

Medical Coverage Policy | Removal of Implantable Devices



EFFECTIVE DATE: 07|01|2022

POLICY LAST UPDATED: 03|16|2022

OVERVIEW

The intent of this policy is to document the criteria and prior authorization requirement for the removal of surgically implanted devices.

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Removal Only

Removal Only of a surgically implanted device is considered medically necessary when:

- the insertion of the device was determined to be medically necessary.

Removal Only of a surgically implanted device is considered medically necessary when:

- the insertion of the device was determined to be NOT medically necessary, and one of the following indications is present:
 - complication, OR
 - infection

Removal and Reinsertion, Replacement or Revision of a Device

In instances where the appropriate Current Procedural Terminology (CPT) code for removal of a device represents the removal AND/OR reinsertion, replacement or revision of a device:

- the removal must be reviewed using the above removal criteria,
- the reinsertion/replacement/revision must be reviewed to determine medical necessity.
 - Note: In most instances, the criteria from the Medical Necessity policy would be used for review of reinsertion/replacement/revision. However, in other instances, a medical policy may exist for the specific device, or the New Technology and Miscellaneous Services policies can be referenced. Please see Related Policies section.

PRIOR AUTHORIZATION

Medicare Advantage Plans and Commercial Products

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products and is obtained via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Removal of a surgically implanted device is considered medically necessary when medical criteria are met.

Reimplantation of the device is considered not medically necessary, when the initial implantation was determined to be 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 applicable medical criteria are met:

Removal of Surgically Implanted Devices		Medicare Advantage Plans Criteria	Commercial Products Criteria
CPT Code	Code Description		
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) (Code Deleted 12/31/2021)	Removal Only	Removal Only
0456T	Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal (Code Deleted 12/31/2021)	Removal Only	Removal Only
0457T	Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface (Code Deleted 12/31/2021)	Removal Only	Removal Only
0458T	Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode (Code Deleted 12/31/2021)	Removal Only	Removal Only
Artificial Intervertebral Disc			
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Removal Only	Removal Only
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)	Medical Necessity and Removal	Medical Necessity and Removal
0270T	Revision or removal of carotid sinus baroflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	Medical Necessity and Removal	Medical Necessity and Removal
0271T	Revision or removal of carotid sinus baroflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	Medical Necessity and Removal	Medical Necessity and Removal
Chest Wall Respiratory Sensor Electrode			
0468T	Removal of chest wall respiratory sensor electrode or electrode array (Code Deleted 12/31/2021)	Removal Only	Removal Only
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array (New code effective 1/01/2022)	Removal Only	Removal Only

Esophageal Sphincter Augmentation Device			
43285	Removal of esophageal sphincter augmentation device	Removal Only	Removal Only
Gastric Electrical Stimulator			
43648	Revision or removal of gastric neurostimulator electrodes, antrum	Gastric Electrical Stimulator - Insertion and Removal	Gastric Electrical Stimulator - Insertion and Removal
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Gastric Electrical Stimulator - Insertion and Removal	Gastric Electrical Stimulator - Insertion and Removal
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	Gastric Electrical Stimulator - Insertion and Removal	Gastric Electrical Stimulator - Insertion and Removal
Implantable Bone-Conduction and Bone-Anchored Hearing Aids			
69726	Removal , osseointegrated implant, skull; with percutaneous attachment to external speech processor (New Code Effective 1/1/2022)	Removal Only	Removal Only
69727	Removal , osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor (New Code Effective 1/1/2022)	Removal Only	Removal Only
Implantable Synchronized Diaphragmatic Stimulation System			
0679T	Laparoscopic removal of diaphragmatic lead(s), permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function (New Code Effective 1/1/2022)	Removal Only	Removal Only
0682T	Removal of pulse generator only, permanent implantable synchronized diaphragmatic stimulation system for augmentation of cardiac function (New Code Effective 1/1/2022)	Removal Only	Removal Only
Interstitial Glucose Sensor			
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision	Removal Only	Removal Only
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation	Glucose Monitoring - Continuous and Removal	Glucose Monitoring - Continuous (insertion is not medically necessary) and Removal
G0309	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new 180 day implantable sensor, including system activation (New Code Effective 7/1/2022)	Glucose Monitoring - Continuous and Removal	Glucose Monitoring - Continuous (insertion is not medically necessary) and Removal
Note:	Authorization requirement added to Medicare Advantage Plans and Commercial Products 5/1/2021 for code 0448T		
Intracardiac Ischemia Monitoring System			

0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	Removal Only	Removal Only
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	Removal Only	Removal Only
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system implantable monitor only	Removal Only	Removal Only
Neurostimulation System for Posterior Tibial Nerve			
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)	Medical Necessity and Removal	Medical Necessity and Removal
Neurostimulator System for Treatment of Central Sleep Apnea			
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Removal Only	Removal Only
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Removal Only	Removal Only
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Removal Only	Removal Only
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Phrenic Nerve Stimulation for Central Sleep Apnea (replacement is not medically necessary) and Removal	Phrenic Nerve Stimulation for Central Sleep Apnea (replacement is not medically necessary) and Removal
Note:	Authorization requirement added to Medicare Advantage Plans and Commercial Products 5/1/2021 for code 0431T		
Occipital Nerve Stimulator			
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Removal Only	Removal Only
Permanent Cardiac Contractility System			
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Removal Only	Removal Only
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Removal Only	Removal Only
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Medical Necessity and Removal	Medical Necessity and Removal
Note:	Authorization requirement added to Medicare Advantage Plans and Commercial Products 5/1/2021 for code 0414T		

Sinus Tarsi Implant			
0510T	Removal of sinus tarsi implant	Removal Only	Removal Only
0511T	Removal and reinsertion of sinus tarsi implant	Medical Necessity and Removal	Medical Necessity and Removal
Note:	Authorization requirement added to Medicare Advantage Plans and Commercial Products 5/1/2021 for code 0511T		
Substernal Implantable Defibrillator			
0573T	Removal of substernal implantable defibrillator electrode (New Code Effective 1/1/2020)	Removal Only	Removal Only
0580T	Removal of substernal implantable defibrillator pulse generator only (New Code Effective 1/1/2020)	Removal Only	Removal Only
Note:	Authorization requirement added to Medicare Advantage Plans 5/1/2021 for codes 0573T and 0580T		
Transperineal Periurethral Balloon Continence Device			
0550T	Transperineal periurethral balloon continence device; removal , each balloon (Code Deleted 12/31/2021)	Removal Only	Removal Only
Vagus Nerve Blocking Therapy			
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	Removal Only	Removal Only
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	Removal Only	Removal Only
Anterior Segment Intraocular Nonbiodegradable Drug-eluting System			
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant (New code effective 7/1/2021)	Medical Necessity and Removal	Medical Necessity and Removal

RELATED POLICIES

Coverage of Complications Following a Non-covered Service
 Gastric Electrical Stimulation – Insertion
 Glucose Monitoring - Continuous
 Medical Necessity
 Medicare Advantage Plans National and Local Coverage Determinations
 New Technology and Miscellaneous Services
 Phrenic Nerve Stimulation for Central Sleep Apnea
 Prior Authorization – Cardiology and Radiology Services
 Prior Authorization via Web-Based Tool for Procedures

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Provider Update, May 2022
 Provider Update, April 2021
 Provider Update, April 2020
 Provider Update, October 2019
 Provider Update, April 2018

REFERENCES

Not applicable

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