



**Medtronic**

# INTRATHECAL DRUG DELIVERY FOR CANCER PAIN

Commonly Billed Codes, 2004

*Medtronic has compiled this coding information for your convenience. It is always the provider's responsibility to determine coverage and submit appropriate codes, modifiers, and charges for the services that were rendered. Please contact your local carrier/payer for interpretation of appropriate coverage and coding policies.*

*Please refer to the brief summary for SynchroMed® and IsoMed® Infusion Systems on page 4.*

## Programmable and Constant-Flow Drug Infusion System

### Examples of ICD-9-CM Diagnosis Codes:

#### Cancer Pain – Primary Diagnosis

Colon	153.0 – 153.9
Liver	155.0
Lung	162.3 – 162.9
Bone	170.0 – 170.9
Breast	174.0 – 174.9
Prostate	185.0

### HCPCS Codes

Infusion pump system, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	E0782
Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	E0783
Implantable intraspinal (epidural/Intrathecal) catheter used with implantable infusion pump, replacement	E0785
Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	E0786
Injection, morphine sulfate (preservative-free sterile solution), per 10 mg	J2275
Refill kit for implantable infusion pump	A4220

### ICD-9-CM Procedure Codes:

Insertion of catheter into spinal canal for infusion of therapeutic or palliative substances	03.90
Injection of other agent into spinal canal	03.92
Insertion of totally implantable infusion pump	86.06

## Programmable and Constant-Flow Drug Infusion System

2004 Usual and Customary Billed Charges (percentile) <sup>5</sup>						
Procedure	CPT Code <sup>1</sup>	Physician Office RVU <sup>2</sup>	Facility RVU <sup>3</sup>	2004 Medicare National Average <sup>4</sup>	50 <sup>th</sup>	90 <sup>th</sup>
Screening Test	<b>62311</b> Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrasts (for either localization of epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)	6.56	2.10	\$245 - Office \$78 - Facility	\$523	\$890
	<b>62319</b> Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)	6.82	2.47	\$255 - Office \$92 - Facility	\$562	\$927
Implantation/ Revision Catheter	<b>62350</b> Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	N/A	11.62	\$434	\$1491	\$2459
	<b>62351</b> Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy	N/A	19.25	\$719	\$2503	\$3099
Implantation/ Replacement Pump	<b>62362</b> Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	N/A	12.45	\$465	\$1471	\$2426
	<b>62361</b> Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump	N/A	9.92	\$370	\$1062	\$1752
Removal	<b>62355</b> Removal of previously implanted intrathecal or epidural catheter	N/A	9.21	\$344	\$1022	\$1686
	<b>62365</b> Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	N/A	9.71	\$363	\$992	\$1635
Drug/ Refill Kit	<b>J2275</b> Injection, morphine sulfate (preservative-free sterile solution), per 10 mg	N/A	N/A	N/A	N/A	N/A
	<b>A4220</b> Refill kit for implantable infusion pump	N/A	N/A	N/A	N/A	N/A
Fluoroscopy	<b>76000</b> Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (e.g., cardiac fluoroscopy)	1.61 (Global) .23 (26) 1.38 (TC)	N/A (Global) .23 (26) N/A (TC)	\$60.11 (Global) \$8.59 (26) \$51.53 (TC) Office N/A (Global) \$8.59 (26) N/A (TC) Facility	\$315 (Global) N/A (TC) \$63 (26)	\$506 (Global) N/A (TC) \$101 (26)
	<b>76005<sup>6</sup></b> Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint) including neurolytic agent destruction	2.18 (Global) .80 (26) 1.38 (TC)	N/A (Global) .80 (26) N/A (TC)	\$81.40 (Global) \$29.87 (26) \$51.53 (TC) Office N/A (Global) \$29.87 (26) N/A (TC) Facility	\$218 (Global) N/A (TC) \$112 (26)	\$350 (Global) N/A (TC) \$179 (26)

# INTRATHECAL DRUG DELIVERY for CANCER PAIN

2004 Usual and Customary Billed Charges (percentile) <sup>5</sup>						
Procedure	CPT Code <sup>1</sup>	Physician Office RVU <sup>2</sup>	Facility RVU <sup>3</sup>	2004 Medicare National Average <sup>4</sup>	50 <sup>th</sup>	90 <sup>th</sup>
Refill/ Analysis/ Programming  <i>(only after original pump implantation – do not code these during pump implantation)</i>	95990 Refilling and maintenance of implantable pump or reservoir	1.56	N/A	\$58	\$104	\$180
	95991 Refilling and maintenance of implantable pump or reservoir administered by a physician	2.26	1.02	\$84 - Office \$38 Facility	\$157	\$271
	62367 <sup>6</sup> Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	.65	.65	\$24	\$105	\$174
	62368 <sup>6</sup> Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	1.00	1.00	\$37	\$156	\$258
Catheter Dye Study	62318 <sup>7</sup> Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	7.69	2.69	\$287.12 –Office \$100.44-Facility	\$626	\$1032
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	62319 <sup>7</sup> Injection, including catheter placement... lumbar, sacral (caudal)	6.82	2.47	\$254.64- Office \$92.22- Facility	\$562	\$927
	76005 <sup>6</sup> Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve or sacroiliac joint), including neurolytic agent destruction	2.18 (Total) 0.8 (26) 1.38 (TC)	0.8 (-26)	\$81 (Total) \$30 (26) \$52 (TC)	\$370	\$580
Pump Rotor Study	62368 <sup>6</sup> Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	1.00	1.00	\$37	\$190	\$307
	76000 <sup>6</sup> Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. Cardiac fluoroscopy)	1.61 (Total) 0.23 (26) 1.38 (TC)	0.23 (26)	\$60 (Total) \$9 (26) \$52 (TC)	\$315-Global \$63-26	\$506-Global \$101-26
Evaluation and Management <sup>8</sup>	99211 – 99215 Office or other outpatient visit	.57 – 3.19	.24 – 2.50	\$21 - \$119 Office \$9-\$93 Facility	\$34 - \$161	\$45 - \$213
	99217 – 99220 Hospital observation services	N/A	1.87 – 4.15	\$70 - \$155	\$108 - \$241	\$147 - \$329
	99221 – 99223 Hospital inpatient services	N/A	1.79 – 4.15	\$67 - \$155	\$138- \$247	\$193 - \$344
	99354 – 99355 Prolonged physician service, office or outpatient	2.59 - 2.57	2.50 – 2.46	\$97-\$96 Office \$93-92 Facility	\$164 - \$136	\$224 - \$186
	99356 – 99357 Prolonged service, inpatient	N/A	2.40 – 2.41	\$90	\$183 - \$139	\$251 - \$190

1. Current Procedural Terminology CPT 2004, American Medical Association, Chicago, IL 2003.
2. 69 Fed. Reg., No. 4 (Jan. 7, 2004) fully implemented non-facility total.
3. 69 Fed. Reg., No. 4 (Jan. 7, 2004) fully implemented facility total.
4. Medicare Fee Schedule is determined by multiplying the physician fee schedule conversion factor (for year 2004, \$37.3374 as published in Federal Register, Vol. 69, No. 4, January 7, 2004, by the total non-facility or total facility RVU. This is adjusted by the Geographic Practice Cost Indices for your specific area. Therefore, reimbursement for your area will vary from the stated national average Medicare reimbursement.
5. The usual, customary, and reasonable (UCR) fees listed are derived from an analysis of more than 400 million actual physician charges. Source: PMIC Physician Fees, 2004.
6. This code is carrier priced and may require use of a –26 modifier.
7. Use of miscellaneous codes 90799 or 64999 may be preferred by some providers and payers.
8. Use of Evaluation and Management codes may require a –25 modifier, and must meet documentation requirements.

# INTRATHECAL DRUG DELIVERY *for* CANCER PAIN

## Medtronic® SynchroMed® and IsoMed® Infusion Systems

Product technical manual and the appropriate drug labeling must be reviewed for detailed disclosure prior to use.

**Indications:** Chronic intrathecal infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain and chronic intravascular infusion of flouxiridine (FUDR) for the treatment of primary or metastatic cancer. *SynchroMed is also indicated for chronic intrathecal infusion of Lioresal® Intrathecal (baclofen injection) for severe spasticity, chronic epidural infusion of preservative-free morphine sulfate sterile solution in the treatment of chronic intractable pain, chronic intravascular infusion of doxorubicin, cisplatin, or methotrexate for the treatment of primary or metastatic cancer, and chronic intravenous infusion of clindamycin for the treatment of osteomyelitis.*

**Contraindications:** When infection is present; when the pump cannot be implanted within 2.5 cm (1 inch) from the surface of the skin; when body size is not sufficient to accept pump bulk and weight; when contraindications exist related to the drug. Blood sampling through the side catheter access port is contraindicated.

**Warnings:** Use only with approved drugs. Improper use, calculation or programming errors, or component failure may result in loss of therapeutic effect, or clinically significant or fatal drug overdose or underdose symptoms. Clinically significant or fatal drug overdose may result from overpressurization of the pump reservoir, overheating of the pump during implant preparation or as a result of diathermy, improper pump preparation, improper injection of drug through the catheter access port or into the pump pocket, or failure to account for significant amounts of drug residing in the reservoir, pump tubing, catheter access port, or catheter. The effects of mixing drugs are unknown. Flow rate of the IsoMed pump may decrease or stop if drug precipitation occurs. An inflammatory mass that can result in serious neurological impairment, including paralysis, can occur at the tip of the implanted catheter. Patients on intraspinal opioid therapy should be monitored carefully at each visit for any new or changed neurological signs or symptoms. Timely treatment may minimize or avert permanent neurological injury. The effects of implanting the SynchroMed pump in patients with other implanted programmable devices are unknown. Do not use if sterility has been compromised or if the use by date has expired. Do not resterilize or reuse.

**Precautions:** Only qualified personnel should implant, fill and refill the pumps; access the catheter access ports; or program the SynchroMed pump. Follow recommended procedures. Maintain strict aseptic techniques during all procedures to prevent infection. The catheter access port does not contain a bacterial filter. Consider use of peri- and postoperative antibiotics for pump implantation and any subsequent surgical procedures. Use caution in selecting an anatomical pump site appropriate to the size and mass of the patient. Initial fill and refill volumes must not exceed levels specified in the technical manuals. Do not allow pump to stop or run dry; if therapy is discontinued, maintain minimal flow of appropriate fluid. Do not expose pumps to temperatures above 43 degrees C (110 degrees F) or below 5 degrees C (40 degrees F). Avoid exposing pump to diathermy, therapeutic radiation, lithotripsy or pressure extremes. Do not implant a pump that has been dropped onto a hard surface or shows signs of damage. Follow manufacturer's instructions regarding drug preparation, dosage, and administration. FUDR should be used with added caution in patients with impaired hepatic or renal function. Systemic therapy should be considered for patients with known disease extending beyond an area capable of infusion. IsoMed pump flow rate will vary depending on factors such as body temperature, altitude, arterial pressure at the catheter tip, and solution viscosity. Advise patients of symptoms to report, activities to avoid, and the importance of keeping refill appointments.

**Magnetic Resonance Imaging (MRI):** MRI will temporarily stop the SynchroMed pump motor and suspend drug infusion for the duration of MRI exposure. The SynchroMed pump should resume normal operation upon termination of MRI exposure. Exposure of IsoMed pumps to MRI fields of 1.5 T (Tesla) has demonstrated no impact to pump performance and a limited effect on the quality of the diagnostic information. During an MRI scan, the patient may experience heating or peripheral nerve stimulation at or near the pump implant site. In the unlikely event that this happens, the MRI scan parameters should be adjusted to reduce Specific Absorption Rate (SAR) for heating or dB/dt for nerve stimulation or both. Upon completion of an MRI scan, the SynchroMed pump parameters should be confirmed using a Medtronic clinician programmer. SynchroMed pump performance has not been established in >2.0 T (Tesla) MR scanners nor has IsoMed pump performance been established in >1.5 T (Tesla) MR scanners – it is not recommended that patients have MRI scans using these scanners.

**Adverse Events:** Include, but not limited to, clinically significant or fatal drug overdose or underdose, cessation or change in therapy, or a return of underlying symptoms due to an empty reservoir, component failure, misuse, misprogramming or miscommunication, or SynchroMed battery depletion; seroma/hematoma, infection, inflammation, tissue erosion, or pain at implant site; complete or partial catheter occlusion, kinking, breakage, leakage or disconnection; catheter dislodgment or migration; CSF leak/accumulation, internal/GI bleeding; arachnoiditis; radiculitis; meningitis; spinal headache; inflammatory mass; perforation of internal organs; drug toxicity and related side effects; and procedural complications.

Rx Only

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