New Century Health

Cardio Policy:

Device Physiologic CV Data Element Interrogation

POLICY NUMBER UM CARDIO_1152	**SUBJECT** Device Physiologic CV Data Element Interrogation		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 3**
DATES COMMITTEE REVIEWED 08/03/11, 01/09/13, 01/08/14, 10/14/15, 11/28/16, 07/13/17, 10/10/17, 03/13/19, 12/11/19, 05/13/20, 02/10/21, 08/11/21, 10/13/21, 10/12/22	**APPROVAL DATE** October 12, 2022	**EFFECTIVE DATE** October 28, 2022	**COMMITTEE APPROVAL DATES** 08/03/11, 01/09/13, 01/08/14, 10/14/15, 11/28/16, 07/13/17, 10/10/17, 03/13/19, 12/11/19, 05/13/20, 02/10/21, 08/11/21, 10/13/21, 10/12/22	
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 Device Physiologic CV Data Element Interrogation also known as Intra Cardiac Monitoring, ICM (Optivol).

II. DEFINITIONS

Some implantable device systems have a sophisticated computerized data analysis system to detect changes in blood volume. These data elements from one or more internal sensors (such as right ventricular, left atrial or an index of lung water) and/or external sensors (such as blood pressure or body weight) are used for patient assessment and management.

The Optivol fluid trend tracks intrathoracic impedance changes over time. This allows the clinician to better understand how the patient's fluid status compares with changes in medications, clinical events and outcomes, and overall patient status. As the patient's lungs become congested, intrathoracic impedance tends to decrease. Similarly, an increase in intrathoracic impedance may indicate the patient's lungs are becoming drier. Optivol monitoring to predict worsening heart failure is not intended to replace assessments which are part of standard clinical practice.

III. POLICY

Indications for approving a request for medical necessity are:

A. The patient has an AICD/CRT-D/CRT-P device which have Optivol monitoring capability.

B. A device interrogation for ICM has not been performed within the last 3O days. **(AUC Score 5)**[1,2,3,4]

Frequency Guidelines:

A. Remote interrogation AICD/CRT for Optivol – 30 days **(AUC Score 5)**[1,2,3,4]

B. Remote interrogation AICD/CRT for Optivol - 90 days **(AUC Score 7)**[1,2,3,4]

C. In person interrogation AICD/CRT for Optivol – 30 days **(AUC Score 5)**[1,2,3,4]

D. In person interrogation AICD/CRT for Optivol – 90 days **(AUC Score 7)**[1,2,3,4]

Limitations:

A. Approval for Optivol monitoring is limited to those patients who carry a diagnosis of congestive heart failure.

B. 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 a request for medical necessity, the following items must be submitted for review:
   1. Progress note that prompted the request
   2. Latest device interrogation for ICM report with strips

B. Primary codes appropriate for this service: In Person-93290, Remote-93297; G2066 – technical code for remote device interrogation of an implantable cardiovascular physiologic monitor system.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

1. Slotwiner, D, et al. HRS Expert Consensus Statement on Cardiovascular Implantable Electronic Devices. Heart Rhythm, July 2015. Volume 12, No 7, Pages e69-e100.
2. William T. Abraham, et al. Superior Performance of Intrathoracic Impedance-Derived fluid Index versus Daily Weight monitoring in Heart Failure Patients: Results of the Fluid Accumulation Status Trial (FAST). Journal of Cardiac Failure. Nov 2009. Volume 15, Issue 9, Page 813.
3. Cynthia M. Tracy, et al. 2012 ACCF/AHA/HRS Focused Update Incorporated Into the ACCF/AHA/HRS 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. Volume 61, Issue 3, Pages e8-75.

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.