SHP Percutaneous Antegrade Transseptal Transcatheter Mitral Valve Implantation

MCG Health
Ambulatory Care
26th Edition

AUTH: SHP Surgical 136 (AC)

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.

Medical Director review required.

Description of Item or Service

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Transcatheter mitral valve implantation/replacement is a procedure using a balloon-expandable transcatheter heart valve to replace a heart valve with an artificial valve for three circumstances such as failed mitral valve bioprostheses (TMVI-VIV, “valve-in-valve”), failed mitral annuloplasty ring (TMVI-R), and advanced native mitral annular calcification (TMVI-MAC).

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of percutaneous antegrade transseptal transcatheter mitral valve implantation for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Percutaneous antegrade transseptal transcatheter mitral valve implantation is considered medically necessary for **ALL** of the following
    - Mitral regurgitation, as indicated by **ALL** of the following
        - Severe primary mitral regurgitation correction procedure appropriate as indicated by **ALL** of the following
            - Primary mitral regurgitation ranked as severe as indicated by **2 or more** of the following
                - Central jet of mitral regurgitation more than 40% of left atrial area
                - Holosystolic eccentric jet mitral regurgitation
                - Vena contracta width of 0.7 cm or more
                - Regurgitant volume 60 mL per beat or greater
                - Regurgitant fraction 50% or greater
                - Effective regurgitant orifice area 0.40 cm2 or greater
                - Mitral regurgitation graded as 3+ or greater on angiography
            - Correction of regurgitation clinically appropriate, as indicated by **1 or more** of the following
                - Individual has symptoms attributable to mitral regurgitation (eg, decreased exercise tolerance, exertional dyspnea, heart failure)
                - Left ventricular ejection fraction less than or equal to 60%
                - Left ventricular end-systolic diameter (LVESD) greater than or equal to 40 mm
                - Left ventricular ejection fraction greater than 60% and LVESD less than 40 mm and **1 or more** of the following
                    - Progressive decrease in left ventricular ejection fraction over at least 3 serial measurements
                    - Progressive increase in LVESD over at least 3 serial measurements
                - Left ventricular ejection fraction greater than 60% and LVESD less than 40 mm and **ALL** of the following
                    - Procedure to be performed by highly experienced center and physician (eg, Comprehensive Valve Center)
    - Individual with **1 or more** of the following
        - Failed mitral valve bioprostheses (TMVI-VIV, “valve-in-valve”)
        - Failed mitral annuloplasty ring (TMVI-R)
        - Advanced native mitral annular calcification (TMVI-MAC)
        - Open Mitral valve repair or replacement is either contraindicated or is felt to be higher risk than Percutaneous antegrade transseptal transcatheter mitral valve implantation after evaluation by Heart Team at a highly experienced center

Document History

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- Revised Dates:
- Reviewed Dates:
- Effective Date: November 2022

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
    - CPT 0483T - Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed
    - CPT 0484T - Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)
- 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).

Cardiac Valve Replacement or Repair (S-290). (2022). Retrieved Oct 19, 2022, from MCG 26th Edition: https://careweb.careguidelines.com/ed26/index.html

Percutaneous Mitral Valve Repair for Secondary (Functional) Mitral Valve Regurgitation in High-Risk Adults - Jan 30, 2022. (n.d.). Retrieved Oct 19, 2022, from HAYES: https://evidence.hayesinc.com/report/dir.pmvrsecondary4954

Transcatheter Mitral Valve Implantation: Current Status and Future Perspectives. (2021, Aug 19). Retrieved Oct 19, 2022, from Circulation Journal: Cardiac Interventions: https://www.ahajournals.org/doi/10.1161/CIRCINTERVENTIONS.121.010628#F4

Codes

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CPT® : 0483T, 0484T