



Related Change Request (CR) #: 3068 Medlearn Matters Number: MM3068

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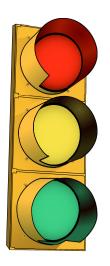
Coding Change for Ventricular Assist Devices (VADs) for Beneficiaries in a Medicare+Choice (M+C) Plan

Provider Types Affected

Provider and carrier – excludes DMERC.

Provider Action Needed

Medicare + Choice providers must use a different CPT code, effective October 1, 2003, for services related to the implantation of a ventricular assist device in order to be paid as fee for services under Medicare.



STOP - Impact to You

CPT codes 33975 and 33976 that previously referred to services related to the implantation of a ventricular assist device are no longer correct.

CAUTION – What You Need to Know

The new CPT code that correctly describes services related to the implantation of a ventricular assist device is **33979**. It replaces CPT codes 33975 and 33976 from CR 2958.

GO - What You Need to Do

This code must be used to receive reimbursement when providing services related to the implantation of a ventricular assist device in beneficiaries who are part of a Medicare + Choice Plan. Please use this new code and inform your staff about this change so you may be paid by the Medicare carrier under fee-for-service.

Background

The previous CPT code found in CR 2958, dated October 17, 2003, is incorrect and has been changed to CPT 33979. All other information within CR 2958 is accurate and remains the same.

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Additional Information

For more information regarding services related to the implantation of a ventricular assist device for the expanded indication, please refer to Pub. 100-03, Medicare National Coverage Determination (NCD) Manual, Section 20.9. You may access this manual at:

http://www.cms.hhs.gov/manuals/103_cov_determ/ncd103index.asp.

The official instruction issued to your carrier regarding this change may be found at:

http://www.cms.hhs.gov/manuals/transmittals/comm date dsc.asp.

From that web page, look for CR 3068 in the CR NUM column on the right, and click on the file for that CR.