Medical Policy
Partial Left Ventriculectomy

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Policy Number: 438
BCBSA Reference Number: 7.01.66A
NCD/LCD: National Coverage Determination (NCD) for Partial Ventriculectomy (20.26)

Related Policies
None

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Partial left ventriculectomy is NOT MEDICALLY NECESSARY.

Medicare Members: Managed Care HMO BlueSM and Medicare PPO BlueSM

BCBSMA does not cover partial left ventriculectomy for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:

National Coverage Determination (NCD) for Partial Ventriculectomy (20.26)

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

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<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>This is not a covered service.</th>
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<td>Commercial PPO and Indemnity</td>
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<td>Medicare HMO BlueSM</td>
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<td>Medicare PPO BlueSM</td>
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**CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

**CPT Codes**

There is no specific CPT code for this service.

**ICD Diagnosis Codes**

Not medically necessary for all diagnoses.

**Description**

Partial left ventriculectomy (PLV) is a surgical procedure aimed at improving the hemodynamic status of patients with end-stage congestive heart failure (CHF) by directly reducing left ventricular size, and thereby improving the pump function of the left ventricle (LV).

This surgical approach to the treatment of congestive heart failure (CHF) (also known as the Batista procedure, cardio-reduction, or left ventricular remodeling surgery) is primarily directed at patients with an underlying non-ischemic dilated cardiomyopathy. Initially, the procedure was intended for patients awaiting cardiac transplantation, either as a “bridge” to transplantation or as an alternative to transplantation. The theoretical rationale for this procedure is that by reducing left ventricular wall volume, LV wall tension is reduced and LV pumping function will be improved.

The original PLV procedure, as developed by Batista, involves a wide excision of the posterolateral wall and apex of the heart and removal of a wedge-shaped portion of the LV. PLV may be accompanied by repair of the mitral valve, either through valvuloplasty or annuloplasty. A variety of complications of PLV have been reported, including sudden death, progressive heart failure, arrhythmias, bleeding, renal failure, respiratory failure, and infection. More recently, modifications have been suggested that remove the septal-anterior wall preferentially, also called anterior PLV. The decision on the optimal approach may be determined by the degree of fibrosis seen in the apex and lateral walls.

**Summary**

Some clinical series have reported improvement in ejection fraction and symptoms following PLV; however, there is a lack of controlled trials comparing this procedure to alternative treatments.

Perioperative mortality and complications are high, and the improvements reported in symptoms may not be a result of the surgical procedure. The high rates of perioperative morbidity and mortality, the lack of demonstrated long-term outcome benefits, and the high relapse rates, have led to diminished enthusiasm for this procedure. As a result of the lack of evidence on benefits from the procedure, and the possibility of harms, PLV is considered not medically necessary.

**Policy History**

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No changes to policy statements.

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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:
- Medical Policy Terms of Use
- Managed Care Guidelines
- Indemnity/PPO Guidelines
- Clinical Exception Process
- Medical Technology Assessment Guidelines

References