

Ventriculectomy, Partial

Policy Number: MCS101.01
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[Instructions for Use](#)

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Related Medicare Advantage Policy Guideline
<ul style="list-style-type: none"> Partial Ventriculectomy (NCD 20.26)

Coverage Guidelines

Partial ventriculectomy is not covered.

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. Refer to the [National Coverage Determination \(NCD\) for Partial Ventriculectomy \(20.26\)](#). (Accessed March 2, 2021)

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 on a limited basis in the United States. Refer to the [NCD for Partial Ventriculectomy \(20.26\)](#). (Accessed March 2, 2021)

Policy History/Revision Information

Date	Summary of Changes
05/01/2021	Template Update <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
03/16/2021	<ul style="list-style-type: none"> Routine review; no change to coverage guidelines

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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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