Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: 02/01/2022**
Policy Number: PA.CP.MP.56	**Effective Date: 01/01/2018** **Revision Date: 1/24/2022**
Policy Name: Ventriculectomy and Cardiomyoplasty	

Type of Submission – Check all that apply:

- ☐ **New Policy**
- ☐ **Revised Policy***
- ✓ **Retiring Policy –** *This option indicates the retirement of an active policy. If there is no indicated replacement, then "NONE" will be listed as the New/Replacement Policy.*
- ☐ **Annual Review – No Revisions**
- ☐ **Statewide PDL -** *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

This policy is being retired due to low utilization and codes not on PA. No replacement policy.

Name of Authorized Individual (Please type or print):	**Signature of Authorized Individual:**
Carla Huitt, MD MPH	

Clinical Policy: Ventriculectomy and Cardiomyoplasty

Reference Number: PA.CP.MP.56
Effective Date: 01/18
Last Review Date: 12/25/2020

Revision Log

Description
Guidelines to determine medical necessity for ventriculectomy and cardiomyoplasty procedures as a treatment for severe chronic heart failure

Policy/Criteria
It is the policy of Pennsylvania Health and Wellness® that that ventriculectomy (Batista procedure) and cardiomyoplasty procedures are considered **experimental and/or investigational** and are therefore not medically necessary.

Background
Heart failure is the final common path of myocardial dysfunction in most types of cardiac disease. Treatment options for heart failure include both medical and surgical therapy and surgical treatment, including ventricular assist devices (VADs), coronary revascularization, valve repair or replacement, total artificial heart, and heart transplantation. Heart transplantation has become the standard treatment for eligible patients with severe, irreversible biventricular failure unresponsive to medical or surgical treatment. Several surgical approaches have been explored as alternative treatments for patients with end-stage heart failure.

Surgical options to reduce the size of the enlarged left ventricle and improve cardiac function include partial left ventriculectomy, also known as the Batista procedure. Partial left ventriculectomy involves removing an elliptical section of the ventricle to improve cardiac output in patients who have severe chronic heart failure. Multiple studies have found minor improvements in measures of heart function and clinical status in the short term, with high mortality rates, high recurrences of symptomatic heart failure, and fatal arrhythmias (Stolf et al., 1998; Startling et al., 2000; Franco-Cereceda et al., 2001). As such, this procedure has fallen out of use (Fang, 2015).

Dynamic cardiomyoplasty is a surgical procedure in which a latissimus dorsi muscle flap is transposed into the chest and wrapped around the ventricles of the failing heart. This skeletal muscle flap is then electrically stimulated to contract in synchrony with ventricular systole. Over time, pacing of the skeletal muscle may produce morphologic, molecular and functional changes in the skeletal muscle, including notable reduction in muscle fatigue with repeated stimulation. Cardiomyoplasty has been found to be of some benefit to stage III heart failure patients; however, these patients could be well-managed with other interventions with less risk. Additionally, stage IV patients who have fewer effective interventions available had unacceptably high post-operative mortality risk (Leier, 1996) after cardiomyoplasty. Due to these considerations, this operation is very rarely used (Fang, 2015).

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
33426	Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring
33542	Myocardial resection (e.g., ventricular aneurysmectomy)
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (e.g., ventricular remodeling, SVR, SAVER, Dor procedures)

Reviews, Revisions, and Approvals	Date	Approved
References reviewed and updated.	02/18	09/18
References reviewed and updated.	03/19	
References reviewed and updated. Specialist reviewed. Coding Implications and CPT codes added: 33426, 33542, 33548.	12/2020	1/28/2021
This policy is being retired due to low utilization and codes not on PA. No replacement policy.	1/24/2022	

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4. Hayes Health Technology Brief. Surgical Ventricular Restoration for Heart Failure. Lansdale, PA: Hayes, Inc.; 2014 Winifred S. Hayes, Inc. Dec. 28, 2010. Archived Jan 28, 2014.
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8. Stolf NA, Moreira LF, Bocchi EA, et al. Determinants of midterm outcome of partial left ventriculectomy in dilated cardiomyopathy. Ann Thorac Surg. 1998; 66 (5):1585
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