



# Geisinger Health Plan Policies and Procedure Manual

**Policy: MP308 Wireless Pulmonary Artery Pressure Monitoring**

**Section: Medical Benefit Policy**

**Subject: Wireless Pulmonary Artery Pressure Monitoring**

**Applicable line of business:**

<b>Commercial</b>	<b>x</b>	<b>Medicaid</b>	<b>x</b>
<b>Medicare</b>	<b>x</b>	<b>ACA</b>	<b>x</b>
<b>CHIP</b>	<b>x</b>		

**I. Policy:** Wireless Pulmonary Artery Pressure Monitoring

**II. Purpose/Objective:**

To provide a policy of coverage regarding Wireless Pulmonary Artery Pressure Monitoring

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**Commercial**

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicare**

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

**CHIP**

Geisinger Health Plan Kids (GHP Kids) is a Children’s Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicaid**

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

## V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

### Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

### DESCRIPTION:

This technology consists of a sensor implanted in the distal pulmonary artery, a transvenous delivery system, and an electronic processor that transmits pulmonary artery pressure measurements from the implanted sensor to a secure database. This technology includes, but is not limited to, the CardioMEMS™ Champion Heart Failure Monitoring System, the ImPressure® device, and the Chronicle® implantable continuous hemodynamic monitoring device.

The CardioMEMs HF System is a minimally invasive wireless heart failure remote monitor, placed in the pulmonary artery via femoral vein access, that has been clinically proven to significantly reduce heart failure hospitalizations and improve quality of life in New York Heart Association (NYHA) Class III patients who have been hospitalized for heart failure in the previous year. The hemodynamic data are used by physicians for heart failure management and with the goal of reducing heart failure hospitalizations.

### COMMERCIAL and NON-MEDICARE BUSINESS SEGMENT:

The CardioMEMs HF System is considered to be medically necessary in members who meet all of the following criteria:

- Diagnosis of New York Heart Association (NYHA) Class III heart failure with preserved ejection fraction; **or**
- Diagnosis of New York Heart Association (NYHA) Class III heart failure with reduced ejection fraction and on stable AHA/ACC guidelines based medical therapy

And

- At least one hospitalization for heart failure in the previous year.

### MEDICARE BUSINESS SEGMENT: See also National Coverage Determination 20.36: Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management

Novitas LCD Outpatient Wireless Pulmonary Artery Pressure Monitoring for Heart Failure (L36419) has been retired. The CardioMEMs HF System is considered to be medically necessary in members diagnosed with New York Heart Association (NYHA) Class III heart failure with systolic or preserved ejection fraction who have been hospitalized for heart failure in the previous year.

### EXCLUSIONS:

The Plan does NOT provide coverage for non-FDA approved usage of the device.

The CardioMEMS HF System is contraindicated for patients with an inability to take dual antiplatelet or anticoagulants for one month post implant.

## Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

**Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.**

**CODING ASSOCIATED WITH:** Wireless Pulmonary Artery Pressure Monitoring

***The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at [www.cms.gov](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.***

- 93799 Unlisted cardiovascular service or procedure [when specified as implantation of a wireless pressure sensor in the pulmonary artery]
- 33289 Transcatheter implantation of wireless pulmonary artery pressure sensor for long term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography
- 93264 Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional.
- C2624 Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components
- G0555 Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

### LINE OF BUSINESS:

**Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.**

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This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 8/16

**Revised:** 8/20 (add Medicare coverage); 11/20 (add Commercial coverage); 11/25 (add Medicare cross reference)

**Reviewed:** 10/17, 10/18, 10/19, 11/21, 11/22, 11/23, 11/24

**CMS UM Oversight Committee Approval:** 12/23, 12/24, 2/26

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Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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