



**EFFECTIVE DATE:** 06|01|2015  
**POLICY LAST UPDATED:** 12|20|2016

## **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 (New codes effective 1/1/2017)

0455T

0456T

0457T

0458T

Artificial Intervertebral Disc

22864 (Will no longer require preauthorization effective 2/1/2017)  
22865

Carotid Sinus Baroflex Activation Device  
0269T  
0270T  
0271T

Chest Wall Respiratory Sensor Electrode  
0468T (New code effective 1/1/2017)

Esophageal Sphincter Augmentation Device  
0393T (Code deleted effective 12/31/2016)  
43285 (New code effective 1/1/2017)

Gastric Electrical Stimulator  
43648  
43882  
64595

Implantable Hearing Aid  
69711 \*(Effective 6/1/2017 service will no longer require prior authorization)

\*The Audiant™ bone conductor is a type of electromagnetic bone conduction hearing device. While this product is no longer actively marketed, patients with existing Audiant devices may require replacement, removal, or repair.

Interstitial Glucose Sensor  
0447T (New code effective 1/1/2017)

Neurostimulator System for Treatment of Central Sleep Apnea  
0428T  
0429T  
0430T

Occipital Nerve Stimulator  
64570

Peripheral Subcutaneous Field Stimulator (Service will no longer require preauthorization effective 1/1/2017)  
0284T (Code deleted effective 12/31/2016)

Permanent Cardiac Contractility System  
0412T  
0413T

Permanent Leadless Pacemaker, Ventricular  
0388T

**Commercial Only**

Subcutaneous Implantable Cardioverter Defibrillator (Effective 4/1/2017 service will no longer require prior authorization)  
33272

## RELATED POLICIES

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

## PUBLISHED

Provider Update, February 2017

Provider Update, July 2015

## REFERENCES

Not applicable

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