

# Artificial Hearts and Related Devices (Formerly NCD 20.9)

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  - [Ventricular Assist Devices \(NCD 20.9.1\)](#)
- Related Medicare Advantage Reimbursement Policy**
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  - [Ventricular Assist Device \(VAD\) and Artificial Heart](#)

## Policy Summary

[↪ See Purpose](#)

### Overview

An artificial heart is a biventricular replacement device which requires removal of a substantial part of the native heart, including both ventricles. Removal of this device is not compatible with life, unless the patient has a heart transplant.

### Guidelines

CMS is removing the NCD at § 20.9, ending coverage with evidence development for artificial hearts and permitting Medicare coverage determinations for artificial hearts to be made by the Medicare Administrative Contractors (MACs) under § 1862(a)(1)(A) of the Social Security Act.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
33928	Removal and replacement of total replacement heart system (artificial heart)
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)

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ICD Procedure Code	Description
02RK0JZ	Replacement of right ventricle with synthetic substitute, open approach
02RL0JZ	Replacement of left ventricle with synthetic substitute, open approach
02WA0JZ	Revision of Synthetic substitute in heart, open approach

## Questions and Answers

1	Q:	Has coverage of artificial hearts under CED (Coverage with Evidence Development) changed?
	A:	Yes, per CMS decision memo for Artificial Hearts and related devices dated 12/1/2020, CMS is removing the NCD at § 20.9, ending coverage with evidence development for artificial hearts and permitting Medicare coverage determinations for artificial hearts to be made by the Medicare Administrative Contractors (MACs).

## References

### CMS National Coverage Determinations (NCDs)

[NCD 20.9 Artificial Hearts and Related Devices](#)

Reference NCDs: [NCD 20.9.1 Ventricular Assist Devices](#), [NCD 310.1 Routine Costs in Clinical Trials](#)

### CMS Claims Processing Manual

[Chapter 32; § 68 Investigational Device Exemption \(IDE\) Studies, § 69 Qualifying Clinical Trials, § 320 Artificial Hearts and Related Devices](#)

### CMS Transmittal(s)

[Transmittal 1975, Change Request 10318, Dated 11/09/2017 \(ICD-10 and Other Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 2005, Change Request 10318, Dated 01/18/2018 \(ICD-10 and Other Coding Revisions to National Coverage Determinations \(NCDs\)\)](#)

[Transmittal 2382, Change Request 11491, Dated 11/01/2019 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–April 2020 Update\)](#)

[Transmittal 2427, Change Request 11491, Dated 02/04/2020 \(International Classification of Diseases, 10th Revision \(ICD-10\) and Other Coding Revisions to National Coverage Determination \(NCDs\)–April 2020 Update\)](#)

### MLN Matters

[Article MM6185 Revised, Medicare Coverage of Artificial Hearts](#)

[Article MM8401, Mandatory Reporting of an 8-Digit Clinical Trial Number on Claims](#)

[Article SE1344, Further Information on Mandatory Reporting of an 8-Digit Clinical Trial Number on Claims](#)

### UnitedHealthcare Commercial Policy

[Total Artificial Heart](#)

### Other(s)

[CMS Approved Clinical Trials for Artificial Hearts, CMS Website](#)

[Decision Memo for Artificial Hearts and related devices, including Ventricular Assist Devices for Bridge-to-Transplant and Destination Therapy \(CAG-00453N\)](#)

[Medicare Managed Care Manual, Chapter 4; § 10.7.2 Payment for Investigational Device Exemption \(IDE\) Studies](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
12/09/2020	<b>Title Change</b> <ul style="list-style-type: none"><li>Previously titled <i>Artificial Hearts and Related Devices (NCD 20.9)</i></li></ul> <b>Policy Summary</b> <b>Guidelines</b> <ul style="list-style-type: none"><li>Revised language to indicate CMS is removing the National Coverage Determination (NCD) at §20.9, ending coverage with evidence development for artificial hearts and permitting Medicare coverage determinations for artificial hearts to be made by the Medicare Administrative Contractors (MACs) under Section §1862(a)(1)(A) of the Social Security Act</li></ul> <b>Applicable Codes</b> <ul style="list-style-type: none"><li>Revised description for CPT code 33927</li><li>Removed:<ul style="list-style-type: none"><li>Modifier code Q0</li><li>Condition code 30</li></ul></li><li>Removed notation addressing coverage of an item or service in a clinical study, clinical trial, or registry</li><li>Questions and Answers</li><li>Revised Q&amp;A #1 pertaining to Coverage with Evidence Development (CED) for artificial hearts</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG019.07</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).