

Total Artificial Heart (for Louisiana Only)

Policy Number: CS122LA1.A
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[Instructions for Use](#)

Content mandated by Louisiana Department of Health

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Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

Coverage Rationale

Services not covered by Louisiana Medicaid include but are not limited to:

- Man-made hearts or xenografts

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 policy 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 federal, state, or contractual requirements 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)

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References

UnitedHealthcare 2020 Care Provider Manual, Physician, Health Care Professional, Facility and Ancillary Care, Louisiana, Chapter 3, Care Provider Office Procedures and Member Benefits, Non-Covered Services. [Care Provider Manual for Healthy Louisiana - UnitedHealthcare Community Plan of Louisiana \(uhcprovider.com\)](#). Accessed April 13, 2021.

Policy History/Revision Information

Date	Summary of Changes
05/01/2021	<ul style="list-style-type: none">Created state-specific policy version for content addressed in the <i>UnitedHealthcare Community Plan of Louisiana 2020 Care Provider Manual</i>

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.