Medica Coverage Policy

<table>
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<tr>
<th>Policy Name:</th>
<th>Biventricular Pacing (Cardiac Resynchronization Therapy) for Heart Failure</th>
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</thead>
<tbody>
<tr>
<td>Effective Date:</td>
<td>7/17/2017</td>
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Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Biventricular pacing is **COVERED** for patients with chronic heart failure who demonstrate:

- Moderate to severe heart failure, as indicated by a New York Heart Association (NYHA) functional class status of II, III or IV, and
- A left ventricular ejection fraction less than or equal to 35 percent, and
- A prolonged QRS duration (greater than or equal to 120 msec), and
- Who remain symptomatic despite stable, optimal medical therapy.

Biventricular pacing is investigative and unproven and therefore **NOT COVERED** for all other indications, including but not limited to mild heart failure defined as NYHA functional class status I. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

The therapeutic objective of cardiac resynchronization therapy (CRT) is to improve cardiac output for patients with severe heart failure by improving the timing of ventricular contraction. This is accomplished with the use of biventricular cardiac pacing. CRT devices that can also provide cardiac defibrillation have been introduced for patients with heart failure who are also at risk of life-threatening ventricular arrhythmias.

Biventricular pacing involves the transvenous placement of three leads: one atrial lead and two ventricular leads. Following lead placement, the device is activated and programmed to electrically synchronize atrioventricular activation and coordinate contraction of the heart chambers. The goals of biventricular pacing are to correct interventricular dyssynchrony, improve ventricular efficiency and septal motion, complement optimal pharmacologic therapy, slow disease progression, improve quality of life, and facilitate reverse remodeling of the heart. The procedure is performed under local anesthesia. The patient is usually hospitalized overnight.
FDA Approval
FDA PMA approved devices that deliver stand-alone biventricular pacing include but are not limited to InSync® III (Medtronic, Inc., Minnetonka, MN) and Contak Renewal® TR (Guidant Corp, St. Paul, MN). Biventricular pacing systems combined with implantable cardioverter defibrillators (ICDs) approved by the FDA include but are not limited to: St Jude Medical® Epic™ HF and Atlas® HF Systems (St. Jude Medical, Sunnyvale, CA) and Ovatio CRT-D System (ELA Medical, Inc. Plymouth, MN).

Prior Authorization
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s).

Original Effective Date: 7/1/2002

Re-Review Date(s): 2/15/2005
2/26/2008
3/22/2011
4/22/2014
5/17/2017
2/10/2020 – administrative update; format