

# Local Coverage Article: Billing and Coding: Percutaneous Endovascular Cardiac Assist Procedures and Devices (A52967)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	02101 - MAC A	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	02102 - MAC B	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	02201 - MAC A	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	02202 - MAC B	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	02301 - MAC A	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	02302 - MAC B	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	02401 - MAC A	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	02402 - MAC B	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	03101 - MAC A	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	03102 - MAC B	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	03201 - MAC A	03201 - MAC A	J - F	Montana

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	03202 - MAC B	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	03301 - MAC A	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	03302 - MAC B	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	03401 - MAC A	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	03402 - MAC B	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	03501 - MAC A	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	03502 - MAC B	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	03601 - MAC A	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	03602 - MAC B	03602 - MAC B	J - F	Wyoming

## Article Information

### General Information

**Article ID**

A52967

**Original Effective Date**

10/01/2015

**Article Title**

Billing and Coding: Percutaneous Endovascular Cardiac Assist Procedures and Devices

**Revision Effective Date**

01/01/2021

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

## Retirement Date

N/A

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## CMS National Coverage Policy

N/A

## Article Guidance

**Article Text:**

Effective for dates of service on/after February 3, 2014.

Noridian will cover the percutaneous insertion of an endovascular cardiac assist device itself under limited conditions. Until the literature clearly demonstrates the efficacy of the treatment approach, coverage may be made only in the following two life-threatening situations and only when external counterpulsation (intraaortic balloon pump, IABP) is not expected to be sufficient; Cardiogenic shock or Severe decompensated heart failure with threatening multi-organ failure.

This service will only be covered when the FDA approval guidelines are strictly followed.

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

Part A Providers – Use ICD-10-PCS code 5A0221D - Assistance with Cardiac Output using Impeller Pump, Continuous or 5A02216 - Assistance with Cardiac Output using Other Pump, Continuous.

Part B Providers – Use CPT 33990, 33991, 33995 or 33997

#### Group 1 Codes:

CODE	DESCRIPTION
33990	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LEFT HEART, ARTERIAL ACCESS ONLY
33991	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LEFT HEART, BOTH ARTERIAL AND VENOUS ACCESS, WITH TRANSEPTAL PUNCTURE
33995	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RIGHT HEART, VENOUS ACCESS ONLY
33997	REMOVAL OF PERCUTANEOUS RIGHT HEART VENTRICULAR ASSIST DEVICE, VENOUS CANNULA, AT SEPARATE AND DISTINCT SESSION FROM INSERTION

### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

Cardiogenic shock ICD-10-CM code R57.0, or Severe decompensated heart failure with threatening multi-organ

failure, represented by one of the following ICD-10-CM codes

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
I97.0	Postcardiotomy syndrome
I97.710	Intraoperative cardiac arrest during cardiac surgery
I97.711	Intraoperative cardiac arrest during other surgery
I97.790	Other intraoperative cardiac functional disturbances during cardiac surgery
I97.791	Other intraoperative cardiac functional disturbances during other surgery
I97.88	Other intraoperative complications of the circulatory system, not elsewhere classified
I97.89	Other postprocedural complications and disorders of the circulatory system, not elsewhere classified

**ICD-10 Codes that DO NOT Support Medical Necessity**

N/A

**Additional ICD-10 Information**

N/A

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
078x	Licensed Freestanding Emergency Medical Facility

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**Other Coding Information**

N/A

# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2021	R5	<p>Added ICD-10-PSC Code 5A02216 for Part A providers/facilities and CPT® codes 33995 and 33997 for Part B providers. Also, the code descriptions for 33990 and 33991 changed. 33990-<b>from</b> INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ARTERIAL ACCESS ONLY <b>to</b> INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LEFT HEART, ARTERIAL ACCESS ONLY and 33991 <b>from</b> INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; BOTH ARTERIAL AND VENOUS ACCESS, WITH TRANSSEPTAL PUNCTURE <b>to</b> INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LEFT HEART, BOTH ARTERIAL AND VENOUS ACCESS, WITH TRANSSEPTAL PUNCTURE in the CPT/HCPCS Codes section</p> <p>The addition of 33995 and 33997 and the code description changes are per the 2021 CPT/HCPCS Codes Annual update effective 01/01/2021.</p>
10/01/2015	R4	Article converted to Billing and Coding, no change in coverage made.
10/01/2015	R3	R3- Changed ICD-10-PCS code from 02HL3DZ back to 5A0221D. Article number A52944 for JEA will be retired on 5/15/16. This article will be the same as Article number A52967 for JFB and combines both contract numbers for both JFA & JFB.
10/01/2015	R2	R2-Revised to add Cardiogenic shock or Severe decompensated heart failure with threatening multi-organ failure after the word sufficient and replaced the words "adhered to" to followed in the article text. Also changed the ICD-10-PCS from 5A0221D to 02HL3DZ.
10/01/2015	R1	R1 Article revised to change ICD-10-CM procedure code from 02HL3DZ to ICD-10-PCS code 5A0221D

## Associated Documents

### Related Local Coverage Document(s)

N/A

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

**CMS Manual Explanations URL(s)**

N/A

**Other URL(s)**

N/A

**Public Version(s)**

Updated on 02/16/21 with effective dates 01/01/2021 - N/A

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## Keywords

- VAD, Cardiac, Assist, Device, Percutaneous, Endovascular, 33990 & 33991, 5A0221D