

Policy is terminated because Medicaid does not separately reimburse for this service.

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1.0 Description of the Procedure, Product, or Service

Local delivery of analgesia to operative sites is designed to reduce postoperative pain, while limiting systemic side effects of analgesia. Additional benefits include reduced need for oral narcotics, decreased incidence of breakthrough pain, and faster return to normal activities. Drug delivery can be regulated through the use of simple disposable infusion pumps filled with analgesics such as ropivacaine or bupivacaine, attached to a variety of catheters that provide continuous delivery of the drug to the surgical site. Catheters may contain multiple openings so that the drug seeps into the operative wound all along its length, similar in concept to a “soaker” hose. Disposable infusion pumps are designed to deliver drugs for up to five (5) days followed by removal of the catheter. Use of disposable infusion pumps to deliver local analgesia has been investigated in the following postoperative clinical situations:

- a. Orthopedic procedures, such as repair of the anterior cruciate ligament;
- b. Urology procedures, such as prostatectomy;
- c. Plastic surgery procedures;
- d. Obstetrical/gynecologic procedures, such as cesarean section;
- e. Gastrointestinal surgery procedures, such as hemorrhoidectomy or gastric bypass;
- f. Thoracic surgery procedures, such as thoracotomy; and
- g. Cardiovascular surgery procedures, such as sternotomy

Trade names of disposable pumps and associated catheters (disposable drug delivery system) that have received approval for marketing from the U.S. Food and Drug Administration (FDA), include, but are not limited to, Infusor System™, On-Q® Post Op Pain Relief System, On-Q Soaker™ catheter delivery system, Pain Buster™ Pain Management System, OutBound® Disposable Syringe Infuser, and Accufuser™ Disposable Silicone Infuser.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient’s needs;

- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Continuous infusion of anesthesia to operative wound sites using a disposable pump may be considered medically necessary as a technique for postoperative pain control for surgeries typically requiring oral or parenteral narcotics for pain relief.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

Continuous infusion of anesthesia to operative wound sites using a disposable pump is not covered when the criteria in **Subsection 3.2** are not met.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for continuous infusion of anesthesia to operative wound sites.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
February 29, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

C. Procedure Code(s)

HCPCS Codes
A4305
A4306

There is no specific code describing insertion of the infusion catheter at the time of surgery.

Payment for catheter insertion and removal to provide continuous delivery of a drug to a surgical site is included in the allowance for the surgery and therefore, is not eligible for separate payment. The disposable infusion pump (A4305, A4306) is a supply most commonly reported as a facility expense. Code E0781 is a non-disposable infusion pump that is usually rented, not purchased, and is not to be used for billing disposable infusion pumps

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital and Outpatient Hospital

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.