

# Ventricular Assist Devices Payment Policy

## Policy

A Ventricular Assist Device (VAD) is a blood pump implanted during a surgical procedure and is attached to one or both ventricles. VADs are implanted in a weakened or damaged heart in order to assist the heart with pumping blood. VADs are used as both a bridge to transplantation and as destination therapy. VADs are reimbursed when prior authorized; for guidelines, please refer to the *Ventricular Assist Devices Clinical Coverage Criteria*.

## Referral/notification/prior authorization requirements

Prior authorization is required for Ventricular Assist Devices.

## Billing/coding guidelines

The following codes should be used:

CPT Code	Description
33975	Insertion of ventricular assist device; extracorporeal, single ventricle
33976	Insertion of ventricular assist device; extracorporeal, biventricular
33977	Removal of ventricular assist device; extracorporeal, single ventricle
33978	Removal of ventricular assist device; extracorporeal, biventricular
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
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
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture
33992	Removal of percutaneous ventricular assist device at separate and distinct session from insertion
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion
33999	Unlisted procedure, cardiac surgery

## Policy history

Origination date:	04/01/2016
Previous revision date(s):	N/A 07/01/2016 - Introduced policy.
Connection date & details:	May 2017 – Annual review. July 2018 – Annual review, no updates. July 2019 – Annual review, no updates.

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*