BlueCross BlueShield of Arizona
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MEDICAL COVERAGE GUIDELINES
SECTION: SURGERY

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SURGICAL VENTRICULAR RESTORATION

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

Description:

Surgical ventricular restoration (SVR) procedure has been investigated as a method to restore the left ventricle to normal size and shape when akinetic segments exist secondary to dilated cardiomyopathy or post-infarction left ventricular aneurysm. Autologous or artificial material may be used. The CorRestore ™ Patch System (derived from bovine pericardium) is FDA-approved as an intracardiac patch for cardiac reconstruction and repair.

SVR procedure is usually performed after coronary artery bypass grafting (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. The SVR procedure may also be referred to as ventricular remodeling, surgical anterior ventricular endocardial restoration (SAVER) or the DOR procedure.

SURGICAL VENTRICULAR RESTORATION (cont.)

Criteria:

- Surgical ventricular restoration for the following indications is considered ***experimental or investigational*** based upon:

  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

  These indications include, *but are not limited to:*

  - Ischemic dilated cardiomyopathy
  - Post-infarction left ventricular aneurysm

Resources:

1. 7.01.103 BCBS Association Medical Policy Reference Manual. Surgical Ventricular Restoration. Re-issue date 08/14/2014, issue date 09/27/2005

2. American College of Cardiology Foundation and the American Heart Association, Inc. ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult. 2005 2005:39-40