Sentara Health Plans

Medicaid

Implantable Hemodynamic Monitoring for Heart Failure, Medical 317

Table of Content

Effective Date	10/2017
Next Review Date	8/2025
Coverage Policy	Medical 317
Version	6

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Purpose:

This policy addresses medical necessity of Implantable Hemodynamic Monitoring for Heart Failure.

Description & Definitions:

An FDA approved implantable hemodynamic monitoring device for heart failure is used to monitor heart rate and pulmonary artery pressure in patients with heart failure. Wireless technology is used to transmit the information to the healthcare provider. These devices detect rising cardiac filling pressure before symptoms occur.

Criteria:

An implantable hemodynamic monitor with remote monitoring is considered medically necessary with **all of the** following:

- NYHA Class II or Class III heart failure; and
- One heart failure hospitalization in the past 12 months; and/or
- Have elevated natriuretic peptides

There is insufficient scientific evidence to support the medical necessity of an implantable hemodynamic monitor for heart failure for uses other than those listed in the clinical indications for procedure section.

Coding:

Medically necessary with criteria:

Coding	Description
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2024: August – criteria updated references updated
- 2021: November
- 2020: January

Reviewed Dates:

- 2023: August
- 2022: August
- 2021: October
- 2020: October
- 2019: September

Effective Date:

- October 2017

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Lindenfeld J, Zile MR, Desai AS, et al. Haemodynamic-guided management of heart failure (GUIDE-HF): a randomized controlled trial. *The Lancet.* 2021;398:991-1001.

Abraham, W. T., Adamson, P. B., Bourge, R. C., Aaron, M., Costanzo, M. R., Stevenson, L. W., …Yadav, J. S., for the CHAMPION Trial Study Group. (2011). Wireless pulmonary artery haemodynamic monitoring in chronic heart failure: A randomised controlled trial. *The Lancet*, 377(9766), 658-666. https://dx.doi.org/10.1016/S0140-6736(11)60101-3

Special Notes: *

Refer to the Pharmacy Medical PA form for testosterone pellet injections.

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice,

although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

SHP Implantable Hemodynamic Monitoring for Heart Failure, SHP Medical 317, Cardiomems, New York Heart Association, NYHA, class 3, class III