Reimbursement Policy Statement Kentucky Medicaid			
Original Issue Date		11/03/2026	
Policy Number		Aetna-3380	
Policy Name		Left Ventricular Assist Device (LVAD) Supply Kits	
Policy Type			
Medical	Administrative	Pharmacy	**Reimbursement**

Aetna Better Health of Kentucky reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.
In addition to this Policy, reimbursement of rendered services is subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Kentucky Department for Medicaid Services and the Centers for Medicare and Medicaid Services (CMS).
This policy does not ensure either an authorization or reimbursement of services or product. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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A. Policy

Aetna Better Health of Kentucky (ABHKY) implements comprehensive and robust policies to ensure alignment with Kentucky Department for Medicaid Services (DMS) and to warrant that regulatory and contractual standards are met.

ABHKY considers preassembled or bundled left ventricular assist device (LVAD) supply kits non-covered. Individual LVAD supplies and accessories may be eligible for reimbursement when billed separately using the most specific applicable HCPCS code. HCPCS code E1399 should not be used when a more appropriate code is available.

B. Overview

A left ventricular assist device is a mechanical pump that assists the left ventricle in pumping blood to the body. LVADs may be used as bridge-to-transplant therapy or destination therapy.

This reimbursement policy addresses outpatient LVAD replacement supplies and accessories. It does not establish medical necessity criteria for implantation of a ventricular assist device.

C. Definitions

Individual Supply	A separately identifiable LVAD supply or accessory billed with the HCPCS code that most specifically describes the item furnished.
LVAD Supply Kit	A preassembled, bundled, packaged, or vendor-defined set containing two or more LVAD-related supplies or accessories under a single kit charge or billing code.

Miscellaneous Code	A code used when no specific code describes the item furnished. E1399 is the miscellaneous durable medical equipment code.
Left Ventricular Assist Device (LVAD)	A surgically attached device used to assist or augment the ability of a damaged or weakened ventricle to pump blood.

D. Reimbursement Guidelines

• Preassembled or bundled LVAD supply kits are non-covered and are not separately reimbursable as a single kit, package, convenience kit, or similar combined supply arrangement.
• Individual supplies and accessories must be billed separately on individual claim lines using the most specific applicable HCPCS code for each item furnished.
• HCPCS code E1399, durable medical equipment, miscellaneous, should not be used to report an LVAD supply kit or an individual LVAD supply or accessory when a more specific code is available.
• Claims billed with E1399 may be denied when a more appropriate code is available.
• The quantity billed must reflect the actual units furnished and must be supported by the provider order, medical record, invoice, and other documentation requested by the plan.
• When an unlisted or miscellaneous code is submitted, documentation must include a complete item description, manufacturer and model information when applicable, a list of components, itemized charges, and an explanation of why no specific code applies.
• Items covered by a supplier or manufacturer warranty are not separately reimbursable.
• Coding is informational only and does not guarantee authorization, coverage, or reimbursement.

G. Review/Revision Date

Action	Date	Comments
Date Issued	11/03/2026	Initial policy establishing bundled LVAD supply kits as non-covered and requiring individual supplies to be billed with appropriate HCPCS codes rather than E1399 when a more specific code is available.
Effective Date	12/03/2026	

H. Resources

• Aetna Clinical Policy Bulletin 0654 - Ventricular Assist Devices