



**PROVIDER REIMBURSEMENT GUIDANCE**

**Ventricular Assist Devices**

Original Date Approved	Effective Date Senior Care Options/ICO	Effective Date Medicare Advantage*	Revision Date								
05/10/2022	08/01/2022	08/01/2022									
<p><b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Senior Care Options (MA)</td> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> One Care (MA)</td> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*</td> <td><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) MA*</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options (MA)	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*	<input checked="" type="checkbox"/> One Care (MA)	<input checked="" type="checkbox"/> Medicare Value - (PPO) RI*	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*	<input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*	<input checked="" type="checkbox"/> Medicare Value - (PPO) MA*	
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**PAYMENT POLICY SUMMARY:**

Commonwealth Care Alliance® (CCA) reimburses for Medically Necessary Ventricular Assistive Devices in accordance with the Centers for Medicare and Medicaid Services (CMS).

**AUTHORIZATION REQUIREMENTS:**

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

**REIMBURSEMENT GUIDELINES:**

A ventricular assist device (VAD) is surgically attached to one or both intact ventricles and is used to assist or augment the ability of a damaged or weakened native heart to pump blood. Improvement in the performance of the native heart may allow the device to be removed.

CCA will provide reimbursement for medically necessary VADs when used in accordance with CMS and provided in a CMS approved facility.

Indications for coverage include:

- Post cardiectomy
- Left Ventricular Assist Devices (LVADs) are covered when FDA approved and used for short term and long term mechanical circulatory support for heart failure patients who meet CMS specifications (for more information please refer to NCD 20.9.1)

All other indications for VADs are considered non-covered except in the context of Category B investigational device exemption clinical trials (42 CFR 405) or as a routine cost in clinical trials defined under section 310.1 of the National Coverage Determinations (NCD) Manual.



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**BILLING and CODING GUIDELINES:**

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Unless otherwise indicated, CCA follows industry standard billing and coding guidelines and require providers to submit specific CPT and HCPC codes wherever possible. The following list of codes are examples of VAD codes.

Procedure Code	Description
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass

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**RELATED SERVICE POLICIES:**

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Prior Authorization

Modifier-Distinct Procedural Services (Modifier 59)

Clinical Trials

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**AUDIT and DISCLAIMER:**

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As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

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**REFERENCES:**

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- [CCA Website](#)
- [CMS Website](#)
- [Ventricular Assist Devices](#)
- [Routine Costs in Clinical Trials](#)
- [Medicare Claims Processing Manual Billing Requirements for Special Services](#)

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**POLICY TIMELINE DETAILS:**

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1. Effective: 08/01/2022