to the liver
- Intra-arterial chemotherapy in head and neck cancers

An IIP will not be a benefit for the following uses:

- Continuous insulin infusion for diabetes
- Continuous heparin infusion for recurrent thromboembolic disease
- Continuous intralesional infusion for severe chronic intractable pain
- Continuous intra-arterial infusion
- Continuous intra-articular infusion for severe chronic intractable pain
- Administration of antibiotics for osteomyelitis

All supplies associated with an IIP are included with the reimbursement for the surgery to implant the infusion pump and are not reimbursed separately.

Benefit Changes

Procedure codes E0782 and E0783 will be a benefit for the following providers, when prior authorized:

- Home health durable medical equipment (DME) and medical supplier (DME) providers in the home setting
- Ambulatory surgical centers (ASCs) and hospitals in the outpatient hospital setting

Procedure code E0786 will be a benefit with a reimbursement rate of $6,055.80, when prior authorized and provided in the home setting by a home health DME or medical supplier (DME) provider. Procedure code E0786 will not be a benefit in the outpatient hospital setting.

Procedure code 62351 will no longer be reimbursed to ASCs.

Prior Authorization

Prior authorization is required for an IIP through the Special Medical Prior Authorization (SMPA) Department. The ASC or DME provider may submit a request for prior authorization using the Special Medical Prior Authorization (SMPA) Request Form,
which must be completed and signed by a physician. All signatures and dates on the
SMPA form must be current, unaltered, original, and handwritten. Computerized or
stamped signatures or dates will not be accepted. The completed, signed, and dated
SMPA form must be maintained by the provider and the prescribing physician in the
client's medical record.

The completed SMPA Form must include the procedure code and quantity for the
services that are requested. Documentation that is submitted with the prior authorization
request must indicate whether the IIP will be provided by the ASC or the DME provider.

To avoid unnecessary denials, the physician must provide correct and complete
information, including documentation of medical necessity for the requested IIP. The
requesting provider may be asked for additional information to clarify or complete a
request for the IIP.

As indicated in the following sections, supporting documentation that is based on the
type of IIP requested must be included with the request for prior authorization.

**IIP for Administration of Antispasmodic Drug to Treat Severe Refractory
Spasticity**

Documentation of the following is required for prior authorization:

- Initial evaluation
- Type of surgical implantation and description of IIP requested
- Symptoms
  - Degree of spasticity
  - Affected muscle groups
  - Functional impact
- Duration of symptoms
- Recent hospitalizations (within the past 12 months)
- Comorbid conditions
- Pertinent laboratory and radiology results
- Treatment history for self-administering with evidence of the following:
  - A minimum of six weeks of noninvasive methods of spasticity control, including,
    but not limited to, oral antispasmodics that either failed to adequately control the
    spasticity or produced intolerable side effects
- The role, participation, and compliance of the family and/or client that demonstrate
  the following:
  - The ability to provide a return demonstration performance
  - Attentiveness, desire, interest, flexibility, and independence
  - An understanding of cause, effect, and object permanence
- Favorable response to a trial intrathecal dose of the antispasmodic
- No contraindications to implantation exist, including, but not limited to, the following:
Coagulopathy
Infection
Other implanted devices where the "crosstalk" between devices might inadvertently change the prescription
Allergy or hypersensitivity to the drug being administered

Treatment plan, including the following:
Name of the antispasmodic to be infused
Follow-up, including pump refilling, maintenance, and monitoring of changes in infusion rate
Expected outcome
Treatment goals

IIP for Administration of Analgesic (Opioid or Nonopioid) Drug for Treatment of Severe Intractable Pain

Documentation of the following is required for prior authorization:
Initial evaluation
Type of surgical implantation and description of IIP requested
Symptoms
Severity of pain
Functional impact
Source of pain or location, including whether pain is malignant or nonmalignant
Duration of symptoms
Recent hospitalizations (within the past 12 months)
Comorbid conditions
Pertinent laboratory and radiology results
A life expectancy of at least three months

Note: The standard of care for treatment of severe intractable pain for a client with a life expectancy of less than three months is to use less invasive techniques such as an external infusion pump.

For malignant pain:
Treatment history with evidence of a favorable response (minimum of 50 percent reduction in pain) to a trial intrathecal dose of the analgesic drug
Failure of more conservative methods of pain control, including, but not limited to, oral analgesics, surgery, and therapy that were ineffective due to one of the following:
- Failure to adequately control the pain
- Intolerable side effects were produced
• For nonmalignant pain:
  o A minimum of six months of more conservative methods of pain control (including, but not limited to, oral analgesics, surgery, and attempts to eliminate physical and behavioral abnormalities that may cause an exaggerated pain reaction), which were ineffective due to one of the following:
    ▪ Failure to adequately control the pain
    ▪ Intolerable side effects were produced

• The role, participation, and compliance of the family and/or client that demonstrate the following:
  o The ability to provide a return demonstration performance
  o Attentiveness, desire, interest, flexibility, and independence
  o An understanding of cause, effect, and object permanence

• No contraindications to implantation exist, including, but not limited to, the following:
  o Coagulopathy
  o Infection
  o Other implanted devices where the "crosstalk" between devices might inadvertently change the prescription
  o Tumor encroachment on the thecal sac
  o Allergy or hypersensitivity to the drug being administered

• Treatment plan, including the following:
  o Analgesic to be infused
  o Follow-up, including pump refilling, maintenance, and monitoring of changes in infusion rate
  o Expected outcome
  o Treatment goals

Examples of nonmalignant severe intractable pain include, but are not limited to, the following:
• Complex regional pain syndrome I & II (causalgia/RSD) refractory to other treatments
• Postherpetic neuralgia
• Failed back syndrome
• Phantom limb pain
• Arachnoiditis (proven with magnetic resonance imaging (MRI)/increased cerebrospinal fluid (CSF) protein levels).
• Spinal cord myelopathy (refractory to conservative measurements)

IIP for Administration of Intrahepatic Chemotherapy in Primary Liver Cancer or Colorectal Cancer with Liver Metastases
Documentation of the following is required for prior authorization:

- Initial evaluation
- Type of surgical implantation and description of IIP requested
- Diagnosis of one of the following:
  - Primary liver cancer
  - Metastatic cancer with metastases limited to the liver
- Recent hospitalizations (within the past 12 months)
- Comorbid conditions
- Pertinent laboratory and radiology results
- The role, participation, and compliance of the family and/or client that demonstrate the following:
  - The ability to provide a return demonstration performance
  - Attentiveness, desire, interest, flexibility, and independence
  - An understanding of cause, effect, and object permanence
- No contraindications to implantation exist, including, but not limited to, the following:
  - Coagulopathy
  - Infection
  - Other implanted devices where the "crosstalk" between devices might inadvertently change the prescription
  - Allergy or hypersensitivity to the drug being administered
- Treatment plan, including the following:
  - Chemotherapeutic agent to be infused. The prescribed drug must be approved by the U.S. Food and Drug Administration (FDA) for the intended use and must be compatible with the implantable device (such as floxuridine or methotrexate)
  - Follow-up, including pump refilling, maintenance, and monitoring of changes in infusion rate
  - Expected outcome
  - Treatment goals

IIP for Administration of Intra-arterial Chemotherapy in Head and Neck Cancer

Documentation of the following is required for prior authorization:

- Initial evaluation
- Type of surgical implantation and description of IIP requested
- Diagnosis and site of any metastases
- Recent hospitalizations (within the past 12 months) and all other diagnoses
• Pertinent laboratory and radiology results
• The role, participation, and compliance of the family and/or client that demonstrate the following:
  o The ability to provide a return demonstration performance
  o Attentiveness, desire, interest, flexibility, and independence
  o An understanding of cause, effect, and object permanence
• No contraindications to implantation exist, including, but not limited to, the following:
  o Coagulopathy
  o Infection
  o Other implanted devices where the "crosstalk" between devices might inadvertently change the prescription
  o Allergy or hypersensitivity to the drug being administered
• Treatment plan, including the following:
  o Chemotherapeutic agent to be infused
  o Follow-up, including pump refilling, maintenance, and monitoring of changes in infusion rate
  o Expected outcome
  o Treatment goals

Replacement of an IIP

An IIP is expected to last a minimum of five years. Prior authorization for replacement of an IIP is considered within five years when one of the following occurs:
• There has been a significant change in the client’s condition and the current equipment no longer meets the client’s needs.
• The equipment is no longer functional and either cannot be repaired or it is not cost-effective to repair.
• Loss or irreparable damage to the IIP has occurred. The following must be submitted with the prior authorization request:
  o A copy of the police or fire report, when appropriate
  o A statement about the measures to be taken in order to prevent reoccurrence
Replacement of an IIP for a client who is birth through 20 years of age that does not meet the criteria above may be considered for prior authorization through the Comprehensive Care Program (CCP).