



MaineCare Services
An Office of the
Department of Health and Human Services

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Department of Health and Human Services
MaineCare Services
Prior Authorization Unit
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 624-6902; 1-866-796-2463
Fax: (207) 287-7643
TTY: 1-800-423-4331

Provider Instructions for requesting Infusion Pump, Implantable

Policy: Chapter II, Section 60 (Durable Medical Equipment Supplies/Repair)
<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

Fax or mail request, please do not do both.

**To request this item, please fill out the Durable Medical Equipment Prior Authorization form (MA56)
which can be downloaded at:**

http://www.maine.gov/dhhs/bms/providerfiles/pa_inst_sheets_forms.html

**Please allow up to 30 calendar days from the date the request is received in the
Prior Authorization Unit to review and make a decision.**

Documentation required from the Durable Medical Equipment provider:

- Completed** MA56 (Prior Authorization form for requesting DME Supplies/Repair).
- Signed, dated doctor's orders, less than one year old.
- Documented clinical criteria from prescribing physician/Primary Care Provider (PCP), see below.
- Manufacturer's invoice is needed for each procedure code listed, showing the dealer's adjusted acquisition cost. Invoice must match the itemized parts list on the Prior Authorization form pricing and description fields.

PA Criteria To Approve Request (Refer to Appendix in Section 60 for more details)

Physician or Primary Care Provider (PCP) must document the following clinical criteria:

- Member needs chemotherapy for Liver Cancer-The implantable infusion pump is covered for intra-arterial infusion of 5-FUdR for the treatment of liver cancer for members with primary hepatocellular carcinoma or Duke's Class D colorectal cancer, in whom the metastases are limited to the liver, and where (1) the disease is unresectable or (2) where the member refuses surgical excision of the tumor.
- Member is prescribed anti-spasmodic drugs for severe spasticity.
- An implantable infusion pump is covered when used to administer anti-spasmodic drugs intrathecally (e.g., baclofen) to treat chronic intractable spasticity in members who have proven unresponsive to less invasive medical therapy as determined by the following criteria:

- As indicated by at least a 6-week trial, the member cannot be maintained on noninvasive methods of spasm control, such as oral anti-spasmodic drugs, either because these methods fail to control adequately the spasticity or produce intolerable side effects, and prior to pump implantation, the member must have responded favorably to a trial intrathecal dose of the anti-spasmodic drug.
- Opioid Drugs for Treatment of Chronic Intractable Pain--An implantable infusion pump is covered when used to administer opioid drugs (e.g., morphine) intrathecally or epidurally for treatment of severe chronic intractable pain of malignant or nonmalignant origin in members who have a life expectancy of at least three (3) months and who have proven unresponsive to less invasive medical therapy as determined by the following criteria:
 - The member's history must indicate that he/she would not respond adequately to non-invasive methods of pain control, such as systemic opioids (including attempts to eliminate physical and behavioral abnormalities which may cause an exaggerated reaction to pain); and a preliminary trial of intraspinal opioid drug administration must be undertaken with a temporary intrathecal/epidural catheter to substantiate adequately acceptable pain relief and degree of side effects (including effects on the activities of daily living) and member acceptance.
 - Coverage of Other Uses of Implanted Infusion Pumps--Determinations may be made on coverage of other uses of implanted infusion pumps if documentation is provided that allows the Prior Authorization Unit to verify that: The drug is reasonable and necessary for the treatment of the individual member; it is medically necessary that the drug be administered by an implanted infusion pump; and the FDA-approved labeling for the pump must specify that the drug being administered and the purpose for which it is administered is an indicated use for the pump. Providers must submit documentation to determine reasonableness and medical necessity.

Contraindications to Implantation of Infusion Pump--The implantation of an infusion pump is contraindicated in members:

- Who have a known allergy or hypersensitivity to the drug being used (e.g., oral baclofen, morphine, etc.).
- Who have an infection.
- Whose body size is insufficient to support the weight and bulk of the device; and members with other implanted programmable devices since crosstalk between devices may inadvertently change the prescription.
- Have thromboembolic disease: According to the Public Health Service, there is insufficient published clinical data to support the safety and effectiveness of the heparin implantable pump. Therefore, the use of an implantable infusion pump for infusion of heparin in the treatment of recurrent thromboembolic disease is not covered.
- With diabetes: Implanted infusion pumps for the infusion of insulin to treat diabetes is not covered. The data do not demonstrate that the pump provides effective administration of insulin.
- Who have iron poisoning requiring the administration of deferoxamine.
- Member is receiving treatment for liver or colorectal cancer and the disease is unresectable (or member refuses surgery); or

- Who has intractable pain that has failed to respond to an adequate oral/transdermal analgesic and requires the administration of morphine.
- Who is unable to tolerate oral/transdermal narcotics and requires the administration of morphine for pain relief.

Request will be Deferred (need additional information) when:

- There is insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.
- No invoice or Prior Authorization request was submitted.

Request will be Denied when:

- Member does not meet policy criteria.
- Requested/Deferred information was not received within 30 days.
- Device model is a type used only in a clinical setting and is not suitable for use in the home.