

## Intrathecal or Epidural Pump Refill

**Policy Reimb-016**

**Origination Date:** 06/26/2019

**Reviewed/Revised Date:** 04/21/2021

**Next Review Date:** 04/21/2022

**Current Effective Date:** 04/21/2021

### **Disclaimer:**

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.

### **Description:**

Implanted infusion pumps are small devices placed under the skin during a minor surgical procedure. The pump sends medicine through a thin, flexible tube (catheter) to a specific part of your body. Implantable infusion pumps can be intrathecal or epidural in location. They are often used when other methods don't work or when you need long-term medicines or fluids. Most commonly they provide targeted opioid or other therapies to treat pain or spasticity in a consistent and continuous fashion. These devices contain a subcutaneous reservoir which requires periodic refill to continue to function. The most typical interval between filling of the reservoir is 90 days.

### **Policy Statement and Criteria**

#### **1. Commercial Plans**

**For the refill of implanted intrathecal or epidural infusion pumps, U of U Health Plans COVERS 62369 or 62370.**

**U of U Health Plans does NOT cover S9328 for the refill of implanted intrathecal or epidural pain pumps as this code is intended for use only with continuous IV infusions.**

#### **2. Medicaid Plans**

**Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at**

**<http://health.utah.gov/medicaid/manuals/directory.php> or the [Utah Medicaid code Look-Up tool](#)**

### 3. Medicare Plans

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicare policies and coverage, please visit their search website at:

<http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp&> or [the manual website](#)

## Applicable Coding

### CPT Codes

#### Covered

- 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)

### HCPCS Codes

#### Non-covered codes

- S9328** Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

## References:

1. American Society of Regional Anesthesia and Pain Medicine (ASRA) Neuromodulation Special Interest Group "Economics of Intrathecal Therapy" Accessed: June 25, 2019. Available at: <https://www.asra.com/page/228/medical-necessity-documentation-coding-and-billing-for-intrathecal-therapy>

## Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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