

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT201623 APRIL 26, 2016

IHCP adds coverage for artificial hearts

Effective June 1, 2016, the Indiana Health Coverage Programs (IHCP) will add artificial hearts for bridge-to-transplant as a covered service. A bridge-to-transplant artificial heart is indicated for candidates with end-stage heart failure (New York Heart Association [NYHA] Class IV) whose hemodynamic status deteriorates despite treatment, including the use of a ventricular assist device (VAD). The Current Procedural Terminology (CPT^{®1}) codes in Table 1 will be covered for all IHCP programs, subject to limitations established for certain benefit packages. Coverage applies to dates of service (DOS) on or after June 1, 2016.

The IHCP covers only artificial hearts that have been approved by the Federal Drug Administration (FDA) for market use and are used in accordance with the FDA's approval. Use of a non-FDA-approved artificial heart **or** use of an FDA-approved artificial heart in a manner that is not approved by the FDA is considered investigational and is a noncovered service. Artificial hearts for use as destination therapy is a noncovered service.



If the artificial heart is implanted at a site other than the Medicare/Medicaid-approved transplant center, the implanting site must receive written permission from the Medicare/Medicaid-approved center under which the patient is listed prior to implantation of the artificial heart.

Table 1 – Procedure codes covered for artificial hearts effective for DOS on or after June 1, 2016

Procedure Code	Description
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit

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The following information applies for reimbursement.

Pricing: 90% of billed charges.

Prior authorization (PA): PA is required. Artificial hearts are considered medically necessary by the IHCP for bridge-to-transplant only when all the following conditions are met:

- The member is at risk of imminent death from nonreversible biventricular heart failure (NYHA Class IV).
- The member does not respond to other treatments.
- The member has PA for an organ heart transplant.

Documentation must be provided showing that the member is currently listed as a heart transplant candidate or is undergoing evaluation to determine candidacy for a heart transplant, and not expected to survive until a donor heart can be obtained.

Billing guidance: Standard billing guidelines apply. See the [Claim Submission and Processing](#) provider reference module at indianamedicaid.com for billing procedures.

These changes will be reflected in the next monthly update to the [Fee Schedule](#) at indianamedicaid.com.

Reimbursement, PA, and billing information apply to services delivered under the fee-for-service (FFS) delivery system.

Questions about FFS PA should be directed to Cooperative Managed Care Services (CMCS) at 1-800-269-5720.

Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the risk-based managed care (RBMC) delivery system. Questions about RBMC reimbursement information should be directed to the MCE with which the member is enrolled.

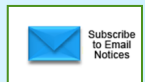
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