



Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.

Mechanical Circulatory Support Devices

MP9528

Covered Service: Yes

**Prior Authorization
Required:** No

**Additional
Information:** See [Heart Transplantation \(Adult and Pediatric\) MP9613](#) and [Heart/Lung Transplantation MP9612](#) for additional information.

The criteria in this policy do not apply to those devices which have been granted a humanitarian device exemption (HDE) by the FDA, which are considered medically necessary when all FDA-required criteria are met.

For a current list of HDE approved devices, refer to the FDA HDE database at: [Listing of CDRH Humanitarian Device Exemptions | FDA](#)

Medica Medical Policy:

- 1.0 Percutaneous Left Ventricular Assist Device (pVAD) (e.g. Impella) **does not** require prior authorization and is considered medically necessary for **ANY** of the following indications:
 - 1.1 Bridge to recovery
 - 1.2 Bridge to decision
 - 1.3 Destination therapy
 - 1.4 Providing short-term circulatory support in cardiogenic shock
 - 1.5 As an adjunct to percutaneous coronary intervention (PCI)
- 2.0 All other indications not listed are considered **experimental and investigational**, and therefore are not medically necessary



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