



Cardio Policy:

Mitral Valve Surgery

POLICY NUMBER UM CARDIO_1099	SUBJECT Mitral Valve Surgery	DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 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	APPROVAL DATE September 14, 2022	EFFECTIVE DATE September 30, 2022	COMMITTEE APPROVAL DATES 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
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee	
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2	ADDITIONAL AREAS OF IMPACT	
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS	APPLICABLE LINES OF BUSINESS 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

III. POLICY

Indications for Mitral Valve Surgery (Replacement/Repair) are as follows:

- A. Symptomatic patients with chronic severe primary MR and LVEF > 30%. **(AUC Score 8)**^{1,2,3,4}

- B. Asymptomatic patients with chronic severe primary MR and LV dysfunction (LVEF 30% to 60% and/or LVESD \geq 40 mm). **(AUC Score 8)^{1,2,3,4}**
- C. Mitral Valve Repair is appropriate in patients with chronic severe primary MR limited to posterior leaflet. **(AUC Score 8)^{1,2,3,4}**
- 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)^{1,2,3,4}**
- 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)^{1,2,3,4}**
- 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 >50 mm Hg). **(AUC Score 7)^{1,2,3,4}**
- 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 \leq 1.5 cm²)
 - 2. Not high risk for surgery and are not candidates for or who have failed previous percutaneous mitral balloon commissurotomy. **(AUC Score 8)^{1,2,3,4}**
 - 3. Concomitant mitral valve surgery is indicated for patients with severe MS (mitral valve area \leq 1.5 cm²) undergoing cardiac surgery for other indications. **(AUC Score 7)^{1,2,3,4}**

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.

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. NCQA UM 2022 Standards and Elements.