



Status

Active

Medical and Behavioral Health Policy

Section: Medicine

Policy Number: II-141

Effective Date: 04/23/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

INTRAVENOUS ANESTHETICS FOR THE TREATMENT OF CHRONIC PAIN

Description: Intravenous (IV) infusion of anesthetic agents, generally lidocaine or ketamine, has been proposed for treatment of chronic neuropathic pain and other forms of chronic pain, including fibromyalgia. Chronic neuropathic pain disorders include phantom limb pain, post-herpetic neuralgia, complex regional pain syndromes, diabetic neuropathy, and pain related to stroke or spinal cord injuries.

Courses of IV anesthetic agents have been proposed for use in the inpatient or outpatient setting as part of a pain management program, with the infusion of a sub-anesthetic dose preceded by a bolus infusion to more quickly achieve desired blood levels. **This approach for treating chronic pain differs from continuous subcutaneous or IV infusion of anesthetics for the management of terminal cancer pain, which is not addressed in this policy.**

Lidocaine prevents neural depolarization through effects on voltage-dependent sodium channels. It is FDA approved as an anesthetic. IV lidocaine for the treatment of chronic pain is an off-label use. Adverse effects for lidocaine are common and can be mild to moderate, including general fatigue, somnolence, dizziness, headache, periorbital and extremity numbness and tingling, nausea, vomiting, tremors, and changes in blood pressure and pulse. Severe adverse effects include arrhythmias, seizures, loss of consciousness, confusion, and even death. Lidocaine should only be given IV to patients with normal conduction on electrocardiography and normal serum electrolyte concentrations to minimize the risk of cardiac arrhythmias.

Ketamine, a schedule III controlled substance, is an antagonist of the NMDA receptor and a dissociative anesthetic. It is FDA-approved as an anesthetic. IV ketamine for the treatment of chronic pain is an off-label use. Respiratory depression may occur with overdosage or too

rapid a rate of administration of ketamine. It should only be used by or under the direction of physicians experienced in administering general anesthetics. Emergence reactions vary in severity from pleasant dream-like states to hallucinations and delirium, and can be accompanied by confusion, excitement, aggression, or irrational behavior.

Note: The use of ketamine in the treatment of mental health and substance-related disorders is addressed separately in policy X-39.

Policy: Intravenous infusion of anesthetics (e.g., ketamine or lidocaine) for the management of chronic pain, including but not limited to chronic neuropathic pain and fibromyalgia, is considered **INVESTIGATIVE** due to a lack of evidence demonstrating its safety and effectiveness for these indications.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

96366 Intravenous infusion, for therapy, prophylaxis, or diagnosis

(specify substance or drug); each additional hour (List separately in addition to code for primary procedure)

96374 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug

96375 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)

96376 Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)

HCPCS:

J2001 Injection, lidocaine HCl for intravenous infusion, 10 mg

J3490 Unclassified drugs (no specific code for ketamine)

Policy History:

Developed March 10, 2010

Most recent history:

Reviewed March 9, 2011

Revised March 14, 2012

Reviewed March 13, 2013

Reviewed April 9, 2014

Cross Reference:

Ketamine for Treatment of All Mental Health and Substance-Related Disorders, X-39

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