Medical Policy:
Transcatheter Aortic Valve Replacement (Commercial)

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<th>POLICY NUMBER</th>
<th>EFFECTIVE DATE</th>
<th>APPROVED BY</th>
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<td>MG.MM.SU.54e</td>
<td>11/11/2019</td>
<td>MPC (Medical Policy Committee)</td>
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**IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:**

Property of ConnectiCare, Inc. All rights reserved. The treating physician or primary care provider must submit to ConnectiCare, Inc. the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, ConnectiCare will not be able to properly review the request for prior authorization. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. The clinical review criteria expressed below reflects how ConnectiCare determines whether certain services or supplies are medically necessary. ConnectiCare established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). ConnectiCare, Inc. expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Each benefit plan defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by ConnectiCare, as some plans exclude coverage for services or supplies that ConnectiCare considers medically necessary. If there is a discrepancy between this guideline and a member's benefits plan, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of the State of CT and/or the Federal Government. Coverage may also differ for our Medicare members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including including National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and/or Local Medical Review Policies (LMRP). All coding and web site links are accurate at time of publication.

**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). |

**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:
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1. Severe native valve aortic stenosis or failure defined by ≥ 1 of the following:
   a. Mean aortic valve gradient ≥ 40mmHg
   b. Peak jet velocity ≥ 4.0 m/s
   c. Aortic valve area (AVA) < 0.8 cm²
   d. AVA Index < 0.6 cm²/m²

2. Presence of New York Heart Association (NYHA) symptoms ≥ class II

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 surgery (i.e., Society of Thoracic Surgeons operative risk score of ≥ 8% or ≥ 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 Coding

To access the codes, please download the policy to your computer, and click on the paperclip icon within the policy

Applicable CPT and Diagnosis Codes

References


Surgical or Transcatheter Aortic Valve Replacement (Commercial)

Revision history

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<th>DATE</th>
<th>REVISION</th>
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<tr>
<td></td>
<td>• Reformatted and reorganized policy, transferred content to new template</td>
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<tr>
<td>05/09/19</td>
<td>• Added positive coverage for valve-in-valve repair to a previously implanted valve</td>
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<tr>
<td>11/21/16</td>
<td>• Removed provider and facility credentialing prerequisite.</td>
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