



Cardio Policy: Tricuspid Valve Surgery

POLICY NUMBER UM CARDIO_1100	SUBJECT Tricuspid 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, 01/28/16, 11/23/16, 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, 09/13/23	APPROVAL DATE September 13, 2023	EFFECTIVE DATE September 29, 2023	COMMITTEE APPROVAL DATES 04/06/11, 11/07/12, 08/22/13, 06/28/14, 08/12/15, 01/28/16, 11/23/16, 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, 09/13/23	
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee		
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 Tricuspid Valve Surgery.

II. DEFINITIONS

Tricuspid valve surgery (repair/replacement) is a cardiac surgery procedure frequently done during mitral valve surgery in which a patient’s regurgitant or stenotic tricuspid valve is either repaired or replaced. 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 Tricuspid Valve Surgery are as follows:

- A. Tricuspid valve surgery is recommended for patients with severe TR undergoing left-sided valve surgery. **(AUC Score 7)**^{1,2,3,4}
- B. Tricuspid valve repair can be beneficial for patients with mild, moderate, or greater functional TR (at the time of left-sided valve surgery with either 1) tricuspid annular dilation greater than 40 mm or 2) evidence of right HF). **(AUC Score 7)**^{1,2,3,4}
- C. Tricuspid valve surgery is recommended for patients with severe TS at the time of operation for left-sided valve disease. **(AUC Score 7)**^{1,2,3,4}
- D. Tricuspid valve surgery is recommended for patients with isolated, symptomatic severe TS. **(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. To review a request 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
 - 3. Recent Cardiac Catherization
- B. Primary codes appropriate for this service are: 33463, 33464. 33465 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 2023 Standards and Elements.