In the event of conflict between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. Plan documents include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents.
In the event of conflict between a Clinical Payment and Coding Policy and any provider contract pursuant to which a provider participates in and/or provides services to eligible member(s) and/or plans, the provider contract will govern.

Implant Payment and Coding Policy

Policy Number: CPCP007

Version: 3.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date: 07/25/2017

Effective Date: 11/15/2017

Last Updated: 07/25/17

Description

The Food and Drug Administration (FDA) defines an implant as a device or tissue that is placed into a surgically or naturally formed cavity of the human body and is intended to remain there for a period of 30 days or more. There may be instances where a device that remains in the body for short periods, less than 30 days, may also be considered as an implant according to the FDA. Implants must also remain in the patient's body upon discharge from the inpatient stay or outpatient procedure. Implants include but are not limited to: anchors, artificial joints, mesh, pins, plates, radioactive seeds, screws, shunts, stents, allografts, and autografts. Other implants deliver medication, monitor body functions, or provide support to organs and tissues.

A supply or instrument that is purposed to be removed or discarded during the same inpatient or outpatient procedure in which they are placed in the body is not an implant. Liquids or materials that are absorbed or incorporated by the surrounding tissue will not be reimbursed if billed as an implant. The following items will not be reimbursed, including but not limited to guide wires, endoscopes and catheters associated with the implant procedures. Additionally, provider or vendor administrative storage and delivery costs will not be reimbursed. Items or services should be all encompassed under the surgical rate charge and therefore the patient should not be responsible for these charges or services.

Supplies include but are not limited to absorbable material such as Advance Hemostats & Sealants, Synthetic Sealants, and Topical Absorbable Hemostats. Some examples include but are not limited to:

ADVANCED HEMOSTATS & SEALANTS	SYNTHETIC SEALANTS	TOPICAL ABSORBABLE HEMOSTATS (TAH) & TOPICAL THROMBINS
Surgiflo	Duraseal	Surgicel
Evicel	Bioglue	Instant Surgifoam
Floseal	Progel	Arista
Tisseel	Coseal	Avitene
Seprafilm	Omnex	Gelfoam Plus
		Evithrom
		Thrombin-JMI
		Recothrom

Reimbursement Information:

Revenue Code 278 *Other Implants*

- Billed charges for revenue code 278 may require a vendor's invoice to support implants used that correspond to the services rendered unless otherwise agreed upon.
- These units must be clearly indicated on the vendor invoices submitted with the claim. If the units do not match or are not noted, the revenue code 278 will be denied unless otherwise agreed upon.
- If implants are purchased by the provider in bulk, the units that apply to the claim billed must be noted on the invoice or the revenue code 278 will be denied unless otherwise agreed upon.

Facilities will not be reimbursed for implants that are presumed contaminated, considered a waste and were not implanted in the patient. Waste can include but not limited to:

- Any items that were prepared or opened during a case but **not** used or implanted into the patient;
- Items open by mistake;
- Change of mind by the surgeon to use an item for the patient;
- Equipment failure/technical difficulties; and
- Surgery case cancellation.

References:

https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/ImplantsandProsthetics/

Policy Update History:

Approval Date	Description
7/25/17	New policy