Local Coverage Determination (LCD): Implantable Infusion Pump for the Treatment of Chronic Intractable Pain (L33593)

Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
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<tbody>
<tr>
<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09101 - MAC A</td>
<td>J - N</td>
<td>Florida</td>
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<td>First Coast Service Options, Inc.</td>
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<td>J - N</td>
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<td>First Coast Service Options, Inc.</td>
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<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09302 - MAC B</td>
<td>J - N</td>
<td>Virgin Islands</td>
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LCD Information

Document Information

**LCD ID**
L33593

**Original ICD-9 LCD ID**
L31249

**LCD Title**
Implantable Infusion Pump for the Treatment of Chronic Intractable Pain

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

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**Original Effective Date**
For services performed on or after 10/01/2015

**Revision Effective Date**
N/A

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**Notice Period Start Date**
N/A

**Notice Period End Date**
N/A
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Language quoted from CMS National Coverage Determination (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, italicized text represents quotation from one or more of the following CMS sources:

CMS Manual Systems, Publication 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 280.14

Coverage Guidance
Coverage Indications, Limitations, and/or Medical Necessity

This local coverage determination (LCD) addresses the use of an implantable infusion pump for treatment of chronic intractable pain and is based on the Medicare National Coverage Determinations (NCD) Manual, Infusion Pumps (Section 280.14).

The implantable infusion pump is a drug delivery system that is used to deliver a solution containing a parenteral drug(s) under continuous or intermittent infusion with a regulated flow rate. Its purpose is to deliver a therapeutic level of a drug to a specific site within the body.

**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 patients who have a life expectancy of at least 3 months, and have proven unresponsive to less invasive medical therapy as determined by the following criteria:**

- The patient’s history must indicate that he/she would not respond adequately to noninvasive 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 patient acceptance.

**Determinations may be made on coverage of other uses of implanted infusion pumps if the contractor’s medical staff verifies that:**

- The drug is reasonable and necessary for the treatment of the individual patient;
- It is medically necessary that the drug be administered by an implanted infusion pump; and,
- The Food and Drug Administration (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.

Additionally, antispasmodic drugs for severe spasticity used concomitantly for treatment of chronic intractable pain must meet the following NCD criteria:

An implantable infusion pump is covered when used to administer anti-spasmodic drugs (e.g., baclofen) intrathecally (e.g., baclofen) to treat chronic intractable spasticity in patients 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 patient 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 patient must have responded favorably to**
a trial intrathecal dose of the anti-spasmodic drug.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

013x Hospital Outpatient
021x Skilled Nursing - Inpatient (Including Medicare Part A)
023x Skilled Nursing - Outpatient
085x Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

0636 Pharmacy - Drugs Requiring Detailed Coding
0940 Other Therapeutic Services - General Classification

CPT/HCPCS Codes

Group 1 Paragraph:
N/A

Group 1 Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>62367</td>
<td>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</td>
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<td>62368</td>
<td>ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES EVALUATION OF RESERVOIR STATUS, ALARM STATUS, DRUG PRESCRIPTION STATUS); WITH REPROGRAMMING</td>
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<td>62369</td>
<td>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</td>
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<td>62370</td>
<td>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)</td>
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<td>95990</td>
<td>REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL (INTRATHECAL, EPIDURAL) OR BRAIN (INTRAVENTRICULAR), INCLUDES ELECTRONIC ANALYSIS OF PUMP, WHEN PERFORMED;</td>
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<td>95991</td>
<td>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</td>
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ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:
N/A

Group 1 Codes:
ICD-10 Codes

Description

XX000 Not Applicable

ICD-10 Codes that DO NOT Support Medical Necessity

Additional ICD-10 Information

N/A

General Information

Associated Information

Documentation Requirements

Medical record documentation maintained by the performing provider must clearly indicate the medical necessity of the services being billed as outlined under the “Indications and Limitations of Coverage and/or Medical Necessity” section of this LCD and made available upon request. In addition, documentation that the service was performed must be included in the patient's medical record and should be legible. This information is normally found in the history and physical, office/progress notes, and/or procedure report.

All of the CPT codes related to the refilling and maintenance of the pump should be billed and documented on the same claim form along with the procedure code for the drugs that are administered through the pump. It is expected that all of these codes should be billed on the same claim.

Note: See “Coding Guidelines” section of this LCD for coding and billing instructions (e.g., use of unique HCPCS drug code(s) vs. unlisted drug code, reconstituted vs. compounded, etc.).

Utilization Guidelines

It is expected that these services would be performed as outlined under the indications and limitations of coverage. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

FCSO reference LCD number(s) – L31254


Revision History Information

N/A

Associated Documents

Attachments

Coding guidelines 2016 (PDF - 100 KB)

Related Local Coverage Documents

Article(s) A54649 - Implantable Infusion Pump for the Treatment of Chronic Intractable Pain coding guidelines
Related National Coverage Documents
N/A

Keywords
N/A