

Medical Policy



Implantable Infusion Pumps

▼ Description

Implantable infusion pump is a device that is implanted into an individual for the delivery of medications.

▼ Policy

Implantable infusion pumps are **medically necessary** when the plan sponsor has approved the use of the drug intended for use in the implantable pump.

▼ Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician and approved by the plan sponsor.
2. The following is a list of the most common indications for treatment using implantable infusion pumps. The list is not meant to be inclusive. Implantable infusion pumps are a covered benefit when the plan sponsor has approved the use of the drug intended for use in the implantable pump.
 - a. Chemotherapy for liver cancer
 - b. Anti-spasmodic drugs for severe spasticity
 - c. Opioid drugs for treatment of chronic intractable pain
 - d. It must be medically necessary that the drug be administered by an implantable infusion pump.
3. The FDA 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.

▼ HCPCS Level II Codes and Description

E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0783	Infusion pump, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)

E0785 Implantable intraspinal catheter used with implantable infusion pump, replacement

E0786 Implantable programmable infusion pump, replacement

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

▼ References

Cigna: Implantable Infusion Pumps

http://www.cigna.com/customer_care/healthcare_professional/coverage_position_s/medical/mm_0370_coveragepositioncriteria_implantable_infusion_pumps.pdf

Aetna: Infusion Pumps

http://www.aetna.com/cpb/medical/data/100_199/0161.html

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared /Reviewed by	Approved by	Review Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01		Annual Review/no changes	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009
03	12-02-10	Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	12-06-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011
06	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
07	11-29-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012