Medical Coverage Policy | Removal of Non Covered Implantable Devices

EFFECTIVE DATE: 09|01|2019
POLICY LAST UPDATED: 01|21|2020

OVERVIEW
The intent of this policy is to document the criteria and prior authorization requirement for the removal of surgically implanted devices that are considered not medically necessary.

MEDICAL CRITERIA
BlueCHiP for Medicare and Commercial Products
Removal of a not medically necessary surgically implanted device is considered medically necessary for the following indications:

- complication
- infection

PRIOR AUTHORIZATION
BlueCHiP for Medicare and Commercial Products
Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products and is obtained via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT
BlueCHiP for Medicare and Commercial Products
Removal of a not medically necessary surgically implanted device is considered medically necessary when medical criteria are met.

Reimplantation of the device is considered not medically necessary, as the initial implantation was not medically necessary.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable surgery benefits/coverage.

BACKGROUND
Not applicable

CODING
The following codes are covered when medical criteria are met:

BlueCHiP for Medicare and Commercial Products

Aortic Counterpulsation Ventricular Assist System and components
0455T Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)
0456T Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal

0457T Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface
0458T Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode

Artificial Intervertebral Disc
22865 Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar

Carotid Sinus Baroflex Activation Device
0269T Revision or removal of carotid sinus baroflex activation device; total system (includes generator replacement, unilateral or bilateral lead replacement, intra-operative interrogation, programming, and repositioning, when performed)
0270T Revision or removal of carotid sinus baroflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
0271T Revision or removal of carotid sinus baroflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)

Chest Wall Respiratory Sensor Electrode
0468T Removal of chest wall respiratory sensor electrode or electrode array

Esophageal Sphincter Augmentation Device
43285 Removal of esophageal sphincter augmentation device

Gastric Electrical Stimulator
43648 Revision or removal of gastric neurostimulator electrodes, antrum
43882 Revision or removal of gastric neurostimlulator electrodes, antrum, open
64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver

Interstitial Glucose Sensor
0447T Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision

Intracardiac Ischemia Monitoring System
0530T Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)
0531T Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only
0532T Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system implantable monitor only

Neurostimulation System for Posterior Tibial Nerve (Commercial Products Only)
0588T Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve (New Code Effective 1/1/2020)

Neurostimulator System for Treatment of Central Sleep Apnea
0428T Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only
0429T Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only
0430T Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only

Occipital Nerve Stimulator
64570 Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

Permanent Cardiac Contractility System
0412T Removal of permanent cardiac contractility modulation system; pulse generator only
0413T Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)

Sinus Tarsi Implant
0510T Removal of sinus tarsi implant

Substernal Implantable Defibrillator (Commercial Products Only)
0573T Removal of substernal implantable defibrillator electrode (New Code Effective 1/1/2020)
0580T Removal of substernal implantable defibrillator pulse generator only (New Code Effective 1/1/2020)

Transperineal Periurethral Balloon Continence Device (Commercial Products Only)
0550T Transperineal periurethral balloon continence device; removal, each balloon (New Code Effective 7/1/2019)

Vagus Nerve Blocking Therapy
0314T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
0315T Vagus nerve blocking therapy (morbid obesity); removal of pulse generator

RELATED POLICIES
Coverage of Complications Following a Non-covered Service
New Technology
Prior Authorization – Cardiology and Radiology Services
Prior Authorization via Web-Based Tool for Procedures

PUBLISHED
Provider Update, April 2020
Provider Update, October 2019
Provider Update, April 2018
Provider Update, February 2017
Provider Update, July 2015

REFERENCES
Not applicable

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