



\*\*\*\*\* **High Priority** \*\*\*\*\*

## **Service Alert Notification**

**Subject: Implantation of Intrathecal Baclofen Therapy Pump (ITB) Added to First Coast Advantage (FCA) Pre-Authorization List**

**Date: May 20, 2011**

Effective June 15, 2011, Implantation of an Intrathecal Baclofen Therapy Pump in the outpatient hospital setting is being added to the First Coast Advantage (FCA) Pre-Authorization list.

Florida Medicaid Physician Services Coverage and Limitations Handbook was updated on November 10, 2010, to include Intrathecal Baclofen Therapy (ITB) as a covered Medicaid Benefit. (See Medicaid Handbook pages 2-58 and 2-59 on the FCA Website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com)). The covered HCPCS codes for ITB are E0783 or E0786.

On March 31, 2011, Florida Medicaid sent out a Service Alert stating that prior authorization is required from the outpatient hospital provider for the hospital to be reimbursed for the Intrathecal Baclofen Therapy Pump (ITB).

To obtain a Prior Authorization from FCA, the Physician recommending the ITB treatment must submit the following to FCA.

- An FCA Preauthorization Form requesting either HCPCS code **E0783** or **E0786**, whichever one is applicable.
- Pricing information and Medical Necessity information, listed in the FCA Paper Claims Submission Policy Service Alert on February 17, 2010. (See FCA website at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) / Service Alerts).
- Documentation explaining what qualifies the candidate for the implantation of an ITB device for long term use.
- Copies of medical records with documentation of the Medical Necessity criteria listed below.

**Criteria:**

AHCA allows coverage for ITB Therapy used to manage severe spasticity of spinal cord or cerebral origin. The following criteria must be met before placing a recipient on ITB therapy:

- Evidence that the member cannot be maintained on non-invasive methods of spasm control, such as oral anti-spasmodic drugs (baclofen). These methods must fail or produce intolerable side effects.

- The recipient has responded favorably to a trial Intrathecal dose of the anti-spasmodic drug Baclofen.
- Positive response to a test bolus (by Barbotage over not less than one (1) minute) of Intrathecal Baclofen by spinal catheter or lumbar puncture before initiating long term therapy.
- The ITB must be administered via an implantable pump that has been approved by the FDA specifically for the administering of Baclofen into the Intrathecal space for continued therapy.

The requesting provider is responsible for providing the FCA authorization number to the hospital were the pump will be inserted. The hospital must have the FCA authorization number to be reimbursed for the ITB pump. The hospital will not be reimbursed for the device if claims are submitted without the FCA authorization number.

**NOTE:** The Physician's procedure to insert the device is already covered and requires no prior authorization. Authorization is only for devices implanted in the outpatient hospital setting.

For questions, please contact FCA Medical Management Department at 244-3539 or at [pre.authorizations@jax.ufl.edu](mailto:pre.authorizations@jax.ufl.edu).