Sentara® Health Plans

Commercial

Implantable Hemodynamic Monitoring for Heart Failure

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Effective Date	10/2017
Next Review Date	9/15/2024
Coverage Policy	Medical 317
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses the 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:

- Individual is currently diagnosed as a New York Heart Association (NYHA) classification of 3
- Individual has had an inpatient admission for heart failure within the past 6 months or twice or more within the past 12 months
- Individual has had a consult with a cardiologist within the past 6 months who recommends the device and indicates the individual has no contraindications to the procedure or device
- Must be DFA approved device

An implantable hemodynamic monitor with remote monitoring is considered **not medically necessary** for uses other than those listed in the clinical criteria.

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:

- 2021: November
- 2020: January

Reviewed Dates:

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

Effective Date:

- October 2017

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. (2022, May 3). Retrieved July 25, 2023, from American College of Cardiology (ACC) - Circulation: https://www.ahajournals.org/doi/10.1161/CIR.0000000000001063

(2023). Retrieved July 26, 2023, from MCG 26th Edition: https://careweb.careguidelines.com/ed26/index.html

(2023). Retrieved July 25, 2023, from CMS: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Implantable%20Hemodynamic%20Monitoring&keywordType=all&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance

CardioMEMS Implantable Hemodynamic Monitor (Abbott) for Managing Patients With Heart Failure - Annual Review: Jul 24, 2023. (n.d.). Retrieved July 25, 2023, from Hayes: https://evidence.hayesinc.com/report/htb.wireless3228

Code of Federal Regulations Title 21 CFR 870.2855 Implantable Intra-aneurysm Pressure Measurement System. (2023, June 7). Retrieved July 25, 2023, from FDA: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCFR/CFRSearch.cfm?fr=870.2855&SearchTerm=implantable%20intra%2Daneurysm%20pressure%20measurement%20system

Procedure Fee Files & CPT Codes. (2023). Retrieved July 25, 2023, from Department of Medical Assistance Services: https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/ & https://www.dmas.virginia.gov/for-providers/cardinal-care-transition/

Treatment and prognosis of heart failure with preserved ejection fraction. (2023, June 1). Retrieved July 25, 2023, from UpToDate: https://www.uptodate.com/contents/treatment-and-prognosis-of-heart-failure-with-preserved-ejection-fraction?search=Implantable%20Hemodynamic%20Monitoring&source=search_result&selectedTitle=9~150&usage_type=default&display_rank=9

Special Notes: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

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