## Contractor Information

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## Article Information

### General Information

**Article ID**
A55239

**Article Title**
Implantable Infusion Pumps for Chronic Pain

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**Original Article Effective Date**
09/01/2016

**Revision Effective Date**
09/01/2016

**Revision Ending Date**
N/A

**Retirement Date**
N/A
The administration of the medication must require the intrathecal or epidural route and be effective on a long-term basis and

Oral or subcutaneous medication treatment are ineffective or complicated by unacceptable side effects and

The patient's medical condition must require the use of an infusion pump for pain relief due to failure of other treatment modalities and

The type and dosage of the medication must reasonably be expected to alleviate or reduce the pain effects.

In addition, an evaluation by an orthopedic surgeon, neurologist, neurosurgeon, oncologist or other specialist familiar with the underlying disease is required to validate that other treatments have failed to alleviate the pain and no other reasonable options are available at the time of the evaluation. Documentation that the patient is unresponsive to less invasive medical therapy shall be kept in the patient’s medical record and made available upon Medical Review request.

If the above criteria have been met, a preliminary trial of intraspinal opioid or non-opioid drug administration must be undertaken with a temporary intrathecal/epidural catheter to substantiate acceptable pain relief, degree of side effects including effects on the activities of daily living, and patient acceptance and compliance.

Any drug(s) used to fill the implantable pump must be appropriate for the treatment of the individual patient. Drugs compounded for the special needs of a patient may be covered. Drugs filling the pump are often obtained singly or mixed with other drugs from compounding pharmacies. Unless the medications are administered in the exact concentrations available from national pharmaceutical companies, the medications will be considered as compounded.

FDA approved drugs used for indications other than what is accepted on the official Prescribing Information label may be covered under Medicare if the contractor determines the use to be medically accepted, taking into consideration the major drug compendia, authoritative medical literature, and/or accepted standards of medical
The following are examples of medications that are approved for off-label intrathecal use. This list of drugs is not an all-inclusive list.

- Clonidine (Duraclon) (J0735-KD)
- Bupivicaine (J3490-KD)
- Sufentanil (J3490-KD)
- Methadone (J1230-KD)

Contraindications to coverage: Implantation of an infusion pump is contraindicated under the following circumstances:

1. The patient has a known allergy or hypersensitivity to the drug being used;
2. Patients who have an infection in particular an infection at or near the implantation site; and
3. Patients whose body size is insufficient to support the weight and bulk of the device.

The patient’s medical record documentation must support the reasonable and necessary requirements as outlined under the indications and limitations of coverage. The patient’s history must indicate that he/she has not responded adequately to noninvasive methods of pain control such as:

- Systemic opioids; or
- Combination of oral analgesics (including opioids) plus other drugs known to relieve pain such as:
  - muscle relaxants,
  - clonidine,
  - anti-depressants,
  - anti-seizure medication or
  - others known to medicate pain; or
- Attempts to eliminate physical and behavioral abnormalities which may cause an exaggerated reaction to pain.

All of the procedure codes that are related to the refilling and the management of the pump must be billed and documented on the same claim form, including the drugs that are being administered through the pump. The drugs are not to be billed on a separate claim form. IOM Medicare Claims Processing Manual, Publication 100-04, Chapter 17 - Drugs and Biologicals at [Chapter 17 MCPM](http://example.com/Chapter17MCPM). Chapter 32 Billing Requirements for Special Services at [Chapter 32 MCPM](http://example.com/Chapter32MCPM).

At the time of the pump refill and/or the pump interrogation and/or the pump reprogramming, documentation should include at a minimum:

- The pump status before and after the refill,
The patient’s response to the current medication dose and rate,

The reasons for any change in dose or the types of medications,

A reassessment of the patient’s overall condition and treatment goals (this may be reported as an E&M service),

Proof that all applicable "incident to" requirements are met, and

Proof that any medication billed to Medicare represents a cost to the physician or group accepting Medicare payment.

A preliminary trial of the intrathecal/epidural opioid drug or non-opioid administration must be undertaken with a temporary intrathecal/epidural catheter to substantiate adequate acceptable pain relief. The degree of side effects (including the effects on the activities of daily living) and the patient’s acceptance of and compliance with the therapy must be documented in the patient’s record.

Legible physician’s medical documentation must be maintained in the patient’s medical record and meet the criteria contained in this article. The subsequent determination that the medical record is lacking the justification for the services and/or that the documentation of the services are illegible will result in a denial as not reasonable and necessary.

A periodic reassessment of the patient should be performed according to the needs of the patient and the applicable medical standards. The frequency for interrogating and/or reprogramming the pump (62367 and 62368) should be supported by the patient’s symptoms. The frequency for refill must take into account the size of the pump and dosage of the medicine. Noridian has seen problems in the past that included unnecessary frequency of interrogation and refills of the pump every month despite having a pump of 2 or 3 month capacity.

Compounded drugs are contractor priced. Noridian will reimburse compounded drugs for use in implanted infusion pumps by multiplying the price per mcg or mg in the table below by the total number of mcg or mg of each drug used to refill the pump. In addition to the combined allowable calculated by the dosage detailed, a pharmacy compounding fee of $60 per refill will be included in the total allowable for the refill.

<table>
<thead>
<tr>
<th>Drug Name</th>
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<th>Measure</th>
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<tbody>
<tr>
<td>Baclofen</td>
<td>$0.0030</td>
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<tr>
<td>Bupivacaine</td>
<td>$0.0400</td>
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<td>Clonidine</td>
<td>$0.0010</td>
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<td>Droperidol</td>
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<td>Fentanyl PF</td>
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<td>Hydromorphone</td>
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<td>Ketamine</td>
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<td>Methadone</td>
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<td>Midazolam Hcl</td>
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<td>Morphine Sulfate</td>
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<td>Tetracaine</td>
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<td>Compounding Fee</td>
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Resources


### 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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

#### 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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

#### CPT/HCPCS Codes
**Group 1 Paragraph:**
62325
62327
62350
62351
62355
62360
62361
62362
62365
62367
62368
62369
62370

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**Revision History Information**

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<td>R1- Change in verbiage from may to must regarding intraspinal opioid or non-opioid drug administration. Replacement of CPT code 62318 with 62325 and 62319 with 62327.</td>
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**Keywords**

- Implanted
- Infusion
- Pumps
- Chronic
- Pain
- Compound
- Drugs
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- 62327
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- 62360
- 62361
- 62362
- 62365
- 62367
- 62368
- 62369
- 62370
- 95990
- 95991
- J7999

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