

MECHANICAL CIRCULATORY SUPPORT DEVICE (MCSD)

Policy Number: ADMINISTRATIVE 246.7 T2

Effective Date: February 1, 2018

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Related Policy

- [Total Artificial Heart](#)

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

BENEFIT CONSIDERATIONS

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

POLICY

Oxford has engaged OptumHealth to perform reviews of precertification requests for the use of long term, durable mechanical circulatory devices. Oxford continues to be responsible for decisions regarding coverage determinations and for appeals. Optum has established an infrastructure to support the review, development, and implementation of comprehensive clinical guidelines. The evidence-based clinical guidelines are available at: [UHCProvider.com > Policies & Protocols > Clinical Guidelines > Mechanical Circulatory Support Device \(MCSD\) Clinical Guideline](http://UHCProvider.com > Policies & Protocols > Clinical Guidelines > Mechanical Circulatory Support Device (MCSD) Clinical Guideline).

All pre-certification requests are handled by OptumHealth. To pre-certify a procedure related to mechanical circulatory devices, please call OptumHealth at 888-936-7246.

New Jersey (NJ) Small, NJ School Board and NJ Municipality products, services indicated as requiring a precertification require medical necessity review. This review may be requested prior to service. If a medical necessity review is not requested by the provider prior to service, the medical necessity review will be conducted after the service is rendered.

with no penalty imposed for failure to request the review prior to rendering the service. It is the referring physician's responsibility to provide medical documentation to demonstrate clinical necessity for the study that is being requested (for review prior to service) or has been rendered (for review after service was provided).

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 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 may apply.

The table below represents the CPT codes that require precertification to OptumHealth. The list is **not** meant to provide a coverage determination. Coverage will be determined based upon further review of members benefit, Oxford Policies and OptumHealth's Clinical Guidelines. Clinical Guidelines available at: UHCPProvider.com > [Policies & Protocols](#) > [Clinical Guidelines](#) > [Mechanical Circulatory Support Device \(MCSD\) Clinical Guideline](#).

CPT Code	Description
33975	Insertion of ventricular assist device; extracorporeal, single ventricle
33976	Insertion of ventricular assist device; extracorporeal, biventricular
33979	Insertion of ventricular assist device, implantable, intracorporeal, single ventricle
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass

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POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
02/01/2018	<ul style="list-style-type: none"> Routine review; no content changes Archived previous policy version ADMINISTRATIVE 246.6 T2