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

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.

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.

**FY 2019 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 Descriptions</th>
<th>FY 2019 MS-DRG Medicare National Unadjusted 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>$161,250</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MS-DRG 002 Heart transplant or implant of heart assist system w/o MCC</td>
<td>$81,952</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>$78,676</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>$40,929</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MS-DRG 269 Aortic and heart assist procedures except pulsation balloon w/o MCC</td>
<td>$25,343</td>
</tr>
</tbody>
</table>

*Reflects final rule correction notice released to the public on September 29, 2018.

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.²
### CY 2019 Outpatient Hospital Medicare Payment Rate:

| CPT® Code | CPT Code Description                                                                                                                                                                                                 | CY 2019 Medicare Outpatient Assigned Ambulatory Payment Classification (APC) Medicare National 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 (Do not report 93750 in conjunction with 33975-33976, 33979, 33981-33983) | APC 5742 $118

*CY 2019 Medicare National unadjusted payment rate.

### CY 2019 Physician Medicare Payment Rates:

| CPT Code | CPT Code Description                                                                                                                                                                                                 | CY 2019 Medicare Physician National Payment Rates
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------
| 33979      | Insertion of ventricular assist device, implantable intracorporeal, single ventricle                                                                                                                                  | $2,042
| 33980      | Removal of ventricular assist device, implantable intracorporeal, single ventricle                                                                                                                                    | $1,868
| 33982      | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass                                                                                       | $2,055
| 33983      | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass                                                                                         | $2,419
| 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 (Do not report 93750 in conjunction with 33975-33976, 33979, 33981-33983) | $57 Non-Facility $48 Facility

Cardiac Rhythm and Heart Failure (CRHF) coding, coverage, and reimbursement information is available at: medtronic.com/crhfreimbursement.

For questions or for more information, please contact Medtronic CRHF Reimbursement Services at 1-866-877-4102 (8:00 a.m. to 5:00 p.m. CT, Monday-Friday) or rs.healthcareeconomics@medtronic.com.

**DISCLAIMER**

Medtronic provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules, and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payers as to the correct form of billing or the amount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/or legal counsel for interpretation of coding, coverage, and payment policies. This document provides assistance for FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g., instructions for use, operator’s manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.
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 and 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.

References

1 FY 2019 Medicare Inpatient Payment Rate data elements are available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html.


The assigned MS-DRG based on ICD-10 Procedure Coding is available in Appendix D.

Inpatient payment information available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/index.html.

2 The Addendum E file includes the codes that are paid only as Inpatient procedures in CY 2019. 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-1695-FC, access the CY 2019 NFRM OPPS Addenda and open Addendum E.

3 The Medicare final rule was published in the Federal Register on November 21, 2018. 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.

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5 CY 2019 Medicare Physician Payment Rate data elements can be found at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/index.html.