

Implantable Infusion Pumps for Pain or Spasticity



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
NCD	Infusion Pumps	280.14		

LCA	Billing and Coding: Implantable Infusion Pumps for Chronic Pain	A55239	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCA	Billing and Coding: Implantable Infusion Pumps for Chronic Pain	A55323	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD	Implantable Infusion Pump	L33461	JJ - Palmetto GBA (Part A/B MAC)	AL, GA, TN
LCA		A56695	JM - Palmetto GBA Part A/B MAC)	NC, SC, VA, WV

Description

Implantable infusion pumps (IIPs) for pain or spasticity (also referred to as implantable drug delivery systems [IDDS] or targeted drug delivery [TDD] systems) are devices that deliver medications via intrathecal catheters directly into the cerebrospinal fluid in the spine. IIPs can be programmed for continuous or variable rates of infusion. Examples of IIPs include, but may not be limited to:

- Prometra Programmable Infusion Pump System
- Prometra II Programmable Pump
- SynchroMed II (may include the myPTM remote control programmer)

Postoperative disposable ambulatory regional anesthesia pumps may be single use elastomeric or spring-loaded devices which deliver a continuous, preset dose of pain medication; some newer models also allow for bolus injections with adjustable lockout times. These devices are placed at the end of the procedure in or near the surgical area in an attempt to control postoperative pain and are sent home with the individual at discharge. The individual or caregiver is instructed on removal of the device. Examples of these devices include, but may not be limited to:

- ACTion Block Pain Pump
- Action Fuser Pain Pump
- AutoFuser Disposable Pain Pump
- On-Q Fixed Flow Rate Pump
- On-Q Pump with ONDEMAND Bolus Button
- On-Q Pump with Select-A-Flow Variable Rate Controller
- On-Q with Select-A-Flow Variable Rate Controller and ONDEMAND Bolus Button

Another type of pump used for the immediate postoperative period for an individual after they are discharged from the hospital or surgery center is the single-use (ie, used for one individual, and then disposed of via a recycling center) Nimbus PainPRO Postoperative Pain Pump. It differs from the elastomeric

or spring-loaded devices in that it is battery powered and uses a programmed intermittent bolus (PIB) which purportedly puts pressure and volume behind the catheter infusion, enhancing medication spread.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:

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The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
61215	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter	
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	

62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	
62355	Removal of previously implanted intrathecal or epidural catheter	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	

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62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill	
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional	
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments

A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	
A4220	Refill kit for implantable infusion pump	
A4221	Supplies for maintenance of noninsulin drug infusion catheter, per week (list drugs separately)	
A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	
C1772	Infusion pump, programmable (implantable)	
C1891	Infusion pump, nonprogrammable, permanent (implantable)	
C2626	Infusion pump, nonprogrammable, temporary (implantable)	
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)	
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	

References

- Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: implantable infusion pumps for chronic pain (A55239). Published September 1, 2016. Updated October 1, 2023. Accessed November 7, 2023.
- Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: implantable infusion pumps for chronic pain (A55323). Published September 1, 2016. Updated October 1, 2023. Accessed November 7, 2023.
- Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Implantable infusion pump (L33461). <https://www.cms.gov>. Published October 1, 2015. Updated July 15, 2021. Accessed November 1, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Infusion pumps (280.14). <https://www.cms.gov>. Published December 17, 2004. Accessed November 6, 2023.

Change Summary

- 01/01/2024 New Policy.

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