HEALTH ECONOMICS & REIMBURSEMENT

MECHANICAL CIRCULATORY SUPPORT (MCS) CODING GUIDE

HEARTMATE II™ AND HEARTMATE 3™ LEFT VENTRICULAR ASSIST SYSTEM (LVAS)

Hospital Inpatient

Effective October 1, 2026 to September 30, 2027

Hospital Outpatient, Ambulatory Surgical Center, Physician

Effective January 1, 2026 to December 31, 2026

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OVERVIEW

This content is intended to provide reference material related to general guidelines for reimbursement when used consistently with the product's labeling. This content includes information regarding coverage, coding and reimbursement.

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IMPORTANT NOTE

Medicare participation varies by provider. The payment rates shown are the National Average Medicare payment rates. Reimbursement listed may not apply to all institutions despite Medicare participation.

REIMBURSEMENT SUPPORT

REIMBURSEMENT HOTLINE

Abbott offers a reimbursement hotline, which provides live coding and reimbursement information from dedicated reimbursement specialists. Coding and reimbursement assistance is provided subject to the disclaimers set forth in this guide.

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REIMBURSEMENT FIELD TEAM

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COVERAGE FOR HEARTMATE 3™ LVAD

The HeartMate 3™ Left Ventricular Assist System (LVAD) is indicated for providing short and long-term mechanical circulatory support (e.g., as bridge to transplant or myocardial recovery, or destination therapy) in adult and pediatric patients with advanced refractory left ventricular heart failure and with an appropriate body surface area.

On December 1, 2020, the Centers for Medicare and Medicaid Services (CMS) finalized a revision of NCD 20.9.1 for Ventricular Assist Devices (VADs) to remove the pre-implant designations (bridge-to-transplant and destination therapy) in favor of one central criteria for qualification of VAD candidacy for the purposes of coverage and payment. The patient criteria leverage the clinical evidence supported by the MOMENTUM 3 clinical trial.

Specifically, the patient criteria for VAD coverage are the following:

- Have New York Heart Association (NYHA) Class IV heart failure; and
- Have a left ventricular ejection fraction (LVEF) ≤ 25%; and
- Are inotrope dependent

or have a Cardiac Index (CI) < 2.2 L/min/m2, while not on inotropes, and also meet one of the following:

- Are on optimal medical management (OMM), based on current heart failure practice guidelines for at least 45 out of the last 60 days and are failing to respond; or
- Have advanced heart failure for at least 14 days and are dependent on an intra-aortic balloon pump (IABP) or similar temporary mechanical circulatory support for at least 7 days.

The facility requirements of NCD 20.9.1 remain the same, and facilities performing VAD implants for short or long-term mechanical circulatory support need to have accreditation from an approved CMS certifying body and maintain an appropriate multi-disciplinary team to support VAD procedures.

Most commercial payer policies reflect similar guidance as the Medicare NCD 20.9.1, but it is important that providers and institutions check their payer policies and seek prior authorization to ensure appropriate adherence to their LVAD coverage criteria especially in light of the December 1, 2020 NCD revised update. Medicare Advantage Plans are required to align with the coverage criteria in NCD 20.9.1.

See Important Safety Information referenced within on page 11

HOSPITAL INPATIENT[2]

Effective October 1, 2026 to September 30, 2027

The Mechanical Circulatory Support (MCS) Coding Guide is intended to provide coding and reimbursement information for providers regarding the implantable HeartMate II™ and HeartMate 3™ Left Ventricular Assist System (LVAS).

ICD-10-PCS CODES[4]

ICD-10-PCS CODE	DESCRIPTION	TYPICAL MS-DRG	MEDICARE RATE
CHOOSE THE APPROPRIATE ICD-10 PROCEDURE CODE BASED ON CLINICAL APPROACH			
02HA0QZ	Insertion of implantable heart assist system into heart, open approach	001 w/MCC Heart transplant or implant of heart assist system	$207,504
		002 w/o MCC Heart transplant or implant of heart assist system	$81,308

For Medicare beneficiaries, per CMS Program Transmittal 613, inpatient reimbursement for LVAD accessories and supplies is included in the MS-DRG payment to hospitals for the implant admission. Therefore, all accessories and supplies needed by LVAD patients during the inpatient stay and post-discharge at home should be included on the inpatient bill. Replacement accessories and supplies are payable in the physician office or hospital outpatient setting, and are not considered Durable Medical Equipment per CMS Program Transmittal 1159.

HOSPITAL OUTPATIENT[8] - PHYSICIAN[1]

Effective January 1, 2026 to December 31, 2026

		HOSPITAL OUTPATIENT			PHYSICIAN		
CPT‡ CODE	DESCRIPTION	SI	APC	APC RATE	WORK RVU	FACILITY RATE	OFFICE RATE
LVAD IMPLANT*							
33979	Insertion of ventricular assist device, implantable, intracorporeal, single ventricle	NA	NA	NA	36.56	$1,768	NA
LVAD REMOVAL							
33980	Removal of ventricular assist device, implantable, intracorporeal, single ventricle	NA	NA	NA	32.66	$1,636	NA
LVAD REPLACEMENT							
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass	NA	NA	NA	36.91	$1,781	NA
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	NA	NA	NA	43.43	$2,096	NA
LVAD INTERROGATION**							
93750	Interrogation of ventricular assist device (VAD), in person, with physician analysis of device parameters (e.g., drivelines, alarms, power surges), review of device function (e.g., flow and volume status, septum status, recovery), with programming, if performed, and report	NA	5742	$97	NA	5742	$97

* Please note that LVAD implant, removal, and replacement procedures are restricted by Medicare to the inpatient hospital site of service.

**Surgeons are able to bill for post implant visits and VAD interrogation starting the day after the VAD implantation, when documented appropriately, as there is a zero-day global period. Please consult your professional coding staff for documentation guidelines. This code is not reported with any of the surgical implantation codes (33975, 33976, 33979, 33981-33983), but is typically reported in conjunction with an evaluation and management visit code (e.g., 99211- 99215) and is reimbursed in addition to the visit code. Documentation in the patient's chart must support both the level chosen for the visit as well as the VAD interrogation code. There are no Correct Coding Initiative (CCI) edits for the interrogation code. It can be billed once, per day, per patient, per specialty, if medical necessity is adequately documented. Nurse Practitioners should check both with their compliance department as well as their state-specific scope of services before independently billing for a VAD interrogation.

It is incumbent upon the physician to determine which if any modifiers should be used first.

NA: There is no established Medicare payment in this setting
SI: Status Indicator
PI: Payment Indicator

See Important Safety Information referenced within on page 11

ADDITIONAL CODES

Effective January 1, 2026 to December 31, 2026

ICD-10-CM CODES[3]

Diagnosis codes are used by both hospitals and physicians to document the medical necessity of the procedure. For Mechanical Circulatory Support patients, there are many possible diagnosis code scenarios and a wide variety of possible combinations. The limited diagnosis list is not meant to be an exhaustive representation of the diagnosis options for the procedure. It is always the responsibility of health care providers to choose the most appropriate diagnosis code(s) representative of the patient's clinical condition. The customer should check with their local carriers or intermediaries and should consult with legal counsel or a financial, coding or reimbursement specialist for coding, reimbursement or billing questions related to ICD-10-CM diagnosis codes.

ICD-10-CM CODE	DESCRIPTION
CODES THAT MAY APPLY	
I23.0 - I23.9	Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)
I50.1 - I50.9	Heart failure
I97.0	Postcardiotomy syndrome
I97.110	Postprocedural cardiac insufficiency following cardiac surgery
I97.120	Postprocedural cardiac arrest following cardiac surgery
I97.130	Postprocedural heart failure following cardiac surgery
I97.190	Other postprocedural cardiac functional disturbances following cardiac surgery
R57.0	Cardiogenic shock
T82.897	Other specified complication of cardiac prosthetic devices, implants and grafts
T86.298	Other complications of heart transplant
Z76.82	Awaiting organ transplant status (awaiting heart transplant)
Z95.811	Presence of heart assist device

ADDITIONAL CODES

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LVAD REPLACEMENT SUPPLY CODES[4]

HCPCS	DESCRIPTION	MEDICALLY UNLIKELY EDIT	DMEPOS FEE SCHEDULE NATIONAL AVG
LVAD REPLACEMENT ACCESSORIES AND SUPPLIES - HOSPITAL OUTPATIENT OR PHYSICIAN OFFICE SETTING*			
Q0477	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	1	$932
Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type	1	$221
Q0479	Power module for use with electric/pneumatic ventricular assist device, replacement only	1	$14,408
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	1	$17,542
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	1	$22,635
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	1	$353
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	1	$19,623
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	1	$1,334
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	1	$5,043
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	1	$1,810
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	2	$565
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	1	$620
Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only	1	$201
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	1	$617
Q0506	Lithium Ion battery for use with electric or electric/pneumatic ventricular assist device, replacement only	8	$1,031
Q0508	Miscellaneous supply or accessory for use with any implanted ventricular assist device	4: physician's office 24: outpatient hospital	Paid on invoice
Q0509	Miscellaneous supply or accessory for use with implanted ventricular assist device for which payment was not made under Medicare Part A	2	Paid on invoice

*Durable Medical Eduipment, Prosthetics, Orthotics, and Supplies (DMEPOS) fee schedule is updated on a quarterly basis and providers are encouraged to check the most recent DMEPOS fee schedule on CMS's website. If you have a question on the most recent payment rates for your locality, please email VADReimbursement@abbott.com for more information. These HCPCS codes all have coverage and payment jurisdiction with the local Medicare Administrative Contractor (MAC); they do not have coverage and payment jurisdiction at the DMEMAC. The HCPCS codes listed above have a defined DMEPOS fee schedule payment rate with the exception of HCPCS Q0508 and Q0509 whose payment rate is based on individual consideration with the local Medicare contractor. HCPCS Q0508 and Q0509 will require an invoice and supporting documentation for payment consideration. The Medically Unlikely Edit (MUE) for HCPCS code Q0508 (usually reported for driveline stabilization systems) is "24" units for outpatient hospital providers. If the patient was not enrolled in Medicare at the time of the initial implant, it is important to report Q0509 when submitting the claim.

All items must have documentation of medical necessity for payment; if any item not under warranty is lost, stolen, or damaged prior to one year post discharge, the RA modifier should be used.

ADDITIONAL CODES

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HEARTMATE II™ & HEARTMATE 3™ LVAD SUPPLY & ACCESSORY HCPCS CROSSWALK[3]

HCPCS	DESCRIPTION	HEARTMATE II™ LVAD	HEARTMATE 3™ LVAD
PART NUMBERS			
Q0477	Power Module Patient Cable	103426	103426
Q0479	Power Module	1340	1340
Q0479	Mobile Power Unit™	107754	107754
Q0481	Pocket Controller including emergency back-up battery	106762	106531US
Q0483	Display Module	1286	1286
Q0495	Universal Battery Charger (UBC)	1440	1440
Q0497	14V Battery Clips (set of 2)	2865	2865
Q0498	HeartMate™ LVAD Holster Vest, (small, medium, large)	104229, 30, 31	104229, 30, 31
Q0498	HeartMate™ LVAD Battery Holster	104234	104234
Q0499	HeartMate™ LVAD Consolidated Bag, (right, left)	104233 106449	104233 106449
Q0501	HeartMate™ LVAD Shower Bag	104232	104232
Q0506	Backup Battery for (11v) (for controller)	106128	106128
Q0506	14V Batteries (set of 4)	2465	2465
Q0508	HeartMate™ LVAD Travel Bag	1260	1260
Q0508	HeartMate II™ LVAD Stabilization Belts	100760	NA
Q0508	Driveline Management System (e.g., dressings)	NA	NA

RESOURCES

ACRONYM DEFINITIONS

ACRONYM	DEFINITION
APC	Ambulatory Payment Classification
ASC	Ambulatory Surgical Center
CC	Complications or Comorbidities
CMS	Centers for Medicare & Medicaid Services
DMEPOS	Durable Medical Eduipment, Prosthetics, Orthotics, and Supplies
HCPCS	Healthcare Common Procedure Coding System
LCD	Local Coverage Determination
LVAD	Left Ventricular Assist Device
MCC	Major Complications or Comorbidities
MPPR	Multiple Procedure Payment Reduction
MS-DRG	Medicare Severity Diagnosis Related Group
NCD	National Coverage Determination
NTAP	New Technology Add-on Payment
PI	Payment Indicator
RVU	Relative Value Unit
SI	Status Indicator

IMPORTANT SAFETY INDICATIONS

HeartMate II™ Left Ventribular System and HeartMate 3™ Left Ventricular System

Rx Only
Brief Summary: Prior to using these devices, please review the Instructions for Use for a complete listing of indications, contraindications, warnings, precautions, potential adverse events and directions for use.

HeartMate 3™ LVAS Indications: The HeartMate 3™ Left Ventricular Assist System is indicated for providing short- and long-term mechanical circulatory support (e.g., as bridge to transplant or myocardial recovery, or destination therapy) in adult and pediatric patients with advanced refractory left ventricular heart failure and with an appropriate body surface area.

HeartMate II™ LVAS Indications: The HeartMate II™ Left Ventricular Assist System is indicated for use as a "bridge to transplantation" for cardiac transplant candidates who are at risk of imminent death from non-reversible left ventricle failure. It is also indicated for use in patients with New York Heart Association (NYHA) Class IIIB or IV end-stage left ventricular failure, who have received optimal medical therapy for at least 45 of the last 60 days, and who are not candidates for cardiac transplantation. The HeartMate II Left Ventricular Assist System is intended for use both inside and outside of the hospital, or for transportation of Left Ventricular Assist Device patients via ground ambulance, airplane, or helicopter.

HeartMate 3™ and HeartMate II™ LVAS Contraindications: The HeartMate 3 and HeartMate II Left Ventricular Assist Systems are contraindicated for patients who cannot tolerate, or who are allergic to, anticoagulation therapy.

HeartMate 3™ and HeartMate II™ LVAS Adverse Events: Adverse events that may be associated with the use of the HeartMate 3 or HeartMate II Left Ventricular Assist System are listed below: death, bleeding, cardiac arrhythmia, localized infection, right heart failure, respiratory failure, device malfunctions, driveline infection, renal dysfunction, sepsis, stroke, other neurological event (not stroke-related), hepatic dysfunction, psychiatric episode, venous thromboembolism, hypertension, arterial non-central nervous system (CNS) thromboembolism, pericardial fluid collection, pump pocket or pseudo pocket infection, myocardial infarction, wound dehiscence, hemolysis (not associated with suspected device thrombosis) and possible pump thrombosis.

REFERENCES

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2. Hospital Inpatient Prospective Payment-Final Rule Home Page FY 2027 CMS-1849-F: https://www.cms.gov/medicare/payment/prospectivepayment-systems/acute-inpatient-pps/fy-2027-ipps-final-rule-home-page
3. HCPCS Release and Code Sets: https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system
4. DMEPOS Fee schedule 2026: https://www.cms.gov/medicare/payment/fee-schedules/dmepos/dmepos-fee-schedule/dme26
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13. CMS Medicare Claims Processing Manual Chapter 3 - Inpatient Hospital Billing

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