

Medical Coverage Policy | Removal of Non Covered Implantable Devices



EFFECTIVE DATE: 06|01|2015
POLICY LAST UPDATED: 07|01|2019

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 (Effective 8/1/19 for Commercial Only)

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)

Transperineal Periurethral Balloon Continence Device

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

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 (Effective 8/1/19 for Commercial Only)

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

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