Easy Choice Health Plan, Inc.
Harmony Health Plan of Illinois, Inc.
Missouri Care, Inc.
‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.
WellCare Health Insurance of Illinois, Inc.
WellCare Health Plans of New Jersey, Inc.
WellCare Health Insurance of Arizona, Inc.
WellCare of Florida, Inc.
WellCare of Connecticut, Inc.
WellCare of Georgia, Inc.
WellCare of Kentucky, Inc.
WellCare of Louisiana, Inc.
WellCare of New York, Inc.
WellCare of South Carolina, Inc.
WellCare of Texas, Inc.
WellCare Prescription Insurance, Inc.
Windsor Health Plan
Windsor Rx Medicare Prescription Drug Plan

Insertion of Drug Delivery Implants

Policy Number: HS-236

Original Effective Date: 1/9/2014
Revised Date(s): 7/10/2014; 6/5/2015

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

Clinical Coverage Guideline

Original Effective Date: 1/9/2014 - Revised: 7/10/2014, 6/5/2015
DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member’s Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. Note: The lines of business (LOB) are subject to change without notice; consult www.wellcare.com/Providers/CCGs for list of current LOBs.

BACKGROUND

Drug implant devices deliver active pharmaceuticals to a specific area in a member’s body for a determined length of time. Delivery of medication in this manner allows a member to receive a controlled release of a particular medication. Providers must replace and/or remove the implants at some point in time as they will not be absorbed by the body. Most implanted non-biodegradable delivery devices consist of an outer shell (e.g., silicon, ethylene vinyl acetate [EVA]) where the medication. Common medications include antibiotics, anti-inflammatories (steroids), and antivirals and may look like small beads, pellets, rods, slivers, or spacers.

POSITION STATEMENT

Applicable To:
- Medicaid – All Markets
- Medicare – All Markets

The insertion of non-biodegradable drug delivery implant devices (CPT Code 11981) is considered medically necessary for the following:

- Non-biodegradable contraceptive subcutaneous devices; OR,
- Hormone implants; OR,
- Treatment of advanced prostate cancer; OR,
- Orthopedic wound re-opening with insertion of an antibiotic containing bone cement; OR,
- Orthopedic wound re-opening with removal and reinsertion of an antibiotic containing bone cement; OR,
- Ophthalmologic insertion of gancyclovir capsule via vitrectomy; OR,
- Provider recommendation and member choice for contraception.

Indications not listed above are considered experimental / investigational and not a covered benefit.

CODING

Covered CPT® Codes
11981 Insertion, Non-Biodegradable Drug Delivery Implant
11982 Removal, non-biodegradable drug delivery implant
11983 Removal with reinsertion, non-biodegradable drug delivery implant

Hormone Implants

ICD-9 Diagnosis Codes
256.2-256.39 Postablative and other ovarian failure
256.8 Other ovarian dysfunction
256.9 Unspecified ovarian dysfunction
627.0-627.9 Menopausal and postmenopausal disorders
780.79 Other malaise and fatigue
799.81 Decreased libido

Clinical Coverage Guideline
ICD-10-CM Draft Codes
E28.310-E28.39 Primary ovarian failure
E28.8 Other ovarian dysfunction
E28.9 Ovarian dysfunction, unspecified
E89.40-E89.41 Postprocedural ovarian failure
N95.0-N95.9 Menopausal and other perimenopausal disorders
R53.81-R53.83 Other malaise and fatigue
R68.82 Decreased libido

Non-biodegradable contraceptive subcutaneous devices:

Covered ICD-9-CM Diagnosis Codes
V25.11 Encounter for insertion of intrauterine contraceptive device
V25.12 Encounter for removal of intrauterine contraceptive device
V25.13 Encounter for removal and reinsertion of intrauterine contraceptive device
V25.5 Insertion of implantable subdermal contraceptive

Covered Draft ICD-10-CM Diagnosis Codes
Z30.430 Encounter for insertion of intrauterine contraceptive device
Z30.432 Encounter for removal of intrauterine contraceptive device
Z30.433 Encounter for removal and reinsertion of intrauterine contraceptive device
Z30.49 Encounter for surveillance of other contraceptives

Treatment of advanced prostate cancer

Covered ICD-9-CM Diagnosis Code
185 Malignant Neoplasm of Prostate

Covered ICD-10-CM Diagnosis Code
C61 Malignant neoplasm of prostate

Treatment of orthopedic wound

Covered ICD-9 CM Diagnosis Code
730.10-730.19 Chronic osteomyelitis

Covered Draft 2014 ICD-10-CM Diagnosis Code
M86 Osteomyelitis


REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/5/2015</td>
<td>Approved by MPC. No changes.</td>
</tr>
<tr>
<td>7/10/2014</td>
<td>Approved by MPC. Inclusion of CPT 11892 and corresponding criteria.</td>
</tr>
<tr>
<td>1/9/2014</td>
<td>Approved by MPC.</td>
</tr>
</tbody>
</table>