Medical Policy
Surgical Ventricular Restoration

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Information Pertaining to All Policies
- Policy History
- References

Policy Number: 544
BCBSA Reference Number: 7.01.103
NCD/LCD: NA

Related Policies
None

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

Surgical ventricular restoration is INVESTIGATIONAL for the treatment of ischemic dilated cardiomyopathy.

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.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Commercial PPO and Indemnity</th>
<th>Medicare HMO BlueSM</th>
<th>Medicare PPO BlueSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is not a covered service.</td>
<td>This is not a covered service.</td>
<td>This is not a covered service.</td>
<td>This is not a covered service.</td>
<td>This is not a covered service.</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.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following CPT code is considered investigational for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tr>
<td>33548</td>
<td>Surgical ventricular restoration procedure, includes prosthetic patch, when performed (e.g., ventricular remodeling, SVR, SAVER, Dor procedures)</td>
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</table>

**Description**

Surgical ventricular restoration (SVR) is also known as surgical anterior ventricular endocardial restoration (SAVER), left ventricular reconstructive surgery, endoventricular cirularplasty, or the Dor procedure (named after Vincent Dor, MD). Dr. Dor pioneered the expansion of techniques for ventricular reconstruction and is credited with treating heart failure patients with SVR and coronary artery bypass grafting (CABG).

SVR is usually performed after CABG and may precede or be followed by mitral valve repair or replacement and other procedures such as endocardectomy and cryoablation for treatment of ventricular tachycardia. A key difference between SVR and ventriculotomy (ie, for aneurysm removal) is that, in SVR, circular “purse string” suturing is used around the border of the aneurysmal scar tissue. Tightening of this suture is believed to isolate the akinetic or dyskinetic scar, bring the healthy portion of the ventricular walls together, and restore a more normal ventricular contour. If the defect is large (ie, an opening >3 cm), the ventricle may also be reconstructed using patches of autologous or artificial material to maintain the desired ventricular volume and contour during closure of the ventriculotomy. In addition, SVR is distinct from partial left ventriculectomy (ie, the Batista procedure; see policy #438, which does not attempt to specifically resect akinetic segments and restore ventricular contour.

**Summary**

Surgical ventricular restoration (SVR) is designed to restore or remodel the left ventricle to its normal, spherical shape and size in patients with akinetic segments of the heart, secondary to ischemic dilated cardiomyopathy.

For individuals who have ischemic dilated cardiomyopathy who receive SVR as an adjunct to coronary artery bypass grafting, the evidence includes 1 large randomized controlled trial (RCT) (another RCT reported results, but most of the patients were included in the larger trial) and uncontrolled studies. Relevant outcomes are overall survival, symptom, quality of life, hospitalizations, resource utilization, and treatment-related morbidity. The RCT, the Surgical Treatment of Ischemic Heart Failure (STICH) trial, did not report significant improvements in quality of life outcomes for patients undergoing SVR as an adjunct to standard coronary artery bypass grafting surgery. Several uncontrolled studies have suggested that SVR can improve hemodynamic functioning in selected patients with ischemic cardiomyopathy; however, these studies are considered lower quality evidence. The evidence is insufficient to determine the effects of the technology on health outcomes.

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>4/2017</td>
<td>BCBSA National medical policy review. Policy clarified, deleted “or postinfarction left ventricular aneurysm” from the statement. 4/1/2017</td>
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<tr>
<td>4/2015</td>
<td>Clarified coding information.</td>
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</tbody>
</table>
7/2014  Updated Coding section with ICD10 procedure and diagnosis codes, effective 10/2015.

12/2013  New references from BCBSA National medical policy.


1/1/2012 New policy, effective 1/1/2012, describing ongoing non-coverage.

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


