

Coding and payment overview

Left ventricular assist devices & peripherals

Commonly billed codes and associated 2024 Medicare rates for hospital, physician, and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS)

This document reflects the commonly billed hospital inpatient procedures, physician, and hospital outpatient procedure codes for mechanical circulatory support devices (MCS) and procedures and Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) codes for left ventricular assist device peripheral replacements. This is not a comprehensive list of all available codes, and it is possible that there is a more appropriate code for any given procedure.

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Coverage

The Centers for Medicare and Medicaid Services (CMS) changed its National Coverage Determination (NCD)¹ effective December 1, 2020. The NCD updated language that preserves coverage for all labeled devices on the market. For full details, please visit [Medicare's Coverage Database](#). Key highlights are as follows:

Therapeutic intent

Left ventricular assist devices (LVADs) are covered if they are FDA approved for short-term (e.g., bridge-to-recovery and bridge-to-transplant) or long term (e.g., destination therapy) mechanical circulatory support for heart failure patients who meet certain criteria.

Patient selection criteria

Patient selection criteria are now standardized across all patients regardless of therapeutic intent. The exact criteria outlined in Appendix B of the CMS Decision Memo.

VAD facility criteria

No changes.

Hospital & physician coding, Medicare payment rates

The following information reflects the Medicare national allowable amount published by CMS and does not include Medicare payment reductions resulting from sequestration adjustments to the amount payable to the provider, as mandated by the Budget Control Act of 2011. The Medtronic Healthcare Economics and Reimbursement teams can provide site-specific information reflective of sequestration upon request.

CY2024 outpatient Medicare payment rate²:

CPT® code ³	Description	2024 APC	2024 Medicare national unadjusted payment rate
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed and report	5742	\$92

Outpatient hospital procedure coding:

Medicare has assigned all of the surgical procedure codes (33979, 33980, 33982, 33983) a Status "C" which means these services are considered inpatient only.⁴

CY2024 physician Medicare payment rates⁵:

CPT® code	Description	2024 Medicare national unadjusted payment rate
33979	Insertion of ventricular assist device, implantable intracorporeal, single ventricle	\$1,570
33980	Removal of ventricular assist device, implantable intracorporeal, single ventricle	\$1,710
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	\$1,857
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	\$2,185
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report	\$50 (non-facility) \$39 (facility)

CY2024 Inpatient hospital Medicare MS-DRG payment rates⁶:

ICD-10-PCS code ⁷	Description	MS-DRG and descriptions	CY2024 MS-DRG Medicare national unadjusted payment rates ⁸
<i>Insertion of Ventricular Assist Device</i>			
02HA0QZ	Insertion of implantable heart assist system into heart, open approach	MS-DRG 001 Heart transplant or implant of heart assist system w/ MCC	\$189,734
		MS-DRG 002 Heart transplant or implant of heart assist system w/o MCC	\$85,728
<i>Revision of Ventricular Assist Device</i>			
02WA0QZ	Revision of implantable heart assist system in heart, open approach	MS-DRG 215 Other heart assist system implant	\$71,520
<i>Removal of Ventricular Assist Device</i>			
02PA0QZ	Removal of implantable heart assist system from heart, open approach	MS-DRG 268 Aortic and heart assist procedures except pulsation balloon w/ MCC	\$47,994
		MS-DRG 269 Aortic and heart assist procedures except pulsation balloon w/o MCC	\$29,117

LVAD system durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS)

This reimbursement reference is adapted from the 2024 CMS DMEPOS Fee Schedule with all ventricular assist device (VAD)-related Healthcare Common Procedure Coding System (HCPCS) Level 2 codes represented. (Similar or identical products with different brand names may be assigned to the same HCPCS code.) The Q-codes, such as Q0506 and Q0508, may have additional guidelines and restrictions surrounding lifetime use and claims processing.

[Click here](#)

For additional information

Note: Inclusion or exclusion of a fee schedule for an item or service does not imply any health insurance coverage. CMS issues instructions for implementing and/or updating DMEPOS payment amounts on a semiannual basis (January and July), with quarterly updates as necessary (April and October).

[Click here](#)

For the most up-to date fee schedule

LVAD supplies:

HCPCS	January 2024 DMEPOS fee schedule national unadjusted* average ⁹	Description	HeartWare catalog #	HVAD equipment
Q0478	\$199	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type	1440	DC adapter for controller
Q0481	\$17,049	Microprocessor control unit for use with electric ventricular assist device, replacement only	1403US	Controller and AC adapter
Q0495	\$4,901	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	1600US	Battery charger
Q0498	\$603	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	2060US, 2050US, 1475	Shoulder pack, waist pack, patient pack
Q0501	\$599	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	2000US	Shower bag
Q0506	\$1,002	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	1650	Lithium-ion battery
Q0508	N/A	Miscellaneous supply or accessory for use with implanted ventricular assist device	1730, 1450	Controller AC adapter, Controller alarm adapter

*unadjusted averages do not include the mandated sequestration adjustment

Additional LVAD supplies:

HCPCS	January 2024 DMEPOS fee schedule national unadjusted* average ⁹	Description
Q0477	\$840	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0479	\$12,968	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0480	\$100,000	Driver for use with pneumatic ventricular assist device, replacement only
Q0482	\$5,340	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only
Q0483	\$21,999	Monitor/display module for use with electric ventricular assist device, replacement only
Q0484	\$4,272	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0485	\$412	Monitor control cable for use with electric ventricular assist device, replacement only
Q0486	\$343	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only
Q0487	\$401	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only
Q0489	\$19,072	Power pack base for use with electric/pneumatic ventricular assist device, replacement only
Q0490	\$825	Emergency power source for use with electric ventricular assist device, replacement only
Q0491	\$1,297	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only
Q0492	\$104	Emergency power supply cable for use with electric ventricular assist device, replacement only
Q0493	\$297	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only
Q0494	\$252	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0496	\$1,759	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0497	\$549	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0499	\$196	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only
Q0500	\$36	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only
Q0502	\$763	Mobility card for pneumatic ventricular assist device, replacement only
Q0503	\$1,526	Battery for pneumatic ventricular assist device, replacement only, each
Q0504	\$805	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type

*unadjusted averages do not include the mandated sequestration adjustment

References

- ¹ Decision Memo for Artificial Hearts and related devices, including Ventricular Assist Devices for Bridge-to-Transplant and Destination Therapy (CAG-00453N). <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&NCAId=298&bc=AAgAAAAACAAA&%20>. Accessed January 14, 2024.
- ² The OPFS 2024 National payment rates based on information published in the OPFS/ASC final rule CMS-1786-FC and corresponding Addendum B table which was released on November 2, 2023.
Hospital Outpatient Regulations and Notices. cms.gov. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1786-fc> Accessed November 21, 2023.
Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time.
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- ⁴ The Addendum E file includes the codes that are paid only as Inpatient procedures in CY 2024. Log on to: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps>, then access Hospital Outpatient Regulations and Notices (left side of screen), then click on CMS-1786-FC, access the 2023 NFRM OPFS Addenda. Accessed January 11, 2024.
- ⁵ The Medicare Physician Fee Schedule (MPFS) 2024 National payment rates based on information published in the MPFS final rule CMS-1784-F that was released November 2, 2023.
PFS Federal Regulation Notices. cms.gov <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f> Accessed December 13, 2023.
PFS Relative Value Files. cms.gov <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>
Local physician rates will vary based on location specific factors not reflected in this document. CMS may make adjustments to any or all of the data inputs from time to time.
- ⁶ MS-DRG v41.0 Definitions Manual. Cms.gov. https://www.cms.gov/icd10m/fy2024-version41-fullcode-cms/fullcode_cms/p0001.html Accessed December 7, 2023
- ⁷ 2024 ICD-10-PCS. cms.gov. <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-pcs>. Updated August 6, 2023. Accessed November 21, 2023
- ⁸ The IPPS FY 2024 National payment rates based on information published in the IPPS final rule CMS-1785-F.
IPPS Final Rule Home Page. cms.gov <https://www.cms.gov/medicare/acute-inpatient-pps/fy-2024-ippf-final-rule-home-page>. Updated November 30, 2023. Accessed December 7, 2023.
Hospital specific rates will vary based on various hospital-specific factors not reflected in this document and CMS may make adjustments to any or all of the data inputs from time to time.
- ⁹ CMS.gov. DME-24A January 2024 DMEPOS Fee Schedules. Available <https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme24> Accessed January 11, 2024.

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