

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Ventricular Assist Devices (VAD) and Total Artificial Heart (TAH)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/A006	Page: 1 of 7

PURPOSE:

The intent of this clinical policy is to ensure care is medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I or II

- I. Ventricular assist devices (VAD) – must satisfy the following: A or B, and none of C
 - A. Initial Request - any of the following: 1-3
 1. Bridge to recovery – all of the following: a and b
 - a. Member has a potentially reversible condition (eg, cardiogenic shock, cardiomyopathy, myocarditis, following cardiac surgery when the patient cannot be weaned from cardiopulmonary bypass [post-cardiotomy]); and
 - b. Device is being used according to the FDA-approved labeling instructions.
 2. Bridge to transplant – either of the following: a or b
 - a. Adults - both of the following: 1) and 2)
 - 1) Approved for or are undergoing evaluation for heart transplantation; and
 - 2) Device is being used according to the FDA-approved labeling instructions.
 - b. Children – both of the following: 1) and 2)
 - 1) Approved for or are undergoing evaluation for heart transplantation due to left ventricular/biventricular dysfunction; and
 - 2) Device is being used according to the FDA-approved labeling instructions – either of the following: a) or b0
 - a) Berlin Heart EXCOR Pediatric Left or Biventricular Assist Device for children aged 16 years or younger – must satisfy one of the following: i or ii
 - i. Left ventricular support – member has severe *New York Heart Association (NYHA) Class IV* (or Ross Functional Class IV for subjects equal to or less than 6 years of age) heart failure refractory to optimal medical therapy; or
 - ii. Biventricular support – member has cardiomyopathy, repaired structural heart disease (eg, anomalous left coronary artery from the pulmonary artery [ALCAPA], aortic stenosis) or acquired heart disease (eg, myocarditis, Kawasaki disease).
 - b) HeartAssist 5 Pediatric Left Ventricular Assist Device for children aged 5 to 16 years – member has *NYHA Class IV* end-stage heart failure refractory to medical therapy.

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3. Destination therapy for adults - all of the following: a - e
 - a. Not a candidate for heart transplantation; and
 - b. Device is being used according to the FDA-approved labeling instructions; and
 - c. *NYHA Class IV* end-stage ventricular heart failure; and
 - d. Demonstrates any of the following: 1) – 3)
 - 1) Failure to respond to optimal medical management for at least 60 days; or
 - 2) Failure to respond to a trial of intraaortic balloon pump (IABP) management; or
 - 3) IV inotrope dependent for 14 days.
 - e. Left ventricular ejection fraction (LVEF) less than or equal to 25%.

[Note: Although the HeartWare Ventricular Assist Device is only approved as a bridge to transplant, due to its small size, it may also be considered medically necessary as *destination therapy* when required due to the member's anatomy, where criteria for destination therapy are met and its use for the member is not part of a clinical trial.]

- B. Replacement/upgrade/device exchange – Member currently has an axial (eg, HeartMate II [HMII]) or centrifugal continuous-flow (hVAD) pump with evidence of pump thrombosis – requesting upgrade to a magnetically levitated centrifugal continuous-flow pump (eg, HeartMate 3) that is FDA-approved for the requested indication.
- C. Contraindications - none of the following: 1 - 8
 1. Heart failure that can be reasonably expected to recover without mechanical circulatory support (ie, VAD); or
 2. Major comorbid illness that is anticipated to limit survival to < 2 years - such as any of the following: a - d
 - a. An advanced malignancy
 - b. Severe and irreversible hepatic disease, ie, cirrhosis not expected to improve with long term mechanical circulatory support (ie, VAD)
 - c. Severe lung disease (including pulmonary arterial hypertension that is not related to chronic heart failure, not World Health Organization group II)
 - d. Severe neurological or neuromuscular disorder
 3. Acute valvular infective endocarditis with bacteremia; or
 4. Detailed neurocognitive evaluation is advised in patients with cognitive impairment to ascertain ability to comprehend and manage the VAD; or
 5. History of non-adherence with demonstrated inability to comply with medical recommendations on multiple occasions that has not been successfully remediate; or
 6. Active and uncontrolled alcohol and substance abuse; or
 7. Neuromuscular disease that severely compromises the ability to use and care for external system components or to ambulate and exercise; or
 8. Current pregnancy.

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II. Total Artificial Heart, temporary (Syncardia TAH-t) – must satisfy: A, and none of B

- A. All of the following: 1 - 3
1. Device is used as a bridge to transplantation; and
 2. Approved for or is undergoing evaluation for heart transplantation; and
 3. At risk of imminent death from biventricular failure
- B. Contraindications – none of the following: 1 - 2
1. Insufficient space in chest area
 2. Cannot be adequately anticoagulated on the TAH-t

[Note: If VAD or TAH-t approved, follow referral process to Optum Network Services

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

Artificial heart for destination therapy (permanent), totally implantable is considered investigative (see Investigative List)

DEFINITIONS:

Bridge to Recovery:

A mechanical circulatory device used short-term (usually up to 2 weeks) to support a patient with a potentially reversible cardiac condition

Bridge to Transplant:

A ventricular assist device or total artificial heart is used to maintain cardiac function while the patient waits for a heart transplant

Destination Therapy:

A ventricular assist device is used to sustain life when the patient is not a candidate for a heart transplant, and there is no plan for a heart transplant

Dyscrasia:

An imbalance in blood components

New York Heart Association (NYHA) Classification:

- Class I: patients with no limitation of activities; they suffer no symptoms from ordinary activities.
- Class II: patients with slight, mild limitation of activity; they are comfortable with rest or with mild exertion.
- Class III: patients with marked limitation of activity; they are comfortable only at rest.
- Class IV: patients who should be at complete rest, confined to bed or chair; any physical activity brings on discomfort and symptoms occur at rest.

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Ventricular Assist Device (VAD):

A mechanical pump that's used to support heart function and blood flow in people who have weakened hearts. The device takes blood from a lower chamber of the heart and helps pump it to the body and vital organs, just as a healthy heart would.

BACKGROUND:

The U.S. Food and Drug Administration (FDA) approved devices include, but may not be limited to, the following:

- Ventricular Assist Devices
 - Bridge to recovery (short-term): AbioMed AB5000, AbioMed BVS5000, Centrimag RVAD, Thoratec IVAD, Thoratec VAD System, HeartMate 3 LVAD
 - Bridge to transplant: AbioMed AB5000, HeartMate II, HeartMate 3, HeartMate IP, HeartMate SNAP VE LVAS, HeartMate VE LVAS, HeartMate XVE LVAS, HeartWare VAS, Thoratec IVAD, Thoratec VAD System
 - Bridge to transplant (pediatric): EXCOR Pediatric VAD, HeartAssist 5 Pediatric VAD (formerly known as DeBakey VAD Child)
 - Destination therapy: AbioMed BVS5000, HeartMate II, HeartMate 3, HeartMate SNAP VE LVAS
- Total Artificial Heart - temporary (TAH-t): Syncardia

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Prior Authorization: Yes, per network provider agreement.
Precertification: Yes

CODING:

CPT®

33927 Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
33928 Removal and replacement of total replacement heart system (artificial heart)

33975 Insertion of ventricular assist device; extracorporeal, single ventricle
33976 Insertion of ventricular assist device; extracorporeal, biventricular
33979 Insertion of ventricular assist device; implantable intracorporeal, single ventricle
33981 Replacement of extracorporeal ventricular assist device, single or biventricular pump(s), single or each pump
33982 Replacement of ventricular assist device pump(s), single or biventricular pump(s), single ventricle, without cardiopulmonary bypass
33983 Replacement of ventricular assist device pump(s), implantable intracorporeal, single ventricle, with cardiopulmonary bypass

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REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines (MP/C009)
3. Clinical Policy: FDA-Approved Humanitarian Use Devices (MP/H008)
4. Clinical Policy: Investigative Services (MP/I001)
5. Mehra MR, Goldstein DJ, Uriel N, et al. Two-Year Outcomes with a Magnetically Levitated Cardiac Pump in Heart Failure. *N Engl J Med* 2018; 378:1386-1395
6. Centrimag Right Ventricular Assist System (RVAS). Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfhde/hde.cfm?id=h070004>. Accessed 06-26-24.
7. Impella RP System. Retrieved from <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P170011>. Accessed 06-26-24.
8. American Heart Association. Implantable medical devices. 2023. American Heart Association Web site. <https://www.heart.org/en/health-topics/heart-attack/treatment-of-a-heart-attack/implantable-medical-devices>. Accessed 06-26-24.
9. Jeevanandam V, Eisen HJ, Pinto DS. Short-term mechanical circulatory assist devices. (Topic 1492, Version 33.0. last updated: 08/31/22) In: Dardas TF, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2020. www.uptodate.com. Accessed 06-26-24.
10. Berlin Heart. EXCOR Pediatric VAD. Ventricular Assist Device with Stationary Driving Unit Ikus Rev. 2.1 for Pediatric Use. Instructions for Use Rev. 5. 2011. Retrieved from https://www.accessdata.fda.gov/cdrh_docs/pdf10/H100004c.pdf. Accessed 06-26-24.
11. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Ventricular Assist Devices (20.9.1). Effective Date 12/01/2020. Retrieved from <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=360&ncdver=2> Accessed 06-26-24.

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12. Mancini D. Management of long-term mechanical circulatory support devices. (Topic 87834, Version 24.0; last updated: 07/22/22) In: Dardas TF and Tirnauer JS, eds. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 06-26-24.
13. MedlinePlus. Ventricular assist device. 2022. U.S. National Library of Medicine. <https://medlineplus.gov/ency/article/007268.htm>. Accessed 06-26-24.
14. National Heart Lung and Blood Institute (NHLBI). What is Total Artificial Heart? NHLBI Web site. Last updated ~~2023. March 24, 2022.~~ Retrieved from <https://www.nhlbi.nih.gov/health/health-topics/topics/vad/>. Accessed 06-26-24.
15. Syncardia temporary Total Artificial Heart (TAH-t). Summary of Safety Effectiveness Data (SSED). 2004. Retrieved from https://www.accessdata.fda.gov/cdrh_docs/pdf3/P030011B.pdf. Accessed 06-26-24.
16. EXCOR Pediatric Ventricular Assist Device (EXCOR Berlin Heart). Summary of Safety and Probable Benefit. 2011. Retrieved from https://www.accessdata.fda.gov/cdrh_docs/pdf10/H100004B.pdf. Accessed 06-26-24.
17. HeartAssist 5. Summary of Safety and Probable Benefit. 2004. Retrieved from https://www.accessdata.fda.gov/cdrh_docs/pdf3/H030003B.pdf. Accessed 06-26-24.
18. Kirklin JK, Pagani FD, Goldstein DJ, et al. American Association for Thoracic Surgery/International Society for Heart and Lung Transplantation guidelines on selected topics in mechanical circulatory support. *J Heart Lung Transplant*. 2020 Mar;39(3):187-219.
19. Khazanie P and Rogers JG. Patient selection for left ventricular assist devices. *Congestive Heart Failure* 2011;17(5):227-34.
20. Peura JL, Colvin-Adams M, Francis GS, et al. American Heart Association Heart Failure and Transplantation Committee of the Council on Clinical Cardiology; Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; Council on Cardiovascular Disease in the Young; Council on Cardiovascular Nursing; Council on Cardiovascular Radiology and Intervention, and Council on Cardiovascular Surgery and Anesthesia. Recommendations for the use of mechanical circulatory support: device strategies and patient selection: a scientific statement from the American Heart Association. *Circulation*. 2012 Nov 27;126(22):2648-67.
21. Thangappan K, Ashfaq A, Villa C, Morales DLS. The total artificial heart in patients with congenital heart disease. *Ann Cardiothorac Surg*. 2020;9(2):89-97.
22. Bernhardt AM, Copeland H, Deswal A, et al. Task Force 1; Task Force 2; Task Force 3; Task Force 4. The International Society for Heart and Lung Transplantation/Heart Failure Society of America Guideline on Acute Mechanical Circulatory Support. *J Card Fail*. 2023 Mar;29(3):304-374.
23. Cogswell R, Cantor RS, Vorovich E, et al. HVAD to Heartmate 3 device exchange: A Society of Thoracic Surgeons Intermacs analysis. *Ann Thorac Surg*. 2022 Nov;114(5):1672-1678. \
24. O'Connor MJ, Lorts A, Davies RR, et al. Early experience with the HeartMate 3 continuous-flow ventricular assist device in pediatric patients and patients with congenital heart disease: A multicenter registry analysis. *J Heart Lung Transplant*. 2020 Jun;39(6):573-579.
25. Lorts A, Conway J, Schweiger M, et al. ISHLT consensus statement for the selection and management of pediatric and congenital heart disease patients on ventricular assist devices Endorsed by the American Heart Association. *J Heart Lung Transplant*. 2021 Aug;40(8):709-732.
26. Birks EJ. Treatment of advanced heart failure with a durable mechanical circulatory device. (Topic 3459, Version 50.0; last updated: 09/29/23) In: Dardas TF, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 06-26-24.\
27. Optum Clinical Guidelines. Mechanical circulatory support devices. Effective May 12, 2023. Retrieved from <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/clinical-guidelines/mechanical-circulatory-support-device.pdf>. Accessed 08-13-24.

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PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገኙበት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်တလက်စွာ နှိမ့်တံ့သန့်သန့်လို့ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).