

Intrathecal or Epidural Pump Refill

Policy REIMB-016

Origination Date: 06/26/2019

Reviewed/Revised Date: 03/27/2024

Next Review Date: 03/27/2025

Current Effective Date: 03/27/2024

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP Healthy U (Medicaid) and Advantage U (Medicare) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

Description:

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 opioid or other therapies to treat pain or spasticity in a consistent and continuous fashion. These devices contain a subcutaneous reservoir which requires periodic refill to continue to function. The most typical interval between fillings of the reservoir is 90 days.

Policy Statement and Criteria

1. Commercial Plans/CHIP

For the refill of implanted intrathecal or epidural infusion pumps, U of U Health Plans COVERS 62369 or 62370.

U of U Health Plans does NOT cover S9328 for the refill of implanted intrathecal or epidural pain pumps as this code is intended for use only with continuous IV infusions.

2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

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 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" Accessed: June 25, 2019. Available at: <https://www.asra.com/page/228/medical-necessity-documentation-coding-and-billing-for-intrathecal-therapy>

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 with appropriate health care providers to obtain needed 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 individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of 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 it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

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