



**EFFECTIVE DATE:** 06|01|2015  
**POLICY LAST UPDATED:** 02|06|2018

## **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 neurostimulator 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) (New Code Effective 1/1/2019)

0531T Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only (New Code Effective 1/1/2019)

0532T Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system implantable monitor only (New Code Effective 1/1/2019)

#### 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)

#### Permanent Leadless Pacemaker, Ventricular

0388T Transcatheter removal of permanent leadless pacemaker, ventricular (Code Deleted Effective 12/31/2018)

33275 Transcatheter removal of permanent leadless pacemaker, right ventricular (New Code Effective 1/1/2019) (Commercial Only)

#### Sinus Tarsi Implant

0510T Removal of sinus tarsi implant (New Code Effective 1/1/2019)

#### 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

#### Wireless Cardiac Stimulation System for Left Ventricular Pacing

0518T Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing (New Code Effective 1/1/2019)

### RELATED POLICIES

Coverage of Complications Following a Non-covered Service  
Preauthorization via Web-Based Tool for Procedures

### PUBLISHED

Provider Update, April 2018

Provider Update, February 2017

Provider Update, July 2015

### REFERENCES

Not applicable

[CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS](#)

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

