



# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Surgical Ventricular Reduction (e.g., Partial Ventriculectomy - Batista Procedure)
Policy Number	7.01.31
Category	Technology Assessment
Effective Date	10/18/01
Archived Date	10/31/01
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Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> </ul>

## POLICY STATEMENT

Based upon our criteria and review of the peer-reviewed literature, partial ventriculectomy does not improve patient outcomes and, therefore, is considered **not medically necessary** for the management of ischemic and idiopathic cardiomyopathy and as a bridge to transplant.

*Refer to Corporate Medical Policy #7.01.71 Surgical Ventricular Restoration.*

*Refer to Corporate Medical Policy # 11.01.03 Experimental and Investigational Services.*

## POLICY GUIDELINES

The Federal Employee Health Benefit Program (FEHBP/FEP) dictates that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and, thus, these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

## DESCRIPTION

Patients with ischemic and idiopathic cardiomyopathy quite often have poorly functioning, dilated hearts. Even with maximized medical therapy and management, mortality and morbidity is high. Surgical options to reduce the size of the enlarged left ventricle and improve cardiac function include partial ventriculectomy, also known as the Batista procedure. Partial ventriculectomy involves removing an elliptical section of the ventricle, to improve cardiac output in patients who have severe chronic heart failure. It is primarily directed at patients awaiting cardiac transplantation.

## RATIONALE

There are no randomized clinical trials that support the use of surgical interventions in remodeling ventricles to treat ischemic and idiopathic cardiomyopathy. Evidence is insufficient to support surgical ventricular reduction, based on small numbers of subjects and lack of availability of controlled comparisons to medical therapy, ventricular assist devices, or cardiac transplantation. Additionally, the trials were unable to demonstrate that this procedure is as beneficial as other established alternatives.

In 2005, the results of the 4th International Registry Report were published, including data through 2004. This report noted that the incidence of left ventriculectomy reached a peak by 1998 and was largely abandoned by 2001, except in Asia, where experienced institutions continue to perform the procedure in patients in better condition, with preserved myocardial contractility.

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According to the American College of Cardiology/American Heart Association (ACC/AHA) Guideline Update for the Management of Chronic Heart Failure in the Adult (2005), although left ventriculectomy (e.g., Batista procedure) generated considerable excitement as a potential surgical approach for the treatment of refractory heart failure, the procedure failed to result in clinical improvement and was associated with a high risk of death. The ACC/AHA guideline considers ventriculectomy a Class III procedure, indicating evidence and/or general agreement that the procedure/therapy is not useful/effective and in some cases may be harmful.

**CODES**

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

**CPT Codes**

Code	Description
33542 (NMN)	Myocardial resection (e.g., ventricular aneurysmectomy)

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**HCPCS Codes**

Code	Description
No codes	

**ICD10 Codes**

Code	Description
	Investigational for all diagnosis codes

**REFERENCES**

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\*Stolf N, et al. Determinants of midterm outcome of partial left ventriculectomy in dilated cardiomyopathy Ann Thorac Surg 1998;66:1585-91.

Tonnessen T, et al. Surgical left ventricular remodeling in heart failure. Eur J Heart Fail 2005 Aug;7(5):704-9.

\*key articles

**KEY WORDS**

Cardio-reduction, ventriculectomy, ventricular remodeling, Batista procedure

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

There is currently a National Coverage Determination (NCD) for partial ventriculectomy. Please refer to the following NCD website for Medicare Members: <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=122&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&CptHcpcsCode=36514&bc=gAAAABAAAA&>.