HOSPITAL & PHYSICIAN CODING AND MEDICARE PAYMENT RATES FOR MECHANICAL CIRCULATORY SUPPORT DEVICES AND PROCEDURES

Disclaimer
These coding suggestions do not replace seeking coding advice from the payer and/or your own coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payer for interpretation of the appropriate codes to use for specific procedures. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other third party payers as to the correct form of billing or the amount that will be paid to providers of service.

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This bulletin includes the commonly billed hospital inpatient procedures, physician and hospital outpatient procedure codes for mechanical circulatory support devices and procedures. 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.
### FY 2018 Inpatient Hospital Medicare MS-DRG Payment Rates:

<table>
<thead>
<tr>
<th>ICD-10 Procedure Code</th>
<th>ICD-10 Procedure Code Description</th>
<th>MS-DRG and Description</th>
<th>FY 2018 MS-DRG Medicare National Payment Rates*</th>
</tr>
</thead>
<tbody>
<tr>
<td>02HA0QZ</td>
<td>Insertion of implantable heart assist system into heart, open approach</td>
<td>MS-DRG 001 Heart transplant or implant of heart assist system w/MCC</td>
<td>$152,464</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MS-DRG 002 Heart transplant or implant of heart assist system w/o MCC</td>
<td>$92,444</td>
</tr>
<tr>
<td>02WA0QZ</td>
<td>Revision of implantable heart assist system in heart, open approach</td>
<td>MS-DRG 215 Other heart assist system implant</td>
<td>$94,128</td>
</tr>
<tr>
<td>02PA0QZ</td>
<td>Removal of implantable heart assist system from heart, open approach</td>
<td>MS-DRG 268 Aortic and heart assist procedures except pulsation balloon w/MCC</td>
<td>$39,474</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MS-DRG 269 Aortic and heart assist procedures except pulsation balloon w/o MCC</td>
<td>$25,138</td>
</tr>
</tbody>
</table>

* FY 2018 represents discharges occurring on and after October 1, 2017 through September 30, 2018.

### CY 2017 Outpatient Hospital Medicare Payment Rate:

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Code Description</th>
<th>CY 2017 Medicare Outpatient Assigned Ambulatory Payment Classification (APC) Medicare National Payment Rate**</th>
</tr>
</thead>
<tbody>
<tr>
<td>93750</td>
<td>Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report (Do not report 93750 in conjunction with 33975-33976, 33979, 33981-33983)</td>
<td>APC 5742 $107</td>
</tr>
</tbody>
</table>

** CY 2017 Medicare National payment rate reduced by the 2% sequestration adjustment.

### Outpatient Hospital Surgical Procedure Coding:

Medicare has assigned all of the surgical procedure codes (33979, 33980, 33982 and 33983) a Status “C” which means these services are considered inpatient only.
**CY 2017 Physician Medicare Payment Rates**:  

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Code Description</th>
<th>CY 2017 Medicare Physician National Payment Rates**</th>
</tr>
</thead>
<tbody>
<tr>
<td>33979</td>
<td>Insertion of ventricular assist device, implantable intracorporeal, single ventricle</td>
<td>$2,000</td>
</tr>
<tr>
<td>33980</td>
<td>Removal of ventricular assist device, implantable intracorporeal, single ventricle</td>
<td>$1,827</td>
</tr>
<tr>
<td>33982</td>
<td>Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass</td>
<td>$2,008</td>
</tr>
<tr>
<td>33983</td>
<td>Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass</td>
<td>$2,374</td>
</tr>
<tr>
<td>93750</td>
<td>Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report (Do not report 93750 in conjunction with 33975-33976, 33979, 33981-33983)</td>
<td>$56 Non-Facility $46 Facility</td>
</tr>
</tbody>
</table>

** CY 2017 Medicare National payment rate reduced by the 2% sequestration adjustment.

References

1 CPT copyright 2016 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

2 FY 2018 Medicare Inpatient Payment Rate data elements are available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html

The ICD-10 Procedure Coding System 2017 Tables and Index are available at: https://www.cms.gov/Medicare/Coding/ICD10/2017-ICD-10-PCS-and-GEMs.html

The assigned MS-DRG based on ICD-10 Procedure Coding is available in Appendix D.
First access: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html
Then click on FY 2017 IPPS Final Rule Homepage (left side of screen); FY 2017 Final Rule and Correction Notice Data Files, scroll all the way down until you see Errata and ICD-10 MS-DRG Definitions Manuals v4 TEXT format – Updated 11/03/2016. Then open appendix_D_E.txt and remember to use a search function to find the ICD-10 Inpatient Hospital Surgical Procedure Codes.

3 The Medicare final rule was published in the Federal Register on November 14, 2016 with corrections published in the Federal Register on January 3, 2017.

The C-APC and APC tables and other files are available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html

The Addendum E file includes the codes that are paid only as Inpatient procedures in CY 2017. Log on to: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html
then access Hospital Outpatient Regulations and Notices (left side of screen), then click on CMS-1656-FC, access the CY 2017 Final Rule OPPS Addenda and open Addendum E.

4 The Addendum E file includes the codes that are paid only as Inpatient procedures in CY 2017. Log on to:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/index.html

5 CY 2017 Medicare Physician Payment Rate data elements can be found at:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html
Brief Statement:
HeartWare™ HVAD™ System

Indications for Use
The HeartWare™ HVAD™ System is indicated for hemodynamic support in patients with advanced, refractory left ventricular heart failure; either as a Bridge to Cardiac Transplantation (BTT), myocardial recovery, or as Destination Therapy (DT) in patients for whom subsequent transplantation is not planned.

Contraindications
The HeartWare System is contraindicated in patients who cannot tolerate anticoagulation therapy.

Warnings/Precautions
Proper usage and maintenance of the HVAD™ System is critical for the functioning of the device. Serious and life threatening adverse events, including stroke, have been associated with use of this device. Blood pressure management may reduce the risk of stroke. Never disconnect from two power sources at the same time (batteries or power adapters) since this will stop the pump, which could lead to serious injury or death. At least one power source must be connected at all times. Always keep a spare controller and fully charged spare batteries available at all times in case of an emergency. Do not disconnect the driveline from the controller or the pump will stop. Avoid devices and conditions that may induce strong static discharges as this may cause the VAD to perform improperly or stop. Magnetic resonance imaging (MRI) could cause harm to the patient or could cause the pump to stop. The HVAD™ Pump may cause interference with automatic implantable cardioverter-defibrillators (AICDs), which may lead to inappropriate shocks, arrhythmia and death. Chest compressions may pose a risk due to pump location and position of the outflow graft on the aorta - use clinical judgment. If chest compressions have been administered, confirm function and positioning of HVAD Pump post CPR.

Potential Complications
Implantation of a VAD is an invasive procedure requiring general anesthesia and entry into the thoracic cavity. There are numerous known risks associated with this surgical procedure and the therapy including, but not limited to, death, stroke, neurological dysfunction, device malfunction, peripheral and device-related thromboembolic events, bleeding, right ventricular failure, infection, hemolysis and sepsis.

Refer to the “Instructions for Use” for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions and potential adverse events prior to using this device. The IFU can be found at www.heartware.com/clinicians/instructions-use.

Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.