JOHNS HOPKINS HEALTHCARE

Medical Policy: Implantable Infusion Pumps
Department: Health Services
Lines of Business: EHP, USFHP, PPMCO, ADVANTAGE MD

ACTION:
☐ New Policy Number: Efffective Date: 12/01/2006
☐ Revising Policy Number: Review Dates: 01/07/08, 01/05/09, 2010, 10/07/11, 06/07/13, 09/04/15, 09/01/17
☐ Superseding Policy Number:
☒ Archiving Policy Number: CMS09.05
☐ Retiring Policy Number:

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD, and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted to know what benefits are available for reimbursement. Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

ACTIVE AND ARCHIVED

This document has been archived as of 09/04/2015 and is no longer scheduled for review for either one or more of the following reasons:
1. This document is either primarily administrative in nature AND/OR
2. It addresses operational issues only AND/OR
3. It is mandated by statute or regulation AND/OR
4. It is unlikely that further published literature would change the determination

ARCHIVED POLICIES REMAIN ACTIVE FOR THE PURPOSE OF MEDICAL NECESSITY DETERMINATION

POLICY:

For US Family Health Plan see TRICARE Policy Manual 6010.57-M, February 1, 2008, External And Implantable Infusion Pump (IIP): Chapter 8, Section 2.3.

For Advantage MD:
Local Coverage Determinations (LCDs) do not exist at this time. (Accessed September 29, 2016)
Medicare does not have a National Coverage Determination (NCD) for Implantable Infusion Pumps.

I. When benefits are provided under the member’s contract, JHHC considers the use of an implantable infusion pump medically necessary for the delivery of drugs for the following circumstances:
   A. Intrahepatic chemotherapy infusion for liver metastases from colonic cancer.
   B. Primary hepatic cancer (intrahepatic artery injection of chemotherapeutic agents).
   C. Head/Neck cancers.

   D. Anti-spasmodic drugs: an implantable infusion pump is considered medically necessary
when used to intrathecally administer anti-spasmodic drugs (e.g., baclofen) to treat chronic intractable spasticity in persons who have proven unresponsive to less invasive medical therapy as determined by the following criteria:

1. Member has failed a six-week trial of non-invasive methods of spasticity control, such as oral anti-spasmodic drugs, either because these methods fail to adequately control the spasticity or produce intolerable side effects, **AND**;

2. Member has a favorable response to a trial intrathecal dosage of the anti-spasmodic drug prior to pump implantation.

**E.** Intrathecal baclofen (Lioresal) is considered medically necessary for the treatment of intractable spasticity caused by spinal cord disease, spinal cord injury, or multiple sclerosis. Baclofen is considered medically necessary for persons who require spasticity to sustain upright posture, balance in locomotion, or increased function.

Documentation in the member's medical record should indicate that the member's spasticity was unresponsive to other treatment methods and that the oral form of baclofen was ineffective in controlling spasticity or that the member could not tolerate the oral form of the drug. A trial of oral baclofen is not a required prerequisite to intrathecal baclofen therapy in children ages 12 years old or less due to the increased risk of adverse effects from oral baclofen in this group.

The medical record should document that the member showed a favorable response to the trial dosage of the baclofen before subsequent dosages are considered medically necessary. An implanted pump for continuous fusion is considered not medically necessary for members who do not respond to a 100 mcg intrathecal bolus.

**F.** Opioid drugs for treatment of chronic intractable pain. An implantable infusion pump is considered medically necessary when used to administer opioid drugs (e.g., morphine) and/or clonidine intrathecally or epidurally for treatment of severe chronic intractable pain in persons who have proven unresponsive to less invasive medical therapy as determined by the following criteria:

1. The member's history must indicate that he or she has not responded adequately to non-invasive 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**;

2. A preliminary trial of intraspinal opioid drug administration must be undertaken with a temporary intrathecal/epidural catheter to substantiate adequately acceptable pain relief, the degree of side effects (including effects on the activities of daily living), and acceptance.

Note ~ Treatment beyond six months must be supported by outcome criteria documented in the patient’s record.
II. Unless specific benefits are provided under the member’s contract, JHHC considers the use of an implantable infusion pump experimental and investigational for all other indications, as it does not meet Technology Evaluation Criteria (TEC) #2-5.

BACKGROUND:

The use of infusion pumps serves a variety of purposes for patients. When necessary, physicians and nurses often utilize these pumps in order to reduce pain in patients. The infusion pumps give medical professionals the ability to target specific areas where pain occurs and help provide consistent medication in order to alleviate discomfort. These pumps can also allow medical providers to deliver nutrients to the patient’s body in controlled amounts. Generally, infusion pumps are connected to the body via catheters, which are small flexible tubes that help facilitate the delivery of medicine and other fluids.

There are a variety of different types of infusion pumps. Some include insulin pumps, large volume pumps, external pumps, and patient-controlled analgesia pumps. To ensure patient safety, many pumps are equipped with safety features in case there is a problem with fluid or medicine delivery. Some pumps contain alarms that notify an operator of any potential blockage of fluid. With advancements in technology and increased safety features, the rewards outweigh the risks when using infusion pumps. As a result, many scientific studies support and prove the efficacy of implantable infusion pumps.

CODING INFORMATION:

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Note: The following CPT/HCPCS codes are included below for informational purposes. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply member coverage or provider reimbursement. The member's specific benefit plan determines coverage and referral requirements. All inpatient admissions require pre-authorization.

PRE-AUTHORIZATION REQUIRED

Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits.
**Medical Policy:** Implantable Infusion Pumps  
**Department:** Health Services  
**Lines of Business:** EHP, USFHP, PPMCO, ADVANTAGE MD

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP)</th>
<th>Priority Partners (PPMCO) refer to COMAR guidelines and PPMCO SPD then apply policy criteria</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPT ® CODES</strong></td>
<td><strong>DESCRIPTION</strong></td>
<td><strong>HCPCS CODE</strong></td>
<td><strong>DESCRIPTION</strong></td>
</tr>
<tr>
<td>99601</td>
<td>Home infusion/specialty drug administration, per visit (up to 2 hours)</td>
<td>C8957</td>
<td>Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump</td>
</tr>
<tr>
<td>99602</td>
<td>Home infusion/specialty drug administration, each additional hour (List separately in addition to code for primary procedure)</td>
<td>E0782</td>
<td>Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E0783</td>
<td>Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E0785</td>
<td>Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>E0786</td>
<td>Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)</td>
</tr>
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</table>

**NO PRE-AUTHORIZATION REQUIRED**  
Compliance with the provision in this policy may be monitored and addressed through post-payment data analysis and/or medical review audits

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>A4220</td>
<td>Refill kit for implantable infusion pump</td>
</tr>
<tr>
<td>A4221</td>
<td>Supplies for maintenance of drug infusion catheter, per week (list drug separately)</td>
</tr>
<tr>
<td>A4222</td>
<td>Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)</td>
</tr>
<tr>
<td>A4223</td>
<td>Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)</td>
</tr>
<tr>
<td>A4300</td>
<td>Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access</td>
</tr>
</tbody>
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### Implantable Infusion Pumps

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>A4301</td>
<td>Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)</td>
</tr>
<tr>
<td>A4305</td>
<td>Disposable drug delivery system, flow rate of 50 ml or greater per hour</td>
</tr>
<tr>
<td>A4306</td>
<td>Disposable drug delivery system, flow rate of less than 50 ml per hour</td>
</tr>
<tr>
<td>C1772</td>
<td>Infusion pump, programmable (implantable)</td>
</tr>
<tr>
<td>C1891</td>
<td>Infusion pump, nonprogrammable, permanent (implantable)</td>
</tr>
<tr>
<td>C2626</td>
<td>Infusion pump, nonprogrammable, temporary (implantable)</td>
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### ICD10 Codes are for Informational Purposes Only

<table>
<thead>
<tr>
<th>ICD10 Codes</th>
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<tbody>
<tr>
<td>C22.0</td>
<td>Liver cell carcinoma</td>
</tr>
<tr>
<td>C78.7</td>
<td>Secondary malignant neoplasm of liver and intrahepatic bile duct</td>
</tr>
<tr>
<td>G35</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>G82.20 - G82.22</td>
<td>Paraplegia</td>
</tr>
<tr>
<td>G82.50 - G82.54</td>
<td>Quadriplegia</td>
</tr>
<tr>
<td>G89.0</td>
<td>Central pain syndrome</td>
</tr>
<tr>
<td>G89.21 - G89.29</td>
<td>Chronic pain, not elsewhere classified</td>
</tr>
<tr>
<td>G89.3</td>
<td>Neoplasm related pain (acute) (chronic)</td>
</tr>
<tr>
<td>G89.4</td>
<td>Chronic pain syndrome</td>
</tr>
</tbody>
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## REVENUE CODES

<table>
<thead>
<tr>
<th>REVENUE CODES</th>
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<tbody>
<tr>
<td>0278</td>
<td>Medical/Surgical Supplies and Devices-Other Implants; Hospital; Outpatient</td>
</tr>
</tbody>
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### REFERENCE STATEMENT:

Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. Per NCQA standards, the Medical Policy Team will continue to monitor and review any newly published clinical evidence and adjust the references below accordingly if deemed necessary.

### REFERENCES:


