DRAFT Medical Coverage Policy | Removal of Implantable Devices

EFFECTIVE DATE: 01|01|2027
POLICY LAST UPDATED: 10|21|2026

OVERVIEW
Prior to 1/1/2027, the intent of this policy was to document the criteria and prior authorization requirement for the removal of surgically implanted devices.

MEDICAL CRITERIA
Medicare Advantage Plans and Commercial Products
Not applicable

PRIOR AUTHORIZATION
Medicare Advantage Plans and Commercial Products
Effective 1/1/2027, prior authorization is no longer required for Medicare Advantage Plans and no longer recommended for Commercial Products.

POLICY STATEMENT
Medicare Advantage Plans and Commercial Products
Effective 1/1/2027, removal of a surgically implanted device is considered 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
Medicare Advantage Plans and Commercial Products
Effective 1/1/2027, the following codes, in the attached grid below, are covered:

Removal of Implantable Devices
*Please refer to tab "Removal ONLY" for codes that are for utilized for removal ONLY of implantable devices. For all other codes that are utilized for an intervention AND/OR removal of implantable devices, please refer to tab, "Intervention AND-OR Removal."

RELATED POLICIES
Not applicable

PUBLISHED
Provider Update, February/June/August/September/November 2026
Provider Update, June 2025
Provider Update, March/August 2024
Provider Update, January/April 2023
Provider Update, May/December 2022

DRAFT

REFERENCES

Not applicable

DRAFT

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.