

OHCA Guidelines

Medical Procedure Class:	VAD Supplies-External Q0507, Internal Q0508
Implementation Date:	12/01/2017
Review/Revision Date:	
Chief Medical Officer (CMO) Signature/Date:	<i>Michael P. ...</i> F062 THE CMO - 11/14/2017
Director Medical Authorization and Review (MAR) Signature/Date:	<i>J. Barrera</i> APC
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<p>* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.</p>	

New Criteria

Revision of Existing Criteria

Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definition:
<p>Q0507-Miscellaneous supply or accessory for use with an external ventricular assist device. VAD Kit-Includes Dressings. Ages Title XIX 0-999.</p>
<p>Q0508-Miscellaneous supply or accessory for use with an implanted ventricular assist device. VAD Kit-Includes Dressings. Ages Title XIX 0-999.</p>
<p>Ventricular Assist Device (VAD)-A mechanical pump designed to assist the weakened ventricle in augmenting cardiac output. Multiple designs are available.</p>
<p>Left Ventricular Assist Device (LVAD)-A mechanical pump designed to assist the weakened left ventricle. Such a device takes blood from the left ventricle via an implanted cannula and pumps it into the aorta via an implanted cannula.</p>
<p>Right Ventricular Assist Device (RVAD)-A mechanical pump designed to assist the weakened right ventricle. Such a device takes blood from the right ventricle via an implanted cannula and pumps it into the pulmonary artery via an implanted cannula.</p>

CPT and ICD-10 PCS Codes Covered:	
CPT Q0507, Q0508	Refer to HCPCS Level II for complete definition of covered codes.

Non Covered Items:
<ol style="list-style-type: none"> 1. Separate supplies not included in VAD Kit, related to the care of the Ventricular Assist Device (VAD) are not reimbursed.

Approval Criteria:

1. Medical Necessity must be met, all documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with the OAC 317:30-3-1 (f) (2) referenced above under the heading of definitions.
2. Q0507 and Q0508 are manually priced.
3. A contracted qualified health professional (M.D., D.O., P.A., C.N.P., A.R.N.P.) must request the supplies by completing a prescription which includes the following:
 - Date of Order;
 - Name of prescriber;
 - Name and address of the member;
 - Member ID#;
 - Number of kits to be dispensed;
 - Prescriber's signature.
4. All documentation must be easily legible.
5. Member must have had previously approved Ventricular Assist Device (VAD) procedure as evidenced by medical record submission.

A. Coverage Limits:

1. MAR Max Approval
Limit=12 dressing change kits per month or 3X per week, up to 6 months.
2. Any request greater than this limit requires physician review for medical necessity.

Note: Additional information may be required after initial review.