

Intrathecal Baclofen for CNS Spasticity

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Definitions

Continuous intrathecal administration of Baclofen, the inhibitory neurotransmitter gamma aminobutyric acid, is used to reduce spasticity and spasm frequency in patients with spinal spasticity who cannot be adequately treated with oral medications. Spasticity of spinal cord or cerebral origin occurs with spinal cord injury, multiple sclerosis, spinal cord tumors, transverse myelitis, amyotrophic lateral sclerosis, familial spastic paresis and cerebral palsy. Oral administration of Baclofen has not been effective in reducing these symptoms, as effective concentrations are difficult to achieve without intolerable systemic effects.

Guideline

Members with severe spasticity secondary to upper motor neuron origin are eligible for intrathecal Baclofen coverage. The member must be unresponsive to less invasive medical therapy and have undergone physical therapy, but have been either noncompliant or unsuccessful. In addition, the following criteria must also be met:

1. Trial of ≥ 6 weeks on oral medication shows that the patient experienced intolerable side effects or that there was a lack of adequate spasticity control.
2. Favorable response to a trial of one intrathecal dose of the antispasmodic drug (Baclofen) prior to pump implantation.
3. Sufficient body mass (≥ 30 lb.) to support an implanted pump.

It is our expectation that there be families and/or caregivers committed to monitoring the patient for signs of withdrawal or overdose, detecting pump malfunctions, and returning for pump refills and patient follow-up care.

Limitations/Exclusions

Recommended clinical exclusions for the use of intrathecal Baclofen include any of the following:

1. Presence of another implanted device (e.g., cardiac pacemaker).
2. Pregnancy or lactation unless the benefits outweigh the possible risks.
3. Presence of neurologic disorders including dystonia, extrapyramidal disease, rigidity and lower motor neuron causes (e.g., cauda equina).

Applicable Procedure Codes

62311	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) (Code Deleted 01/01/2017)
62318	Injection(s), 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 (Code Deleted 01/01/2017)
62319	Injection(s), 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 or sacral (caudal) (Code Deleted 01/01/2017)
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance (New Code: 01/01/2017)
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) (New Code: 01/01/2017)
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance (New Code: 01/01/2017)
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) (New Code: 01/01/2017)
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance (New Code: 01/01/2017)
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) (New Code: 01/01/2017)
62350	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
62351	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
62355	Removal of previously implanted intrathecal or epidural catheter

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; non programmable pump
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid)(List separately in addition to code for primary procedure) (Revised 01/01/2017)
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed
95991	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 Revised code
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)
J0475	Injection, baclofen, 10 mg
J0476	Injection, baclofen, 50 mcg for intrathecal trial

Applicable ICD-10 Diagnosis Codes

G04.1	Tropical spastic paraplegia
G11.4	Hereditary spastic paraplegia
G12.21	Amyotrophic lateral sclerosis
G12.29	Other motor neuron disease
G24.09	Other drug induced dystonia
G24.2	Idiopathic nonfamilial dystonia
G24.8	Other dystonia
G35	Multiple sclerosis
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.4	Ataxic cerebral palsy

G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.0	Diplegia of upper limbs
G83.10	Monoplegia of lower limb affecting unspecified side
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side
G83.20	Monoplegia of upper limb affecting unspecified side
G83.21	Monoplegia of upper limb affecting right dominant side
G83.22	Monoplegia of upper limb affecting left dominant side
G83.23	Monoplegia of upper limb affecting right nondominant side
G83.24	Monoplegia of upper limb affecting left nondominant side
G83.30	Monoplegia, unspecified affecting unspecified side
G83.31	Monoplegia, unspecified affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side
G83.5	Locked-in state
G83.81	Brown-Sequard syndrome
G83.82	Anterior cord syndrome

G83.83	Posterior cord syndrome
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
I69.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side

169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
169.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
169.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
169.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
169.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
169.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
169.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
169.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
169.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
169.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
169.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
169.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side
169.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side
169.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
169.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side
169.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
169.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
169.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
169.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side

169.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
169.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
169.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
169.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
169.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
169.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
169.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
169.361	Other paralytic syndrome following cerebral infarction affecting right dominant side
169.362	Other paralytic syndrome following cerebral infarction affecting left dominant side
169.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side
169.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
169.365	Other paralytic syndrome following cerebral infarction, bilateral
169.369	Other paralytic syndrome following cerebral infarction affecting unspecified side
169.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
169.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
169.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
169.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
169.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
169.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
169.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
169.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
169.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
169.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
169.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
169.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side

169.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
169.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side
169.865	Other paralytic syndrome following other cerebrovascular disease, bilateral
169.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
169.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
169.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
169.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
169.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
169.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
169.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
169.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
169.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
169.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
169.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
169.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
169.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side
169.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
169.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
169.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
169.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
169.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side

References

BlueCross Blue Shield Association Medical Policy Reference Manual, Policy No. 7.01.41.

Hayes Medical Technology Directory Hayes, Inc. Intrathecal Baclofen for Cerebral Palsy. *Hayes Medical Technology Directory*. Lansdale, Penn: Winifred S. Hayes, Inc.; November 10, 2005.

Hayes Medical Technology Directory Hayes, Inc. Intrathecal Baclofen for Spasticity of Spinal Origin or due to Multiple Sclerosis. *Hayes Medical Technology Directory*. Lansdale, Penn: Winifred S. Hayes, Inc.; December 15, 2005.

Kumar K, Kelly M, Pirlot T. Continuous intrathecal morphine treatment for chronic pain of non malignant etiology: long-term benefits and efficacy. *Surg Neurol* 2001: 79-86; discussion 86-8.

Specialty-matched clinical peer review.

Thimineur MA, Kravitz E, Vodapally MS. Intrathecal opioid treatment for chronic non-malignant pain: a 3-year prospective study. *Pain*, 2004;109(3):242-9.

