blue of california

Medical Policy

Ultrafiltration in Decompensated Heart Failure	
Type: Investigational / Experimental	**Policy Specific Section:** Medicine
Original Policy Date: October 15, 2007	**Effective Date:** January 7, 2011

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Ultrafiltration is a technique involving the removal of excess fluid from a patient's blood using pressure differentials with a dialysis machine or similar filtration device. Ultrafiltration is generally used for those with decompensated heart failure whose fluid overload is unresponsive to medical management. Proponents of this technique suggest it may offer the potential for

greater and more expeditious volume and sodium removal compared with conventional therapies. In recent studies, this technique is also referred to as aquapheresis.

Policy

The use of ultrafiltration is considered **investigational** for the treatment of heart failure.

Policy Guideline

This policy does not apply to patients with renal failure being treated using dialysis.

There are no specific CPT codes for this procedure. The ICD-9-CM procedure code 99.78 (Aquapheresis) is specific to the procedure.

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• No records required

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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