



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers intravenous (IV) infusion of anesthetics (e.g., ketamine or lidocaine) for the treatment of chronic pain, including, but not limited to chronic neuropathic pain, chronic daily headache, and fibromyalgia to be **investigational**.*

Based on review of available data, the Company considers intravenous infusion (IV) of anesthetics (eg, ketamine or lidocaine) for the treatment of psychiatric disorders, including but not limited to depression and obsessive-compulsive disorder to be **investigational**.*

Background/Overview

Intravenous Anesthetic Agents

Courses of IV anesthetic agents may be given in the inpatient or outpatient setting as part of a pain management program, with the infusion of a subanesthetic dose preceded by a bolus infusion to achieve desired blood levels sooner. Treatment protocols for the initial cycle may include infusion of subanesthetic doses of one to six hours for up to ten days.

Lidocaine

Lidocaine, which prevents neural depolarization through effects on voltage-dependent sodium channels, is also used systemically for the treatment of arrhythmias. Adverse events for lidocaine are common, can be mild to moderate, and include general fatigue, somnolence, dizziness, headache, periorbital and extremity numbness and tingling, nausea, vomiting, tremors, and changes in blood pressure and pulse. Severe adverse events may include arrhythmias, seizures, loss of consciousness, confusion, or even death. Lidocaine should only be given intravenously to patients with normal

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

conduction on electrocardiography and normal serum electrolyte concentrations to minimize the risk of cardiac arrhythmias.

Ketamine

Ketamine is an antagonist of the N-methyl-D-aspartate receptor and a dissociative anesthetic. It is the sole anesthetic agent approved for diagnostic and surgical procedures that do not require skeletal muscle relaxation. Respiratory depression may occur with over dosage or too rapid a rate of administration of ketamine. Ketamine is a schedule III controlled substance. Psychological manifestations vary in severity from pleasant, dream-like states to hallucinations and delirium; further, these manifestations can be accompanied by confusion, excitement, aggression, or irrational behavior. The occurrence of adverse events with IV anesthetics may be reduced by the careful titration of subanesthetic doses. However, the potential benefits must be carefully weighed against the potential for serious, harmful adverse events.

Indications

The IV administration of anesthetic has been reported for various conditions, including chronic headache, chronic pain of neuropathic origin, fibromyalgia, depression, and obsessive-compulsive disorders.

Chronic daily headache is defined as a headache disorder that occurs more than 15 days a month for at least 3 months. Chronic daily headache includes chronic migraine, new daily persistent headache, hemicranias continua, and chronic tension-type headache.

Neuropathic pain is often disproportionate to the extent of the primary triggering injury and may consist of thermal or mechanical allodynia, dysesthesia, and/or hyperalgesia. Allodynia is pain that occurs from a stimulus that normally does not elicit a painful response (eg, light touch, warmth). Dysesthesia is a constant or ongoing unpleasant or electrical sensation of pain. Hyperalgesia is an exaggerated response to normally painful stimuli. In the latter, symptoms may continue longer (eg, ≥ 6 months) than clinically expected after an illness or injury. It is proposed that chronic neuropathic pain results from peripheral afferent sensitization, neurogenic inflammation, and sympathetic afferent coupling, along with sensitization and functional reorganization of the somatosensory, motor, and autonomic circuits in the central nervous system. Therefore, treatments focus on reducing activity and desensitizing pain pathways, thought to be mediated through N-methyl-D-aspartate receptors in the peripheral and central nervous system. Sympathetic ganglion blocks with lidocaine

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

have been used to treat sympathetically maintained chronic pain conditions, such as complex regional pain syndrome (previously known as reflex sympathetic dystrophy). Test infusion of an anesthetic has also been used in treatment planning to assess patient responsiveness to determine whether medications, such as oral mexiletine or oral ketamine, may be effective. A course of IV lidocaine or ketamine, usually at subanesthetic doses, has also been examined. This approach for treating chronic neuropathic pain differs from continuous subcutaneous or IV infusion of anesthetics for managing chronic pain conditions, such as terminal cancer pain, which is not discussed herein.

Fibromyalgia is a chronic state of widespread pain and tenderness. Although fibromyalgia is generally considered to be a disorder of central pain processing or central sensitization, others have proposed that the nerve stimuli causing pain originates mainly in the muscle, causing both widespread pain and pain on movement. There are focal areas of hyperalgesia, or tender points, which tend to occur at muscle-tendon junctions. Biochemical changes associated with fibromyalgia include alterations in N-methyl-D-aspartate receptors, low levels of serotonin, suppression of dopamine-releasing neurons in the limbic system, dysfunction of the hypothalamic-pituitary-adrenal axis, and elevated substance P levels. Fibromyalgia is typically treated with neuropathic pain medications such as pregabalin, non-narcotic pain relievers, or low doses of antidepressants.

The use of IV ketamine has also been reported for treatment-resistant depression, defined as depression that does not respond adequately to appropriate courses of antidepressant medications. Particularly challenging are patients with treatment-resistant depression with suicidal ideation. Several studies are ongoing to test the efficacy of IV ketamine in patients with suicidal ideation who present to the emergency department.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

IV lidocaine is approved by the U.S. Food and Drug Administration for systemic use in the acute treatment of arrhythmias and locally as an anesthetic; IV lidocaine for the treatment of chronic pain or psychiatric disorders is considered off-label use.

Ketamine hydrochloride injection is approved for diagnostic and surgical procedures that do not require skeletal muscle relaxation, for the induction of anesthesia before the administration of other

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

general anesthetic agents, and to supplement low-potency agents, such as nitrous oxide. IV ketamine for the treatment of chronic pain or psychiatric disorders is an off-label use.

Rationale/Source

Intravenous (IV) infusion of lidocaine or ketamine has been investigated for the treatment of migraine and chronic daily headache, fibromyalgia, and chronic neuropathic pain. Chronic neuropathic pain disorders include phantom limb pain, post-herpetic neuralgia, complex regional pain syndrome, diabetic neuropathy, and pain related to stroke or spinal cord injuries. An IV infusion of ketamine has also been investigated for treatment-resistant depression and obsessive-compulsive disorder. For these applications, a series of IV infusions would be administered daily for up to a week.

For individuals who have chronic pain syndromes (eg, neuropathic pain or fibromyalgia) who receive a course of IV anesthetics (eg, lidocaine, ketamine), the evidence includes several randomized controlled trials (RCTs). The relevant outcomes are symptoms, change in disease status, morbid events, functional outcomes, quality of life, medication use, and treatment-related morbidity. Several RCTs have been performed using intravenous lidocaine for postherpetic neuralgia, complex regional pain syndrome, and diabetic neuropathy. These trials have failed to show a durable effect of lidocaine infusion on chronic pain. Two trials with a total of 100 patients provide limited evidence that courses of IV ketamine may provide temporary relief (2 to 4 weeks) to some chronic pain patients in some settings. Neither of the RCTs used an active control, raising concerns about placebo effects. Overall, the intense treatment protocols, the severity of adverse events, and the limited treatment durability raise questions about the net health benefit of this procedure. Additional clinical trials are needed to evaluate the long-term efficacy and safety of repeat courses of IV anesthetics for chronic pain. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have psychiatric disorders (eg, treatment-resistant depression, obsessive-compulsive disorder) who receive a course of IV ketamine, the evidence consists of RCTs. The relevant outcomes are symptoms, change in disease status, morbid events, functional outcomes, quality of life, medication use, and treatment-related morbidity. Two publications of double-blind trials were identified that compared repeated ketamine infusion with an infusion of saline for treatment-resistant depression. There is a possibility of publication bias due to the lack of publication

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

of many other small trials. One study with 26 patients found no significant difference in a depression scale at the end of infusion. A larger RCT (n=68) found a significantly greater improvement in a depression scale during the 4 week infusion period, but the effect diminished over 3 weeks post-infusion. The trial did not use active control, raising the possibility of placebo effects and unblinding of patients and investigators. Common side effects of ketamine infusion include headache, anxiety, dissociation, nausea, and dizziness. The intense treatment protocols, the severity of adverse events, and the limited treatment durability raise questions about the net health benefit of this procedure. High-quality clinical trials, several of which are in progress, are needed to evaluate the long-term safety and efficacy of IV ketamine for psychiatric disorders. The evidence is insufficient to determine the effects of the technology on health outcomes.

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, Blue Cross and Blue Shield Association technology assessment program (TEC) and other non-affiliated technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Supplemental Information

Practice Guidelines and Position Statements

The practice guidelines on managing chronic pain from the American Society of Anesthesiologists and the American Society of Regional Anesthesia and Pain Medicine (2010) discussed various treatments for chronic pain. Use of ionotropic N-methyl-D-aspartate receptor antagonists and topical agents for neuropathic pain was addressed; intravenous infusion of lidocaine or ketamine was not.

The American Psychiatric Association (2017) published an evidence review and consensus opinion of the use of ketamine in treatment-resistant depression. The Association noted that "while ketamine may be beneficial to some patients with mood disorders, it is important to consider the limitations of the available data and the potential risk associated with the drug when considering the treatment option."

U.S. Preventive Services Task Force Recommendations

Not applicable.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Ongoing and Unpublished Clinical Trials

Around 100 completed or ongoing trials evaluating intravenous infusion of ketamine for depression are listed on clinicaltrials.gov. Most of these studies are phase 1 with fewer than 20 patients and many are completed but not published. Some currently ongoing and unpublished trials that include over 40 are listed in Table 1.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
<i>Ongoing</i>			
NCT02556606	Ketamine for Treatment-Resistant Late-Life Depression	72	Sep 2020
NCT02461927	Ketamine for The Rapid Treatment of Major Depression and Alcohol Use Disorder	65	Jun 2021
NCT03666390	A Double-blind, Randomized-controlled Trial Using a Low Dose of Ketamine vs Active Placebo in Treating Severe Depression and Suicide	48	Dec 2021

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

NCT03674671	Investigations on the Efficacy of Ketamine in Depression in Comparison to Electroconvulsive Therapy	240	Dec 2021
NCT03113968	ELEKT-D: Electroconvulsive Therapy (ECT) vs Ketamine in Patients With Treatment-Resistant Depression (TRD)	400	Apr 2022
NCT03237286	Testing a Synergistic, Neuroplasticity-Based Intervention for Depressive Neurocognition	150	Oct 2023
<i>Unpublished</i>			
NCT01920555	Double-Blind, Placebo-Controlled Trial of Ketamine Therapy in Treatment-Resistant Depression (TRD)	99	Feb 2017 (completed)
NCT02659085	A Randomized Controlled Non-inferiority Trial Comparing Ketamine With ECT in Patients With Major Depressive Disorder	200	Dec 2018

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

NCT02299440	Evaluation of the Effects of Ketamine in the Acute Phase of Suicidal Ideation: a Multicenter Randomized Double-blind Trial	156	Mar 2019 (completed)
NCT02360280	Intravenous Sub-anesthetic Ketamine Treatment in Treatment-Resistant Depression	62	Mar 2019 (completed)

NCT: national clinical trial.

References

1. Blue Cross and Blue Shield Association, Medical Policy Reference Manual, “Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders”, 5.01.16, December 2019.
2. Wertli MM, Kessels AG, Perez RS, et al. Rational pain management in complex regional pain syndrome 1 (CRPS 1)--a network meta-analysis. *Pain Med.* Sep 2014;15(9):1575-1589. PMID 25234478.
3. Schwartzman RJ, Alexander GM, Grothusen JR, et al. Outpatient intravenous ketamine for the treatment of complex regional pain syndrome: a double-blind placebo controlled study. *Pain.* Dec 15 2009;147(1-3):107-115. PMID 19783371.
4. Sigtermans MJ, van Hilten JJ, Bauer MC, et al. Ketamine produces effective and long-term pain relief in patients with Complex Regional Pain Syndrome Type 1. *Pain.* Oct 2009;145(3):304-311. PMID 19604642.
5. O'Connell NE, Wand BM, McAuley J, et al. Interventions for treating pain and disability in adults with complex regional pain syndrome. *Cochrane Database Syst Rev.* 2013;4:CD009416. PMID 23633371.
6. Kim YC, Castaneda AM, Lee CS, et al. Efficacy and safety of lidocaine infusion treatment for neuropathic pain: a randomized, double-blind, and placebo-controlled study. *Reg Anesth Pain Med.* May 2018;43(4):415-424. PMID 29381569.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

7. Liu H, Lu F, Zhou D et al. The Analgesic and Emotional Response to Intravenous Lidocaine Infusion in the Treatment of Postherpetic Neuralgia: A Randomized, Double-Blinded, Placebo-controlled Study. *Clin J Pain*, 2018 Apr 27;34(11). PMID 29698250.
8. Moulin DE, Morley-Forster PK, Pirani Z et al. Intravenous lidocaine in the management of chronic peripheral neuropathic pain: a randomized-controlled trial. *Can J Anaesth*, 2019 May 18;66(7). PMID 31098961.
9. Amr YM. Multi-day low dose ketamine infusion as adjuvant to oral gabapentin in spinal cord injury related chronic pain: a prospective, randomized, double blind trial. *Pain Physician*. May-Jun 2010;13(3):245-249. PMID 20495588.
10. Patil S, Anitescu M. Efficacy of outpatient ketamine infusions in refractory chronic pain syndromes: a 5-year retrospective analysis. *Pain Med*. Feb 2012;13(2):263-269. PMID 21939497.
11. Przeklasa-Muszynska A, Kocot-Kepska M, Dobrogowski J, et al. Intravenous lidocaine infusions in a multidirectional model of treatment of neuropathic pain patients. *Pharmacol Rep*. Oct 2016;68(5):1069-1075. PMID 27552062.
12. Noppers I, Niesters M, Swartjes M, et al. Absence of long-term analgesic effect from a short-term S-ketamine infusion on fibromyalgia pain: a randomized, prospective, double blind, active placebo-controlled trial. *Eur J Pain*. Oct 2011;15(9):942-949. PMID 21482474.
13. Vlainich R, Issy AM, Sakata RK. Effect of intravenous lidocaine associated with amitriptyline on pain relief and plasma serotonin, norepinephrine, and dopamine concentrations in fibromyalgia. *Clin J Pain*. May 2011;27(4):285-288. PMID 21178598.
14. Singh JB, Fedgchin M, Daly EJ et al. A Double-Blind, Randomized, Placebo-Controlled, Dose-Frequency Study of Intravenous Ketamine in Patients With Treatment-Resistant Depression. *Am J Psychiatry*, 2016 Apr 9;173(8). PMID 27056608.
15. Ionescu DF, Bentley KH, Eikermann M et al. Repeat-dose ketamine augmentation for treatment-resistant depression with chronic suicidal ideation: A randomized, double blind, placebo controlled trial. *J Affect Disord*, 2018 Oct 5;243:516-524. PMID 30286416.
16. American Society of Anesthesiologists Task Force on Chronic Pain M, American Society of Regional Anesthesia and Pain Medicine, Pain M. Practice guidelines for chronic pain management: an updated report by the American Society of Anesthesiologists Task Force on Chronic Pain Management and the American Society of Regional Anesthesia and Pain Medicine. *Anesthesiology*. Apr 2010;112(4):810-833. PMID 20124882.
17. Sanacora G, Frye MA, McDonald W et al. A Consensus Statement on the Use of Ketamine in the Treatment of Mood Disorders. *JAMA Psychiatry*, 2017 Mar 2;74(4). PMID 28249076.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

Policy History

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

02/05/2015 Medical Policy Committee review

02/18/2015 Medical Policy Implementation Committee approval. New policy.

08/03/2015 Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.

02/04/2016 Medical Policy Committee review

02/17/2016 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

01/01/2017 Coding update: Removing ICD-9 Diagnosis Codes

02/01/2018 Medical Policy Committee review

02/21/2018 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

02/07/2019 Medical Policy Committee review

02/20/2019 Medical Policy Implementation Committee approval. Added psychiatric disorders to the investigational statement.

02/06/2020 Medical Policy Committee review

02/12/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged. Title changed from “Intravenous Anesthetics for the Treatment of Chronic Pain” to “Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders”. INV statement separated into two statements one for pain and the other for psychiatric disorders, including but not limited to depression and obsessive-compulsive disorder.

Next Scheduled Review Date: 02/2021

Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2019 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	96365, 96366, 96374
HCPCS	No codes
ICD-10 Diagnosis	All related diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



Louisiana

Intravenous Anesthetics for the Treatment of Chronic Pain and Psychiatric Disorders

Policy # 00463

Original Effective Date: 02/18/2015

Current Effective Date: 03/09/2020

diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:

1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

©2020 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.