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SHP Implantable Hemodynamic Monitoring for Heart Failure

AUTH: SHP Medical 317 v4 (AC)

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Link to Codes

Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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A 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.

Exceptions and Limitations

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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.

Clinical Indications for Procedure

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- 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

Document History

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- Revised Dates:
  - 2021: November
  - 2020: January
- Reviewed Dates:
  - 2022: August
  - 2021: October
  - 2020: October
  - 2019: September
- Effective Date: October 2017

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- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 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
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - None

References

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References used include but are not limited to the following:

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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2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. (2022, May 3). Retrieved Aug 8, 2022, from American College of Cardiology (ACC): https://www.jacc.org/doi/pdf/10.1016/j.jacc.2021.12.012?_gl=1*1pa81e3*_ga*NDAyMDk1OTAwLjE2NTk5Nzk4NDI.*_ga_2V8VW4Y237*MTY1OTk3OTg0MS4xLjAuMTY1OTk3OTg0NS41Ng..&_ga=2.71147222.793387860.1659979840.402095900.1659979842

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Cardiac implantable electronic devices: Periprocedural complications. (2021, Jan 12). Retrieved Aug 9, 2022, from UpToDate: https://www.uptodate.com/contents/cardiac-implantable-electronic-devices-periprocedural-complications?search=CardioMEMS&source=search_result&selectedTitle=1~1&usage_type=default&display_rank=1

CardioMEMS Implantable Hemodynamic Monitor (Abbott) for Managing Patients With Heart Failure - Jul 28, 2022. (2022). Retrieved Aug 8, 2022, from Hayes: https://evidence.hayesinc.com/report/htb.wireless3228

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CPT® : 33289

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