

### Ventricular assist devices

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: \*33990, \*33991

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See below for the questions you'll encounter in the e-referral system.

**Q** Is the ventricular assist device (VAD) approved by the FDA AND being used according to the FDA-approved labeling instructions?



Possible answers:  Yes  No  N/A

**Q** Is the VAD being used post-cardiotomy, which is the period following open-heart surgery?



Possible answers:  Yes  No  N/A



**Q** Is the VAD being used as a bridge to transplant AND BOTH of the following (A-B)? A. The patient is approved for heart transplantation by a Medicare-approved heart transplant center; OR the implanting site, if different than the Medicare-approved transplant center, must receive written permission from the Medicare-approved transplant center under which the patient is listed prior to implantation of the VAD. B. The patient is active on the Organ Procurement and Transplantation Network (OPTN) heart transplant waitlist.

**A**

Possible answers:  Yes  No  N/A

**Q** Is the VAD being used as destination therapy? (Destination therapy is considered final rather than being a transitional stage.)

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have chronic end-stage heart failure (New York Heart Association Class IV end-stage left ventricular failure) and not a candidate for heart transplantation?

**A**

Possible answers:  Yes  No  N/A

**Q** Has the patient failed to respond to ONE of the following (A-C)? A. Optimal medical management (including beta-blockers and ACE inhibitors if tolerated) for 45 of the last 60 days. B. Balloon pump-dependent for 7 days. C. IV inotrope-dependent for 14 days.

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have a left ventricular ejection fraction (LVEF) < 25%?

**A**

Possible answers:  Yes  No  N/A



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## Preview questionnaire Ventricular assist devices

For BCN Advantage<sup>SM</sup>

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**Q** Has the patient demonstrated functional limitation with a peak oxygen consumption of  $\leq 14$  ml/kg/min unless balloon pump or inotrope-dependent or physically unable to perform the test?

**A**

Possible answers:  Yes  No  N/A