

# Medical Policy: Transcatheter Aortic Valve Replacement (Commercial)



POLICY NUMBER	LAST REVIEW DATE	APPROVED BY
MG.MM.SU.54fC	10/14/2022	MPC (Medical Policy Committee)

## **IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:**

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## **Definitions**

Transcatheter aortic valve replacement (TAVR)	Transcatheter aortic valve replacement (TAVR), also known as transcatheter aortic valve implantation [TAVI] is a minimally invasive procedure for the treatment of aortic stenosis. A bioprosthetic valve is implanted percutaneously in the orifice of the native aortic valve. There are two access routes for TAVI— transfemoral and transapical (involving thoracotomy).
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## **Guideline**

Members are eligible for TAVR coverage when the method of insertion and clinical indication are commensurate with the FDA's approval of the device and when the following criteria are met:

1. Severe native valve aortic stenosis or failure defined by  $\geq 1$  of the following:
  - a. Mean aortic valve gradient  $\geq 40$ mmHg
  - b. Peak jet velocity  $\geq 4.0$  m/s
  - c. Aortic valve area (AVA)  $< 0.8$  cm<sup>2</sup>
  - d. AVA Index  $< 0.6$  cm<sup>2</sup>/m<sup>2</sup>
2. Presence of symptomatic aortic stenosis

TAVR, as a repair to a previously implanted bio-prosthetic valve ("valve-in-valve") that has degenerated, is considered medically necessary for members at high or greater risk for open

# Medical Policy: Transcatheter Aortic Valve Replacement (Commercial)



surgery (i.e., [Society of Thoracic Surgeons](#) operative risk score of  $\geq 8\%$  or  $\geq 15\%$  risk of mortality for surgical replacement).

## Limitations/Exclusions

TAVR is not considered medically necessary for members with existing co-morbidities that would preclude the expected benefit from correction of the aortic stenosis.

## Applicable Procedure Codes

33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure) (eff. 01/01/2022)

## Applicable ICD-10 Diagnosis Codes

I06.0	Rheumatic aortic stenosis
I06.2	Rheumatic aortic stenosis with insufficiency

# Medical Policy: Transcatheter Aortic Valve Replacement (Commercial)



I06.8	Other rheumatic aortic valve diseases
I06.9	Rheumatic aortic valve disease, unspecified
I08.0	Rheumatic disorders of both mitral and aortic valves
I08.8	Other rheumatic multiple valve diseases
I08.9	Rheumatic multiple valve disease, unspecified
I35.0	Nonrheumatic aortic (valve) stenosis
I35.2	Nonrheumatic aortic (valve) stenosis with insufficiency
Q23.0	Congenital stenosis of aortic valve

## References

Low-Risk Patients. 2 May 2019. The New England Journal of Medicine. Volume 380, Number 18. 1695-1700.

Nishimura R, Otto CM, Bonow RO, et al. 2017 AHA/ACC focused update of the 2014 Guideline for the management of patients with valvular heart disease: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol. 2017; 70(2):252-289.

Nishimura RA, O’Gara PT, Bavaria JE, et al. 2019 AATS/ACC/ASE/SCAI/STS Expert Consensus Systems of Care Document: A Proposal to Optimize Care for Patient with Valvular Heart Disease. J Am Coll Cardiol, May 2019. Vol. 73, Issue 20. DOI: 10.1016/j.jacc.2018.10.007.

Saurabh Sanon, MD et al. Transcatheter Tricuspid Valve-in-Valve and Valve-in-Ring Implantation for Degenerated Surgical Prosthesis. JACC: Cardiovascular Interventions. August 2019. Volume 12, Issue 15. DOI: 10.1016/j.jcin.2019.05.029.

Denisa Muraru, MD PhD et al. Transcatheter Tricuspid Valve Replacement. Journal of the American College of Cardiology. January 2019. Volume 73, Issue 2. DOI: 10.1016/j.jacc.2018.09.087

Feldman T, Saibal K, Elmariah S, et al. Randomized comparison of percutaneous repair of surgery for mitral regurgitation. 5-year results of EVERST II. JACC. 2015; 66(25):2844-285.

Kar S, Feldman T, Qasim A, et al. Five-year outcomes of transcatheter reduction of significant mitral regurgitation in high-surgical-risk patients. Heart. 2018; pii:heartjnl-2017-31260.

Specialty matched clinical peer review.

## Revision history

DATE	REVISION
10/08/2021	<ul style="list-style-type: none"> <li>Changed prerequisite language to “Presence of symptomatic aortic stenosis” instead of “Presence of New York Heart Association (NYHA) symptoms ≥ class II symptomatic aortic stenosis”</li> </ul>
11/11/2019	<ul style="list-style-type: none"> <li>Removed surgical risk prerequisite</li> <li>Reformatted and reorganized policy, transferred content to new template</li> </ul>

**Medical Policy:  
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05/09/19	<ul style="list-style-type: none"><li>Added positive coverage for valve-in-valve repair to a previously implanted valve</li></ul>
11/21/16	<ul style="list-style-type: none"><li>Removed provider and facility credentialing prerequisite</li></ul>