# Coverage Summary

## Transcatheter Heart Valve Procedures

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>T-007</th>
<th>Products:</th>
<th>UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date:</th>
<th>06/18/2012</th>
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<tbody>
<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date:</td>
<td>07/23/2019</td>
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</tbody>
</table>

**Related Medicare Advantage Policy Guidelines:**

- Percutaneous Left Atrial Appendage Closure (LAAC) (NCD 20.34)
- Transcatheter Aortic Valve Replacement (TAVR) (NCD 20.32)
- Transcatheter Mitral Valve Repair (TMVR) (NCD 20.33)

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### I. COVERAGE

**Coverage Statement:** Transcatheter heart valve replacement may be covered when Medicare coverage criteria are met.

**Guidelines/Notes:**

1. **Transcatheter Aortic Valve Replacement (TAVR)**

Medicare covers transcatheter aortic valve replacement (TAVR) under Coverage with Evidence Development (CED) when criteria are met.
See the NCD for Transcatheter Aortic Valve Replacement (TAVR) (20.32).

Note: On June 21, 2019, the Centers for Medicare & Medicaid Services (CMS) issued a final decision memo which will update the coverage criteria for hospitals and physicians for TAVR program. See the Final Decision Memo for Transcatheter Aortic Valve Replacement (TAVR) (CAG-00430R). (Accessed July 16, 2019)

- Local Coverage Determinations (LCDs) do not at this time. (Accessed May 30, 2019)
- CMS considers TAVR as Category B devices and UnitedHealthcare MA plan is responsible for coverage of these devices when criteria are met. Refer to the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials for coverage guidelines on Category B devices.
- To view the list of current Transcatheter Valve Therapy (TVT) Registry participants, go to https://www.ncdr.com/TVT/Private/Resources/ParticipantDirectory.aspx or contact the TVT Registry Service Center at (800) 257-4737. (Accessed May 30, 2019)
- For payment rules for NCDs requiring CED, see the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials.

2. Transcatheter Mitral Valve Repair (MitraClip®)
The Centers for Medicare & Medicaid Services (CMS) covers transcatheter mitral valve repair (TMVR) under Coverage with Evidence Development (CED).

- For coverage requirements and criteria, refer to the NCD for Transcatheter Mitral Valve Repair (TMVR) (20.33) (Accessed May 30, 2019)
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. These LCDs/LCAs are available at http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx. (Accessed May 30, 2019)
- For payment rules for NCDs requiring CED, see the Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials.

3. Transcatheter Pulmonary Heart Valve Replacement (e.g., Melody®) (CPT Code 33477)

- Medicare does not have an NCD for transcatheter pulmonary heart valve replacement.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment A).
- For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy for Transcatheter Heart Valve Procedures for coverage guidelines. (IMPORTANT NOTE: After reviewing the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD or LCA is found, then use the above referenced policy.)
- Committee approval date: June 18, 2019
- Accessed December 5, 2019

4. Percutaneous Left Atrial Appendage (LAA) Closure Therapy (CPT code 33340)
The Centers for Medicare & Medicaid Services (CMS) covers percutaneous left atrial appendage closure (LAAC) for non-valvular atrial fibrillation (NVAF) through Coverage with
Evidence Development (CED) under 1862(a)(1)(E) of the Social Security Act.

- See the **NCD for Percutaneous Left Atrial Appendage Closure (LAAC) (20.34)**. (Accessed May 30, 2019)
- For payment rules for NCDs requiring CED, see the **Coverage Summary for Experimental Procedures and Items, Investigational Devices and Clinical Trials**.

### II. DEFINITIONS

### III. REFERENCES

See above

### IV. REVISION HISTORY

07/23/2019 **Guideline 1 [Transcatheter Aortic Valve Replacement (TAVR)]**

- Updated coverage criteria for hospital and physicians TAVR program; added reference link to the Centers for Medicare & Medicaid Services (CMS) Decision Memo for *Transcatheter Aortic Valve Replacement (TAVR) (CAG-00430R)* dated June 21, 2019

### V. ATTACHMENT

**Attachment A - LCD Availability Grid**

**Transcatheter Pulmonary Valve Replacement**

(CPT code 33477)

CMS website accessed December 5, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
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<tbody>
<tr>
<td>L33777</td>
<td>Non-covered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MA, MS, NJ, NM, OK, PA, TX</td>
</tr>
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<td>(A56967)</td>
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<td></td>
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End of Attachment A