

MEDICAL POLICY



SUBJECT: SURGICAL VENTRICULAR REDUCTION (e.g., PARTIAL VENTRICULECTOMY - Batista Procedure)	EFFECTIVE DATE: 11/14/99 ARCHIVED DATE: 10/31/01 EDITED DATE: 09/08/05, 03/01/06, 04/19/07, 04/17/08, 04/16/09, 04/22/10, 04/21/11, 04/19/12, 04/18/13, 04/17/14, 04/16/15, 04/21/16, 04/20/17, 04/19/18
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<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit.</i>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i>	

POLICY STATEMENT:

Based upon our criteria and assessment of the peer-reviewed literature, partial ventriculectomy does not improve patient outcomes and therefore, is considered **not medically necessary** for the management of ischemic and idiopathic cardiomyopathy and as a bridge to transplant.

Refer to Corporate Medical Policy #7.01.71 regarding Surgical Ventricular Restoration.

Refer to Corporate Medical Policy # 11.01.03 Experimental and Investigational Services.

POLICY GUIDELINES:

The Federal Employee Health Benefit Program (FEHBP/FEP) dictates that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION:

Patients with ischemic and idiopathic cardiomyopathy quite often have poor functioning dilated hearts. Even with maximized medical therapy and management mortality and morbidity is high. Surgical options to reduce the size of the enlarged left ventricle and improve cardiac function include partial ventriculectomy also known as the Batista procedure. Partial ventriculectomy involves removing an elliptical section of the ventricle to improve cardiac output in patients who have severe chronic heart failure. It is primarily directed at patients awaiting cardiac transplantation.

RATIONALE:

There are no randomized clinical trials that support the use of surgical interventions in remodeling ventricles to treat ischemic and idiopathic cardiomyopathy. Evidence is insufficient to support surgical ventricular reduction based on small numbers of subjects and lack of availability of controlled comparisons to medical therapy, ventricular assist devices or cardiac transplantation. Additionally, the trials were unable to show that this procedure is as beneficial as other established alternatives.

In 2005, the results of the Fourth International Registry Report were published, including data through 2004. This report noted that the incidence of left ventriculectomy reached a peak by 1998 and was largely abandoned by 2001, except in Asia, where experience institutions continue to perform the procedure in patients in better condition with preserved myocardial contractility.

According to the ACC/AHA (American College of Cardiology/American Heart Association) Guideline Update for the Management of Chronic Heart Failure in the Adult (2005), although left ventriculectomy (e.g., Batista procedure) generated considerable excitement as a potential surgical approach for the treatment of refractory heart failure, the procedure failed to result in clinical improvement and was associated with a high risk of death. The ACC/AHA guideline considers ventriculectomy a Class III procedure, indicating evidence and/or general agreement that the procedure/therapy is not useful/effective and in some cases may be harmful.

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CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

CPT: 33542 (NMN) Myocardial resection (e.g., ventricular aneurysmectomy)

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HCPCS: No codes

ICD10: Investigational for all diagnosis codes

REFERENCES:

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Hunt SA, et al. ACC/AHA 2005 guideline update for the diagnosis and management of chronic heart failure in the adult: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to update the 2001 guidelines for the evaluation and management of heart failure). American College of Cardiology Web site [<http://content.onlinejacc.org/cgi/reprint/46/6/e1>] accessed 3/2/18.

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*Popovic Z, et al. Effects of partial left ventriculectomy on left ventricular performance in patients with nonischemic dilated cardiomyopathy J Am Coll Cardiol 1998;32:1801-8.

*Stolf N, et al. Determinants of midterm outcome of partial left ventriculectomy in dilated cardiomyopathy Ann Thorac Surg 1998;66:1585-91.

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*key articles

KEY WORDS:

Cardio-reduction, ventriculectomy, ventricular remodeling, Batista procedure

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CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for partial ventriculectomy. Please refer to the following NCD website for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=122&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&CptHcpcsCode=36514&bc=gAAAABAAAA&>.