

## Medical Coverage Policy | Removal of Not Medically Necessary Implanted Devices



**EFFECTIVE DATE:** 10|01|2015  
**POLICY LAST UPDATED:** 05|19|2015

### 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 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

Artificial Intervertebral Disc

22864

22865

Esophageal Sphincter Augmentation Device

0393T

Gastric Electrical Stimulator

43648  
43882  
64595

Implantable Hearing Aid  
69711

\*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.

Occipital Nerve Stimulator  
64570

Peripheral Subcutaneous Field Stimulator  
0284T

**Commercial Only**  
Subcutaneous Implantable Cardioverter Defibrillator  
33272

#### **RELATED POLICIES**

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

#### **PUBLISHED**

Provider Update, July 2015

#### **REFERENCES**

Not applicable

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