Coverage Summary

Transcatheter Heart Valve Procedures

Policy Number: T-007  Products: UnitedHealthcare Medicare Advantage Plans  Original Approval Date: 06/18/2012
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 06/18/2019

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 National Coverage Determination (NCD) for Transcatheter Aortic Valve Replacement (TAVR) (20.32). 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 (e.g., MitraClip®)
- 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 May 30, 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)
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and

- 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

06/18/2019  
Guideline 2 [(Transcatheter Mitral Valve Repair (e.g., MitraClip®)]
- Revised language pertaining to applicable LCDs to indicate:
  - Local Coverage Determinations (LCD)/Local Coverage Articles (LCAs) exist and compliance with these policies is required, where applicable.

Guideline 4 [(Percutaneous Left Atrial Appendage (LAA) Closure Therapy (CPT code 33340)]
- Revised language pertaining to applicable LCDs to indicate:
  - LCDs/LCAs exist and compliance with these policies is required, where applicable.

Definitions
- Removed definition of “TAVR Device FDA Approval Information”

Attachments
- Updated LCD Availability Grid to reflect the most current reference links

V. ATTACHMENT

### Attachment A - LCD Availability Grid

**Transcatheter Pulmonary Valve Replacement**  
(CPT code 33477)  
CMS website accessed May 30, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<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>
</tbody>
</table>

End of Attachment A