

Implanted Catheter/Pump for Drug Infusion via Intrathecal Epidural Drug Delivery System

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Implantable catheter/pump codes E0782, E0783, E0785, and E0786 require precertification with appropriate diagnosis and CPT codes, and are not covered under DME benefit, but are part of inpatient/outpatient facility charge.

CMS National Coverage Policy	CMS Publication 100-3 Medicare National Coverage Determination Manual, Chapter 1, Section 280.14
Revision/Review Date	01/19, 10/18, 06/04/2018, 07/01/17
The Health Plan	All Lines of Business will use InterQual for CPT codes 62350 and 62362
<ul style="list-style-type: none"> • Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations. • Title XVIII of the Social Security Act, Section 1862(a) (1)(A). This section allows coverage and payment for only those services that are considered reasonable and medically necessary. • Title XVIII of the Social Security Act, Section 1833(e). This section prohibits Medicare payment for any claim, which lacks the necessary information to process the claim. • CMS Manual System, Pub 100-4, Medicare Claims Processing Manual, Chapter 17, Sections 10 and 20. This section describes payment rules for Drugs and Biologicals. 	

Acceptable places of service for HCPCS codes E0782, E0783, E0785, and E0786 are office (11), ambulatory surgical center (24) and independent clinic (49). In the inpatient hospital (21) and outpatient hospital (22), these items are included in the Part A payment.

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INTERNET LINKS AND SOURCES

novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00006866

National Government Services, Inc. Local Coverage Determination Policy for Pain Management. LCD (L28529). Last accessed 10/30/18. Retrieved from <http://ngsmedicare.com>

Department of Health and Human Services (DHHS). Centers for Medicare and Medicaid Services (CMS). Medicare Coverage Issues Manual. Transmittal 143 Date: SEPTEMBER 26, 2001. Last accessed 10/31/18. Retrieved from cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R143CIM.pdf

CGS Medicare. A Celerian Group Company. Local Coverage Determinations. External Infusion Pumps (L33794) Last Accessed 10/30/18. Retrieved from: <https://cgsmedicare.com/jc/coverage/lcdinfo.html>

CMS Palmetto GBA. Local Coverage Determination (L36954). Non-Covered Services other than CPT®category III Non-Covered Services. Last accessed 10/30/18. Retrieved from: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36954&ContrId=377&ver=7&ContrVer=1&CntrctrSelected=377*1&Cntrctr=377&name=&DocType=Active&s=34%7c48%7c53%7c58&bc=AggAAAQAAAAAAA%3d%3d&

Local Coverage Determination (LCD) for Implantable Infusion Pump for the Treatment of Chronic Intractable Pain (L31254) last accessed 10/18/18. Retrieved from :

<http://fapmmmed.net/LCD/L31254ImplantPainPump0112.pdf>

Local Coverage Article: Implantable Infusion Pumps for Chronic Pain (A55239)
<https://med.noridianmedicare.com/documents/10546/12461373/Implantable+Infusion+Pumps+for+Chronic+Pain+Coverage+Article>