



# Cardio Policy: Mitral Valve Surgery

<b>POLICY NUMBER</b> UM CARDIO_1099	<b>SUBJECT</b> Mitral Valve Surgery		<b>DEPT/PROGRAM</b> UM Dept	<b>PAGE 1 OF 3</b>
<b>DATES COMMITTEE REVIEWED</b> 04/06/11, 11/07/12, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 08/01/18, 02/21/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22, 02/01/23	<b>APPROVAL DATE</b> February 1, 2023	<b>EFFECTIVE DATE</b> February 1, 2023	<b>COMMITTEE APPROVAL DATES</b> 04/06/11, 11/07/12, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 08/01/18, 02/21/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22, 02/01/23	
<b>PRIMARY BUSINESS OWNER:</b> UM		<b>COMMITTEE/BOARD APPROVAL</b> Utilization Management Committee		
<b>URAC STANDARDS</b> HUM v8: UM 1-2; UM 2-1	<b>NCQA STANDARDS</b> UM 2		<b>ADDITIONAL AREAS OF IMPACT</b>	
<b>CMS REQUIREMENTS</b>	<b>STATE/FEDERAL REQUIREMENTS</b>		<b>APPLICABLE LINES OF BUSINESS</b> Commercial, Exchange, Medicaid	

## I. PURPOSE

Indications for determining medical necessity for Mitral Valve Surgery.

## II. DEFINITIONS

Mitral valve replacement or repair is a cardiac surgery procedure in which a patient’s failing mitral valve is either repaired or replaced with an alternate healthy valve.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care – Median Score 7-9

Maybe Appropriate Care – Median Score 4-6

Rarely Appropriate Care – Median Score 1-3

Guideline directed medical therapy (GDMT) are outlined by joint American College of Cardiology (ACC)/American Heart Association (AHA) in cardiovascular clinical practice guidelines as Class I recommendation. These are maximally tolerated medications for a cardiovascular condition, when prescribed, have shown to improve healthcare outcomes such as survival along with significant

reduction in major adverse cardiovascular events and hospitalization. For all recommended drug treatment regimens, the prescriber should confirm the dosage with product insert material and carefully evaluate for contraindications and interactions<sup>1,2,3,5</sup>

### III. POLICY

**Patients need to be on maximally tolerated GDMT for MR. Indications for Mitral Valve Surgery (Replacement/Repair) are as follows:**

- A. Symptomatic patients with chronic severe primary MR and LVEF greater than 30%. **(AUC Score 8)**<sup>1,2,3,4</sup>
- B. Asymptomatic patients with chronic severe primary MR and LV dysfunction (LVEF 30% to 60% and/or LVESD greater than or equal to 40 mm). **(AUC Score 8)**<sup>1,2,3,4</sup>
- C. Mitral Valve Repair is appropriate in patients with chronic severe primary MR limited to posterior leaflet. **(AUC Score 8)**<sup>1,2,3,4</sup>
- D. Mitral Valve Repair is appropriate in patients with chronic severe primary MR involving anterior leaflet or both leaflets when successful and durable repair can be accomplished. **(AUC Score 8)**<sup>1,2,3,4</sup>
- E. Concomitant MV repair or replacement is indicated in patients with chronic severe primary MR undergoing cardiac surgery for other cardiac indications. **(AUC Score 8)**<sup>1,2,3,4</sup>
- F. MV repair is reasonable for asymptomatic patients with chronic severe non-rheumatic primary MR and preserved LV function with 1) new onset of AF or 2) resting pulmonary hypertension (PA systolic arterial pressure greater than 50 mm Hg). **(AUC Score 7)**<sup>1,2,3,4</sup>
- G. Mitral valve surgery (repair, commissurotomy, or valve replacement) is indicated in patients that are:
  - 1. Severely symptomatic (NYHA class III to IV) with severe MS (mitral valve area less than or equal to 1.5 cm<sup>2</sup>)
  - 2. Not high risk for surgery and are not candidates for or who have failed previous percutaneous mitral balloon commissurotomy. **(AUC Score 8)**<sup>1,2,3,4</sup>
  - 3. Concomitant mitral valve surgery is indicated for patients with severe MS (mitral valve area ≤ 1.5 cm<sup>2</sup>) undergoing cardiac surgery for other indications. **(AUC Score 7)**<sup>1,2,3,4</sup>

#### Limitations

- A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.
- B. Before Mitral Valve replacement or repair can be considered in a patient with a failing Mitral Valve the following must be considered: Predicted or observed lack of adequate response to maximally tolerated GDMT<sup>1,2,3,5</sup>

### IV. PROCEDURE

- A. In order to review for medical determination, the following items must be submitted for review
  - 1. Latest Cardiology or Cardiothoracic Surgeon's Note
  - 2. Most recent Echocardiogram or TEE (if applicable)
  - 3. Recent Cardiac Catheterization report

- B. Primary codes appropriate for this service are: 33422, 33425, 33426, 33427, 33430. 33530 – Reoperation, CABG or valve surgery, more than 1 month after original operation
- C. Place/Site of Service: Inpatient hospital (21)

## V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

## VI. ATTACHMENTS

- A. None

## VII. REFERENCES

1. Otto et al. 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease. JACC VOL. 77, NO. 4, 2021
2. Nishimura RA, et al. 2017 AHA/ACC Focused Update of the 2014 AHA/ACC Guideline for the Management of Patients with Valvular Heart Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation June 2017 Volume 135 Number 25, Pages e1159-e1195
3. Rick A.Nishimura MD, et al. 2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease: Executive Summary: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Journal of the American College of Cardiology. June 2014. Volume 63, Issue 22, Pages 2438-2488.
4. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.
5. Coats AJS, et al. The management of secondary mitral regurgitation in patients with heart failure: a joint position statement from the Heart Failure Association (HFA), European Association of Cardiovascular Imaging (EACVI), European Heart Rhythm Association (EHRA), and European Association of Percutaneous Cardiovascular Interventions (EAPCI) of the ESC. Eur Heart J. 2021 Mar 18;42(13):1254–69.
6. NCQA UM 2022 Standards and Elements.