



**Covered Benefit: Implant Services**

CMP Published: Yes  No

[Plastic Surgery](#)

CPG Published: Yes  No

Definition: Implants cover a wide array of devices; which may be surgically implanted on an inpatient or outpatient basis by physicians ranging from primary care practitioners to specialists. While Neighborhood entrusts its practitioners to provide high quality cost effective care; some implants require more detailed support in order to ensure an effective claims adjudication process. This documentation refers to implants that require specific medical review and contracting considerations.

Benefit Packages: RIte Care, Children with Special Health Care Needs, Substitute Care, and Rhody Health Partners.

Extended Family Planning is a limited benefit package; only specific contraceptive implants are covered.

Coverage Limitations: All implants as defined above require authorization.

Exclusions:

- Dental implants are not covered as dental services are not covered.
- Implants for cosmetic reasons are not covered
- Breast implants are not covered except for breast reconstruction post mastectomy
- Implants for gender reassignment are not covered
- Non FDA approved implants, or implants for which insufficient evidence of net health outcome improvement exists, are not covered.

Coverage Includes:

- Cochlear implants
- Pacemakers
- Defibrillators
- Neurostimulators
- Additional implants utilized during surgery that meet general guidelines for coverage noted above.

Episodes of care can occur across multiple settings; the following are included in the detailed benefit service category criteria:

Office (POS 11)

Inpatient (POS 21)

Outpatient (POS 22)

Ambulatory Surgical Center (POS 24)



**Table: 1 Configuration: Implant Services**

Description	ICD-9 Diagnosis Codes	ICD-9 Procedure Codes	CPT Code	HCPCS/NDC	Comments
Implants Cochlear		“20.96” to “20.98”	“69710-69718”, “69930”	“L8614” to “L8619”	Auth Required
Implants Cochlear Batteries				“L8621” to “L8624”	Auth Required
Implants Cochlear Replacement		“20.96” to “20.98”	“69710-69718”, “69930”	“L8627” to “L8629”	Auth Required
Chemotherapy Implants Gliadel		“00.10”	“61510”, “61517”, “61518	NDC: 58063-100-01	Auth Required Up to eight (8) GLIADEL Wafers may be implanted in a patient if medically appropriate. Must submit number of units (Gliadel website)
Implants Orthopedic Carticel		“81.47”	“27412”, “27416”	“J3330”	Auth Required Lifespan includes additional codes-not implants (must be CPT & HCPCS) to pay as Carticel
Surgical Services Inpatient Pacemakers/Defibrillators		“00.50” to “00.51”, “00.53” to “00.54”, “37.70” to “37.99”		“C1721”, “C1722”, “C1777”, “C1779”, “C1785”, “C1786”, “C1882”, “C1895”, “C1896”, “C1898”, “C1899”, “C1900”, “C2619” to “C2621”	Auth Required Lifespan lists individual pacemakers and defibrillators
Surgical Services Outpatient Pacemakers/Defibrillators			“33202” to “33249”, “93640” to “93642”	“C1721”, “C1722”, “C1777”, “C1779”, “C1785”, “C1786”, “C1882”, “C1895”, “C1896”, “C1898”, “C1899”, “C1900”, “C2619” to “C2621”	Auth Required Lifespan lists individual pacemakers and defibrillators
Implants Cardiovascular System		“37.52” to “37.68”	“33282”, “33284”, “36260” to “36262”	“C1764”	Auth Required Lifespan lists Loop recorder as Pacemaker, however, Dr. Davis recommended implants cardiovascular system.
Implants Neurostimulators Phrenic Nerve		“34.85”	“39599”, “64577”, “64590”, “64595”	None Listed	Auth Required



Implants Neurostimulators Vagus Nerve		“02.93”, “04.92”, “86.96”	“61850” to “61888”, “64553”, “64555” to “64595”	“C1767”, “C1820”, “0155T”, “0156T”	Auth Required
Implants Neurostimulators Urologic		“57.96”, “57.97”	“53899”	None Listed	Auth Required Unlisted code and no HCPCS/NDC-require notes to pay
Neurostimulator Services Other			“ 43647”, “43648”, “43881”, “43882”, “61531” to “61533”, “63650” to “63688”, “95970” to “95982”, “95999”		Auth Required
Implants Neurostimulators Deep Brain		“02.93”, “86.94” to “86.97”	“61850”, “61885” to “61888”, “64590”, “64595”	“C1767”, “L8685”, “L8688”	Auth Required
Implant External Cardiac Assist Device		“37.68”	“33975” to “33976”, “33979”, “33981” to “33983”		Auth Required “0048T” deleted code 2010 on Lifespan table
Implants Eye		“14.79”, “99.29”	“67027”	J7311	Auth Required
Implant Artificial Cornea		“11.73”	“65770”	“C1818”, “L8609”	Auth Required
Implant Skin Dermagraft Diabetic Ulcers	“250.80” to “250.83”, “249.80”, “249.81”, “707.14”, “707.15”	“86.67”	“15365”, “15366”	“Q4106”	Auth Required Restricted to CPT codes for foot; Lifespan table includes additional codes.

Notes:

The following benefit coverage summaries include coverage information for implants:

Extended Family Planning: contraceptives and sterilization

Women’s Care: contraceptives and sterilization

Publication date:

09/01/10