BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

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IMPLANTABLE INFUSION PUMP

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Description:

An implantable infusion pump (IIP) is intended to provide long-term continuous or intermittent drug infusion. Possible routes of administration include intra-arterial, subcutaneous, intrathecal, epidural, intraperitoneal and intravenous. The IIP is surgically placed under the infraclavicular fossa or in the abdominal wall, and a catheter is threaded into the desired position. The drug reservoir may be refilled as needed by an external needle injection.

IMPLANTABLE INFUSION PUMP (cont.)

Criteria:

- An implantable infusion pump is considered ***medically necessary*** when used to deliver drugs that have been FDA-approved for this route of access for **ANY** of the following indications:

  1. Intra-arterial chemotherapy infusion for primary liver cancer
  2. Intra-arterial chemotherapy infusion for metastatic colorectal cancer where metastases are limited to the liver
  3. Intra-arterial chemotherapy infusion for head/neck cancers
  4. Intravenous (IV), intrathecal or epidural injection of opioid drugs (e.g., morphine) for severe, chronic, intractable pain following a successful temporary trial (defined as greater than 50% reduction in pain) of opioid or non-opioid analgesics by the same route of administration as the planned treatment
  5. Intrathecal injection of anti-spasmodic drugs (e.g., baclofen) for severe spasticity of cerebral or spinal cord origin in individuals who are unresponsive to or who cannot tolerate oral baclofen therapy
  6. Intraperitoneal chemotherapy for primary epithelial ovarian cancer

- Implantable infusion pump for all other indications or if above criteria not met is considered **experimental or investigational** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome.

  These indications include, *but are not limited to:*

  - Gastric cancer
  - Heparin for thromboembolic disease
  - Insulin for diabetes
  - Antibiotics for osteomyelitis

Resources:

1. 7.01.41 BCBS Association Medical Policy Reference Manual. Implantable Infusion Pump. Re-issue date 11/14/2013, issue date 11/30/1996.

2. Medicare Coverage Issues Manual, Section 60-14. Infusion Pumps. 09/26/2001.