Coverage Summary

Ventriculectomy, Partial

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 03/19/2019
Related Medicare Advantage Policy Guideline: Partial Ventriculectomy (NCD 20.26)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Partial ventriculectomy is not covered.

Guidelines/Notes:
1. Partial ventriculectomy is not covered by Medicare since the mortality rate is high and there are no published scientific articles or clinical studies regarding this procedure. See the NCD for Partial Ventriculectomy (20.26). (Accessed March 6, 2019)

II. DEFINITIONS

Partial Ventriculectomy (also known as Ventricular Reduction, Ventricular Remodeling, or Heart Volume Reduction Surgery): Procedure performed on patients with enlarged hearts due to end-stage congestive heart failure. Partial ventriculectomy involves reducing the size of an enlarged heart by excising a portion of the left ventricular wall followed by repair of the defect. It is asserted that this procedure makes the failing heart pump better by improving the efficiency of the remaining left ventricle. This procedure was developed by a Brazilian surgeon and has been performed only...
III. REFERENCES

See above

IV. REVISION HISTORY

04/01/2019 Updated policy introduction; added language to clarify:
- There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
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03/19/2019 Annual review; no updates.
03/20/2018 Annual review; no updates.
03/21/2017 Annual review; no updates.
03/15/2016 Annual review; no updates.
02/17/2015 Annual review with update - Added appropriate CMS reference to definition of partial ventriculectomy.
02/18/2014 Annual review; no updates.
02/19/2013 Annual review; no updates.
02/27/2012 Annual review; no updates.
08/19/2011 NCD link updated.
02/21/2011 Annual review; no updates.