REIMBURSEMENT POLICY STATEMENT
Marketplace

Policy Name & Number	Date Effective
Left Ventricular Assist Device (LVAD) Supplies-MP-PY-1465	03/01/2026
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):			
☒ **Georgia**	☒ **Indiana**	☒ **Ohio**	☒ **West Virginia**

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A. Subject

Left Ventricular Assist Device (LVAD) Supplies

B. Background

Reimbursement policies are designed to assist providers when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

A left ventricular assist device (LVAD) is a surgically implanted battery-operated, mechanical pump, which helps the left ventricle (main pumping chamber of the heart) pump blood to the rest of the body. It is a treatment for a weakened heart or end stage heart failure. LVADs can be used as:

- Bridge-to-transplant therapy: A life-saving therapy for patients awaiting a heart transplant. Patients use the LVAD until a heart becomes available. In some cases, the LVAD is able to restore the failing heart, eliminating the need for a transplant.
- Destination therapy: Some patients are not candidates for heart transplants. In this case, patients can receive long-term treatment using an LVAD, which can prolong and improve patients' lives.

Since the use of these devices in either therapy is critical, LVAD supplies should be easily accessible. Remote monitoring is **NOT** bundled and is separately reimbursable.

C. Definitions

- **Heart Failure** – A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently causing symptoms to occur throughout the body. Left-sided heart failure occurs when the heart loses its ability to pump blood preventing organs from receiving enough oxygen. The condition can lead to complications that include right-sided heart failure and organ damage.
- **Ventricular Assist Device (VAD)** – A surgically attached device to one or both intact ventricles used to assist or augment the ability of a damaged or weakened native heart to pump blood. Improvement in the performance of the native heart may allow the device to be removed.

D. Policy

I. Dressings and supplies

A. CareSource considers reimbursement for LVAD dressings a covered service when all the following criteria are met:
   1. The initial dressings supplied under the bundled in-patient benefit at the facility where the LVAD was implanted are expended.
   2. Dressings necessary for the effective use of a LVAD must be billed using the appropriate supply code.
B. LVAD dressings are a disposable supply and, therefore, a purchase-only item.
C. Supplies billed with miscellaneous code E1399 will be denied if a more appropriate code is available.

II. The following codes are not all inclusive but provide a general reference of unlisted/miscellaneous codes that are generally used incorrectly.

Code	Description
E1399	Durable medical equipment, miscellaneous
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device

III. Batteries
A. CareSource uses CMS guidance for battery replacement,
B. Batteries for LVADs should be billed using the following codes:
   1. Q0503: Battery for pneumatic ventricular assist device, replacement only, each.
   2. Q0506: Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only
C. Batteries billed with miscellaneous code E1399 will be denied.
D. A rechargeable battery may be approved with a spare for uninterrupted use.
E. Battery chargers require periodic inspection and cleaning
   1. According to the manufacturer, the hospital contact is responsible for coordinating annual inspection and maintenance of the battery charger after the patient leaves the hospital.
   2. Service and maintenance should only be performed by personnel trained by the manufacturer.
   3. Battery chargers that are repairable will not be replaced.

IV. Warranty
CareSource may request warranty information regarding the DME item or supply. If the requested DME item(s) and/or supplies are covered by the supplier's or manufacturer's warranty, CareSource will deny the claims.

V. Prior authorization submitted with unlisted or miscellaneous codes must contain the applicable information and/or documentation below for consideration during review:

A. a complete description of the item (including, as applicable, the manufacturer, model or style, and size), a list of all bundled components, and an itemization of all charges
B. current clinic notes listing the amount of dressing changes the member needs per week
C. any other information requested by CareSource

VI. Non-covered services
A. Remote monitoring of LVADs using Q0508 or bundled codes
B. multiple battery packs beyond the pair required for continuous use

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Codes in this policy reflect those found in CMS Transmittal 10837 for National Coverage Determination (NCD) 20.9.1 Ventricular Assist Devices (VADs).

A. All unlisted or miscellaneous codes defined within this policy are subject to medical necessity review.
B. Prior authorization is not a guarantee of payment.
C. Claims must include an invoice.
D. CareSource may verify the use of any code through post-payment audit.
E. If a more appropriate code is discovered, CareSource may request recoupment.

F. Related Policies/Rules

Durable Medical Equipment Repairs
Unlisted and Miscellaneous Codes

G. Review/Revision History

	DATE	ACTION
Date Issued	12/13/2023	New Policy, approved at Committee.
Date Revised	12/18/2024 12/03/2025	Added Unlisted and Miscellaneous Codes to section F. Updated references. Approved at Committee. Added non-bundling of remote monitoring to Background. III. A and E. Added V.B to A. Remote monitoring of LVADs using Q0508 or bundled codes. PA requirements. Change VI.A to Added Durable Medical Equipment Repairs to Sec. F. Updated references. Approved at Committee
Date Effective	03/01/2026	
Date Archived		

H. References

1. *Artificial Hearts and Related Devices, Including Ventricular Assist Devices for Bridge-to-Transplant and Destination Therapy.* Medicare Coverage Database; 2020. Decision Memo CAG-00453N. Centers for Medicare & Medicaid Services. Accessed November 04, 2025. www.cms.gov

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

2. Heart failure. National Heart, Blood and Lung Institute. Accessed November 04, 2025. www.nhlbi.nih.gov
3. Left ventricular assist devices (LVADs). Cleveland Clinic. Accessed November 4, 2025. www.my.clevelandclinic.org
4. *NCCI Coding Policy Manual*. Centers for Medicare & Medicaid Services; 2025. Accessed November 04, 2025. www.cms.gov
5. NCD - Ventricular Assist Devices (VADs) (20.9.1). Centers for Medicare & Medicaid Services. Accessed November 04, 2025. www.cms.gov