

Alcohol Septal Ablation (ASA) for Hypertrophic Obstructive Cardiomyopathy

MPM 1.2

Disclaimer

Refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in these criteria.

Description

Hypertrophic obstructive cardiomyopathy is a cardiac disorder that results in massive hypertrophy of the ventricular septum. Many patients with this disorder are asymptomatic throughout life, but some have severe limiting symptoms of dyspnea, angina and syncope and are at risk for sudden cardiac death.¹ Traditional therapies include pharmacologic management and surgical reduction of the septum (myectomy). Alcohol septal ablation is a recognized alternative to surgical myectomy for carefully selected patients.

Coverage Determination

Prior Authorization/Benefit Certification is required. Log on to Pres Online to submit a request:

<https://ds.phs.org/preslogin/index.jsp>

Alcohol septal ablation is covered for adults with hypertrophic obstructive cardiomyopathy when **all** of the following criteria are met:

- Severe symptoms, despite optimal medical therapy. Typically, the patients will have Class III/IV heart failure on the New York Heart Association classification; **and**
- Left ventricular (LV) outflow tract gradient ≥ 50 mm Hg at rest or with exercise; **and**
- Absence of severe multi-vessel coronary disease or any other cardiac or systemic condition contraindicating alcohol septal ablation.⁴

Contraindications

Contraindications for ASA include:

- Non-obstructive form of hypertrophic cardiomyopathy.
- Mild heart failure symptoms (Class I or II New York Heart Association classification)
- Valvular or subvalvular anomalies
- Severe coronary artery disease
- Absence of an appropriate septal perforator that supplies the area of systolic anterior motion¹

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Background

Alcohol septal ablation involves a coronary angiogram to identify the anatomy of the septal coronary arteries, followed by injection of ethanol in order to induce a septal infarct. This reduces the septal thickness and enlarges the left ventricular outflow tract. Because of the risk to the cardiac conduction system descending through the septum, the patient is usually set up for temporary cardiac pacing. Successful alcohol septal ablation may trigger a rapid reduction in resting outflow gradient, but more frequently a progressive decrease in the gradient occurs within 6 to 12 months⁴

Medical Terms

The Stages of Heart Failure: New York Heart Association Classification³

Class	Patient Symptoms
Class I (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.
Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.
Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

Coding

The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
93799	Unlisted cardiovascular service or procedure (effective 1-1-08)
0024T	Non-surgical septal reduction therapy (e.g., alcohol ablation) for hypertrophic obstructive cardiomyopathy with coronary arteriograms, with or without temporary pacemaker. (This code deleted as of 12-31-07. To report use 93799.)

ICD-9© Diagnosis Codes	Description
425.1	Hypertrophic obstructive cardiomyopathy

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- References:**
1. Nishamura, RA and Holmes, DR. Hypertrophic Obstructive Cardiomyopathy. *New England Journal of Medicine* 2004 350:1320-7.
 2. Holmes, DR, Valeti US, Nishimura RA. Alcohol septal ablation for hypertrophic cardiomyopathy: indications and technique. *Catheterization and Cardiovascular Interventions* 66:375-389 (2005).
 3. Heart Failure Society of America. The Stages of Heart Failure: New York Heart Association Classification. Last modified 9-28-06. Accessed on the Internet 07-22-09, http://www.abouthf.org/questions_stages.htm
 4. Marrow BJ, McKenna WJ, et al. America College of Cardiology/European Society of Cardiology Clinical Expert Consensus Document on Hypertrophic Cardiomyopathy. *Am Coll Cardiol*, 2003; 42:1687-1713.

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Publication History:
10-23-06: Effective date of PHP Benefit Alert
04-23-08: Transition to Medical Policy
07-22-09: Annual review and revision
08-24-11: Annual review

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the Medical Director in reviewing the case. Please note that all Presbyterian medical policies are available on the Internet at: <http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

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