Intrathecal Baclofen Therapy

Louisiana Medicaid allows reimbursement for the surgical implantation of a programmable infusion pump for the delivery of intrathecal baclofen (ITB) therapy for individuals four years of age and older who meet medical necessity for the treatment of severe spasticity of the spinal cord or of cerebral origin. This procedure and treatment regimen **must be prior authorized**.

Hospitals may obtain pre-certification for the inpatient stay by following the inpatient hospital precertification process.

The following diagnoses are considered appropriate for ITB treatment and infusion pump implantation:

- Meningitis,
- Encephalitis,
- Dystonia,
- Multiple sclerosis,
- Spastic hemiplegia,
- Infantile cerebral palsy,
- Other specified paralytic syndromes,
- Acute, but ill-defined, cerebrovascular disease,
- Closed fracture of the base of skull,
- Open fracture of base of skull,
- Closed skull fracture,
- Fracture of vertebral column with spinal cord injury,
- Intracranial injury of other and unspecified nature, or
- Spinal cord injury without evidence of spinal bone injury.

Criteria for Recipient Selection

Consideration shall be given for Medicaid reimbursement for implantation of an ITB infusion pump if the treatment is considered medically necessary, the candidate is four years of age or older with a body mass sufficient to support the implanted system, and one or more of the following criteria is met:

- **Inclusive Criteria for Candidates with Spasticity of Cerebral Origin:**
    - There is severe spasticity of cerebral origin with no more than mild athetosis,
    - The injury is older than one year,
    - There has been a drop in Ashworth scale of 1 or more,
    - Spasticity of cerebral origin is resistant to conservative management, or
    - The candidate has a positive response to test dose of ITB.
- **Inclusive Criteria for Candidates with Spasticity of Spinal Cord Origin:**
    - Spasticity of spinal cord origin that is resistant to oral antispasmodics or side effects unacceptable in effective doses,
    - There has been a drop in Ashworth scale of 2 or more, or
    - The candidate has a positive response to test dose of intrathecal baclofen.

Caution should be exercised when considering ITB infusion pump implantation for candidates who:

- Have a history of autonomic dysreflexia,
- Suffer from psychotic disorders,
- Have other implanted devices, or
- Utilize spasticity to increase function such as posture, balance, and locomotion.

Exclusive Criteria for Candidates

Consideration shall not be made if the candidate:

- Fails to meet any of the inclusion criteria,
- Is pregnant, or refuses or fails to use adequate methods of birth control,
- Has a severely impaired renal or hepatic function,
- Has a traumatic brain injury of less than one year pre-existent to the date of the screening dose,
- Has history of hypersensitivity to oral baclofen,
- Has a systematic or localized infection which could infect the implanted pump, or
- Does not respond positively to a 50, 75, or 100 mcg intrathecal bolus of baclofen during the screening trial procedure.

Reimbursement is available for the cost of the OUTPATIENT bolus injections given to candidates for the ITB infusion treatment even if the recipient fails the screening trial procedure. Physicians may bill for these injections by submitting the appropriate Healthcare Common Procedure Coding System (HCPCS) code for each date on which an injection was given. These screening trial injections do not require prior authorization.

Prior Authorization

Prior authorization (PA) for chronic infusion of ITB shall be requested after the screening trial procedure has been completed but prior to the pump implantation.

The request to initiate chronic infusion shall come from the multidisciplinary team which evaluates the recipient. The multidisciplinary team shall be comprised of the following:

- A neurosurgeon and/or an orthopedic surgeon,
- A physiatrist and/or a neurologist,
- The recipient's attending physician,
- A nurse,

- A social worker, and
- Allied professionals (physical therapists, occupational therapist, etc.)

These professionals shall have expertise in the evaluation, management, and treatment of spasticity of cerebral and spinal cord origin and shall have undergone training in infusion therapy and pump implantation by a nationally recognized ITB product supplier with expertise in intrathecal baclofen.

The multidisciplinary team shall evaluate the candidate after the screening trial procedure has been completed but prior to the pump implantation.

The following documentation must be submitted to the fiscal intermediary's PA Unit:

- A recent history with documentation of assessments in the following areas:
  - Medical and physical,
  - Neurological,
  - Functional, and
  - Psychosocial.
- Ashworth scores for pre and post administration of the ITB test dose(s).
- Documentation of any other findings regarding the recipient's condition which would assist in determining medical necessity for ITB, i.e., a videotape of the trial dosage.

Billing for the Implantation of the Infusion Pump and Catheter

Implantation of the infusion pump must be prior authorized. The surgeon who implants the pump must submit a Request for Prior Authorization (PA-01 Form) to the fiscal intermediary's PA Unit as part of the multidisciplinary team's packet. The surgeon must use his/her individual, rather than group, provider number on the PA-01 Form. The provider may bill for the implantation of the intraspinal catheter.

The appropriate codes are to be billed on the CMS-1500 claim form with the prior authorization number included in item 23, if billing hard copy. Assistant surgeons, anesthesiologists and non-anesthesiologists-directed Certified Registered Nurse Anesthetists (CRNAs) may receive

payment for appropriate codes associated with this surgery. All billers must include the PA number issued to the requesting physician in order to be reimbursed for the services.

Billing for the Cost of the Infusion Pump

The cost of the pump is a separate billable item. Hospitals will be reimbursed by Medicaid for their purchase of the infusion pump but must request prior authorization for it by submitting a PA-01 Form to the fiscal intermediary's PA Unit. The PA-01 Form should be submitted as part of the multidisciplinary team's packet. Hospitals will not be given a PA number for the pump until a prior authorization request for the surgery has been received from the surgeon who will perform the procedure. If the surgeon's request is approved, the hospital will be given a PA number for the pump. To be considered for reimbursement for the device, the hospital must use the appropriate HCPCS code and submit the claim to the fiscal intermediary on a CMS-1500 claim form with the letters "DME" written in red across the top of the form, if billing hard copy. However, providers are encouraged to bill electronically.

Billing for Replacement Pumps and Catheters

Replacement pumps and/or catheters must be billed on a CMS-1500 claim form with the letters "DME" in red across the top. A copy of the original authorization letter must be attached to the claim.

Billing for Reservoir Refills and Pump Maintenance

Only physicians with specialties in anesthesiology, neurology, neurosurgery, or physical medicine rehabilitation may be reimbursed for the filling of the reservoir and the maintenance of the pump.

If outpatient surgery is performed on an inpatient basis, the policy outlined in that section of this manual shall apply. Please refer to that policy before admitting the recipient.