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DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Date: April 26, 2018

CCS Information Notice: 18-01
Supercedes This Compute! 395

TO: ALL LOCAL COUNTY CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM AND GENETICALLY HANDICAPPED PERSONS (GHPP) STAFF, CCS MEDICAL CONSULTANTS, COUNTY MEDICAL STAFF, AND INTEGRATED SYSTEMS OF CARE DIVISION (ISCD) STAFF

SUBJECT: AUTHORIZATION OF THE TRANSCATHETER PULMONARY VALVE SYSTEM

The purpose of this CCS Information Notice is to communicate that the Medtronic Melody® Transcatheter Pulmonary Valve (TPV) (Model PB 10) and Medtronic Ensemble® Transcatheter Valve Delivery System is a benefit covered by Medi-Cal for clients with congenital heart disease and right ventricular outflow tract (RVOT) dysfunction (stenosis or regurgitation). The transcatheter pulmonary valve system is specifically for use as an adjunct to surgery in the management of pediatric and adult patients with at least one of the following clinical conditions:

1. Existence of a full (circumferential) RVOT conduit that is equal to or greater than 16 mm in diameter when originally implanted and;
2. Dysfunctional RVOT conduits with a clinical indication for intervention, and;
 - a. Regurgitation: greater than or equal to moderate regurgitation, and/or
 - b. Stenosis: mean RVOT gradient greater than or equal to 35 mm Hg.
3. Failed bioprosthetic pulmonary valve that has moderate or severe regurgitation and/or a mean RVOT gradient \geq 35 mm Hg.

CCS Programs should authorize any requests for transcatheter pulmonary valve implantation for CCS Program clients with the conditions listed in 1, 2 and 3 above to CCS Program-paneled cardiologists listed on the Medtronic Melody Valve site, <http://www.medtronic.com/melody/melody-trained-physicians.html#california>.

When requested as an outpatient service at a CCS Program-Approved Interventional Cardiac Catheterization Center (Enclosure). It is recommended that patients be admitted for monitoring overnight after Melody Valve implantation.

Requests should be submitted and authorized prior to the procedure except in rare cases when approved by the ISCD medical director or designee.

The following coding guidance has been adapted from the Medtronic informational page on commonly billed codes:

The authorization should be for Current Procedural Terminology code 33477.

- Code 33477 includes the work, when performed, of percutaneous access, placing the access sheath, advancing the repair device delivery system into position, repositioning the device as needed, and deploying the device(s). Angiography, radiological supervision, and interpretation performed.
- Code 33477 includes all cardiac catheterization(s), intra-procedural contrast injection(s), fluoroscopic radiological supervision and interpretation, and imaging guidance performed to complete the pulmonary valve procedure.
- Code 33477 includes percutaneous balloon angioplasty of the conduit/treatment zone, valvuloplasty of the pulmonary valve conduit, and stent deployment within the pulmonary conduit or an existing bio-prosthetic pulmonary valve, when performed.
- Codes 76001, 93451, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93530, 93531, 93532, 93533, 93563, 93566, 93567, 93568 **should not** be authorized along with 33477 for angiography intrinsic to the procedure.
- Codes 37236, 37237, 92997, 92998 for pulmonary artery angioplasty/valvuloplasty or stenting within the prosthetic valve delivery site **should not** be authorized with 33477.
- Codes 92997, 92998 may be requested separately when pulmonary artery angioplasty is performed at a site separate from the prosthetic valve delivery site.

- Codes 37236, 37237 may be requested separately when pulmonary artery stenting is performed at a site separate from the prosthetic valve delivery site.

If you have any questions about this policy, please contact Jill Abramson MD, MPH, ISCD Medical Consultant at 916-327-2108 or by e-mail at jill.abramson@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Sarah Eberhardt-Rios, Division Chief
Integrated Systems of Care Division