Policy: VAD are reimbursable under Plans administered by Qualcare, Inc., for indications enumerated in this policy.

Objective: To ensure proper and consistent reimbursement, and appropriate utilization of a specific medical intervention.

Procedure:

A. Reimbursable indications for VAD are:

1. As a bridge to heart transplantation for members currently listed as heart transplantation candidates

2. As destination (permanent) therapy for:

   a. Patients with end-stage heart disease (New York Heart Association [NYHA] Class IV) who are not candidates for heart transplantation, in the judgment of the treating physician(s), because of age or co-morbidities

   b. Patients who are post-cardiotomy or who have acute myocarditis or cardiogenic shock who are unable to be weaned from cardiopulmonary bypass

B. All requests for VAD will be reviewed by the Medical Director.

References

Poole-Wilson PA. Patients who have dilated cardiomyopathy must have a trial of bridge to recovery: the case against that proposition. *Heart Fail Clin* 2007;3(3):317-319 (Jul)

Mueller J, Wallukat G. Patients who have dilated cardiomyopathy must have a train of bridge to recovery (pro). *Heart Fail Clin* 2007;3(3):299-315 (Jul)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*