Definition: An implantable infusion pump is utilized for long-term intermittent or continuous parenteral medication infusion. The infusion pump is surgically implanted into a subcutaneous pocket of the infraclavicular fossa or abdominal wall and connected to a catheter for drug delivery. The infusion pump drug reservoir can be accessed for refilling by an external needle injection through a self-sealing septum in the pump.

Medical Necessity: The Company considers an implantable infusion pump (CPT Codes 36260, 36261, 62350, 62351, 62360, 62361, 62362, 62367, 62368, 96425, 96522, HCPCS Codes C1772, C1891, C2626, C8957, E0782, E0783, E0785, E0786 and applicable ICD-10-PCS Codes) medically necessary and eligible for reimbursement providing that the following medical criteria are met:

- Parenteral chemotherapeutic drug administration and at least one of the following:
  1. Primary hepatocellular carcinoma (intrahepatic artery injection of chemotherapeutic agents); or
  2. Metastatic colorectal cancer where metastatic disease is limited to the liver (intrahepatic artery injection of chemotherapeutic agents) and at least one of the following:
    a. Metastatic disease is unresectable; or
    b. Treatment will be performed in lieu of surgical intervention; or

- Intrathecal antispasmodic drug administration for the treatment of chronic severe spasticity and all of the following:
  1. As indicated by at least a 6-week trial, the patient cannot be maintained on noninvasive methods of spasm control, such as antispasmodic drugs, either because these methods fail to adequately control the spasticity or produce intolerable side effects; and
  2. Prior to implementation, the patient must have responded favorably (≥ 50% reduction in symptoms) to a trial intrathecal dose of the antispasmodic drug.

- Intrathecal or epidural opioid drug administration (e.g., morphine) for treatment of malignant or nonmalignant severe, chronic intractable pain and all of the following:
  1. Failure of, intolerance to, or inability to receive noninvasive conventional medical therapy utilizing maximal dose systemic opioids (e.g., morphine) or other analgesics; and
2. Life expectancy ≥ 3 months; and
3. Thecal sac tumor encroachment has been excluded by appropriate testing; and
4. Favorable response (≥ 50% pain reduction) to a therapeutic trial of epidural or intrathecal opioids; and
5. Device implantation or proposed medications are not contraindicated (e.g., infection, coagulopathy, known allergy, or hypersensitivity);

AND

At least one of the following clinical conditions is present:

- Herpes zoster with nervous system complication
- Malignant neoplasm of tongue
- Malignant neoplasm of major salivary glands
- Malignant neoplasm of gum
- Malignant neoplasm of floor of mouth
- Malignant neoplasm of other and unspecified parts of mouth
- Malignant neoplasm of oropharynx
- Malignant neoplasm of nasopharynx
- Malignant neoplasm of hypopharynx
- Malignant neoplasm of other and ill-defined sites within the lip, oral cavity, and pharynx
- Malignant neoplasm of esophagus
- Malignant neoplasm of stomach
- Malignant neoplasm of small intestine, including duodenum
- Malignant neoplasm of colon
- Malignant neoplasm of rectum, rectosigmoid junction, and anus
- Malignant neoplasm of liver and intrahepatic bile ducts
- Malignant neoplasm of gallbladder and extrahepatic bile ducts
- Malignant neoplasm of pancreas
- Malignant neoplasm of retroperitoneum and peritoneum
- Malignant neoplasm of other and ill-defined sites within the digestive organs and peritoneum
- Malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
- Malignant neoplasm of larynx
- Malignant neoplasm of trachea, bronchus, and lung
- Malignant neoplasm of pleura
- Malignant neoplasm of thymus, heart, and mediastinum
- Malignant neoplasm of other and ill-defined sites within the respiratory system and intrathoracic organs
- Malignant neoplasm of bone and articular cartilage
- Malignant neoplasm of connective and other soft tissue
- Malignant melanoma of skin
- Malignant neoplasm of female breast
- Malignant neoplasm of male breast
- Kaposi’s sarcoma
- Malignant neoplasm of cervix uteri
- Malignant neoplasm of placenta
- Malignant neoplasm of body of uterus
- Malignant neoplasm of ovary and other uterine adnexa
- Malignant neoplasm of other and unspecified female genital organs
- Malignant neoplasm of prostate
- Malignant neoplasm of testis
- Malignant neoplasm of penis and other male genital organs
- Malignant neoplasm of bladder
- Malignant neoplasm of kidney and other and unspecified urinary organs
- Malignant neoplasm of eye
- Malignant neoplasm of brain
- Malignant neoplasm of other and unspecified parts of nervous system
- Malignant neoplasm of thyroid gland
- Malignant neoplasm of other endocrine glands and related structures
- Malignant neoplasm of other and ill-defined sites
- Secondary and unspecified malignant neoplasm of lymph nodes
- Malignant neoplasm of other specified sites without specification of site
- Lymphosarcoma and reticulosarcoma and other specific malignant tumors of lymphatic tissue
- Hodgkin’s disease
- Other malignant neoplasms of lymphoid and histiocytic tissue
- Multiple myeloma and immunoproliferative neoplasms
- Lymphoid leukemia
- Myeloid leukemia
- Monocytic leukemia
- Other specified leukemia
- Leukemia of unspecified cell type
- Cystic fibrosis
- Hereditary spastic paraplegia
- Chronic meningitis
- Reflex sympathetic dystrophy
- Multiple sclerosis
- Schilder’s disease
- Infantile cerebral palsy
- Other paralytic syndromes
- Phantom limb syndrome
- Causalgia of upper limb

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• Other mononeuritis of lower limb
• Postlaminectomy syndrome
• Spinal stenosis in cervical region
• Brachial neuritis or radiculitis NOS
• Spinal stenosis, other than cervical
• Thoracic or lumbo
• Sacral neuritis or radiculitis, unspecified
• Pathologic fracture
• Abnormal involuntary movements
• Fracture of vertebral column without mention of spinal cord injury
• Fracture of vertebral column with spinal cord injury
• Spinal cord injury without evidence of spinal bone injury

NOTE: The Company considers supplies necessary for proper pump use medically necessary and eligible for reimbursement if a criterion is met for an implantable infusion pump.

The Company considers an implantable infusion pump not medically necessary and not eligible for reimbursement for administration of any of the following:

• Heparin infusion for thromboembolic disease; or
• Insulin infusion for diabetes mellitus; or
• Antibiotic infusion.

Documentation Requirements:

The Company reserves the right to request additional documentation and to deny reimbursement when it has determined that the services performed were not medically necessary. The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: HCPCS Codes C1772, C1891, C2626, and C8957 are temporary codes established by the Centers for Medicare and Medicaid Services and should be submitted on a facility/institutional claim.
Sources of Information:


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<thead>
<tr>
<th>Applicable Code(s):</th>
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<tr>
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<td><strong>ICD9 Procedure Codes:</strong> 86.06</td>
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<td><strong>ICD10 Procedure Codes:</strong> 07HK03Z, 07HK33Z, 07HK43Z, 07HL03Z, 07HL33Z, 07HL43Z, 07HM03Z, 07HM33Z, 07HM43Z, 07HN03Z, 07HN33Z, 07HN43Z, 07HP03Z, 07HP33Z, 07HP43Z</td>
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