

Policy	REIMB-011
Effective Date	09/01/2024
Reviewed/Revised Date	7/17/2024
Next Review Date	10/01/2026
Origination Date	06/01/2024
Originated Department	Medical Management

Intrathecal or Epidural Pump Refill

Audience
Medical Management, Claims

Purpose
<p>Medical policies provide general support for applying Mountain Health Co-Op member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health Co-Op medical policy, the document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health Co-Op medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health Co-Op reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

Definition
<p>Implanted infusion pumps are small devices placed under the skin during a minor surgical procedure. The pump sends medicine through a thin, flexible tube (catheter) to a specific part of your body. Implantable infusion pumps can be intrathecal or epidural in location. They are often used when other methods don't work or when you need long-term medicines or fluids. Most commonly, they provide targeted opioids or other therapies to treat pain or spasticity consistently and continuously. These devices contain a subcutaneous reservoir that requires periodic refills to function. The most typical interval between fillings of the reservoir is 90 days.</p>

Policy/Procedure

For the refill of implanted intrathecal or epidural infusion pumps, Mountain Health Co-Op COVERS 62369 or 62370.

Mountain Health Co-Op does NOT cover S9328 for refilling implanted intrathecal or epidural pain pumps, as this code is intended for use ONLY with continuous IV infusions.

Applicable Coding

CPT Codes Covered

62369 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill

62370 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring the skill of a physician or other qualified health care professional)

HCPCS Codes

Non-covered codes

S9328 Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

References

1. American Society of Regional Anesthesia and Pain Medicine (ASRA) Neuromodulation Special Interest Group “Economics of Intrathecal Therapy”
<https://www.asra.com/page/228/medical-necessity-documentation-coding-and-billing-for-intrathecal-therapy>

Vendors

- Health Plan Services (HPS)

Review/Revision/Approval History

Date	Description
06/01/2024	New Policy

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and

treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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