

POSTOPERATIVE CONTINUOUS LOCAL DELIVERY OF MEDICATION FOR PAIN CONTROL

Policy # 48

Implementation Date: 1/1/08

Review Date:

Revision Date: 2/24/09, 9/3/14

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

After any surgical procedure, there is some degree of pain experienced by the patient. One method of providing pain control is with the use of a pain pump. The pump is a portable, non-electronic balloon infuser that delivers continuous infusion of local anesthetic through one or more catheters placed at the operative site. The catheter itself is connected to the pump that provides the infusion of a local anesthetic. While wearing this pump, patients can press a bolus button to receive additional doses of non-narcotic medication to enhance their comfort.

There are several different pain pumps that can be used for this purpose. They include, but are not limited to, Accufuser, Marcan Pump, ON-Q PainBuster Post-Op Pain Relief System, ON-Q C-bloc, and Stryker Pain Pump.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Select Health will not **separately reimburse for the placement of the pain pump catheter(s) for postoperative pain control, as it is considered incidental to the primary procedure.**

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage **will follow the commercial plan policy.**

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care **will follow the commercial plan policy.**

Applicable Codes:

There are no Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding (HCPCS) codes that describe the placement of a pain pump catheter.

Sources

1. Current Procedural Terminology (CPT®), (2014) – American Medical Association
2. ICD-9-CM Coding Guidelines. (2013, January 1). Retrieved July 8, 2014, from https://www.encoderpro.com/epro/physicianDoc/pdf/i9v1/i9_guidelines.pdf

3. *Chapter I – General Correct Coding Policies* - National Correct Coding Manual for Medicare Services July 1, 2014, Retrieved August 29, 2014. From <http://www.cms.hhs.gov/NationalCorrectCodInitEd/>
4. *Intra-articular Pain Pumps* – Medical Technology Review - SelectHealth (2002)
5. NCCI. (2014, January 1). General Correct Coding Policies - Chapter 1 - National Correct Coding Initiative Policy Manual. Retrieved September 3, 2014.

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 healthcare 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.

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