

# MECHANICAL CIRCULATORY SUPPORT DEVICE (MCSD)

**Guideline Number:** MMG081.H

**Effective Date:** February 1, 2019

[Instructions for Use](#) ⓘ

<b>Table of Contents</b>	<b>Page</b>
<a href="#">APPLICABLE CODES</a> .....	1
<a href="#">DESCRIPTION OF SERVICES</a> .....	1
<a href="#">GUIDELINE HISTORY/REVISION INFORMATION</a> .....	2
<a href="#">INSTRUCTIONS FOR USE</a> .....	2

<b>Related Medical Management Guideline</b>
• <a href="#">Total Artificial Heart</a>

## 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.

The below table represents CPT codes that require prior authorization by OptumHealth. The list is **not** meant to provide a coverage determination. Coverage will be determined based upon further review of members benefit, UnitedHealthcare Policies and OptumHealth's Clinical Guidelines. Clinical Guidelines may be found at: [UHCPProvider.com > Menu > Policies and 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

*CPT® is a registered trademark of the American Medical Association*

## DESCRIPTION OF SERVICES

UnitedHealthcare has engaged OptumHealth to perform reviews for prior authorization requests for the use of long term, durable mechanical circulatory devices. UnitedHealthcare 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: [UHCPProvider.com > Menu > Policies and Protocols > Clinical Guidelines > Mechanical Circulatory Support Device \(MCSD\) Clinical Guideline](#).

All prior authorization requests are handled by OptumHealth. To prior authorize a procedure related to mechanical circulatory devices; please call OptumHealth at 888-936-7246.

## GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
02/01/2019	<ul style="list-style-type: none"><li>• Reorganized policy template:<ul style="list-style-type: none"><li>○ Simplified and relocated <i>Instructions for Use</i></li><li>○ Removed <i>Benefit Considerations</i> section</li></ul></li><li>• Archived previous policy version MMG081.G</li></ul>

## INSTRUCTIONS FOR USE

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard benefit plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines 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.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.