Ultrafiltration in Decompensated Heart Failure

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Approved By:	Highmark Health Options – Market Leadership
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Last Revision Date:	10/08/2021; 08/24/2022
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

POLICY POSITION

Prior authorization is not required.

Ultrafiltration is designed to remove excess salt and water from the body safely, predictably, and effectively from individuals with decompensated heart failure and suffering from fluid overload.

Note: This policy does not apply to patients with renal failure being treated using dialysis.

The use of ultrafiltration for acute decompensated heart failure may be considered medically necessary when ALL the following criteria are met:

- Individual has fluid volume overload; and
- Individual has dyspnea at rest or with minimal activity; and
- Individual has confirmed diuretic resistance defined as:
  - Dose escalation beyond previously recognized dose ceiling; or
  - Daily dose maximum is being reached without incremental improvement in diuresis.

The use of ultrafiltration not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

PROFESSIONAL STATEMENTS AND SOCIETAL POSITIONS GUIDELINES

American College of Cardiology Foundation and American Heart Association – 2017

The American College of Cardiology Foundation and American Heart Association published joint guidelines (2013) on the diagnosis and management of heart failure in adults (under Recommendations for Hospitalized Patient) that list ultrafiltration as a class IIb recommendation (benefit greater than or equal to risk, additional studies needed). The recommendations indicated that ultrafiltration "may be considered for patients with obvious volume overload to alleviate congestive symptoms and fluid weight" (level of evidence B: conflicting evidence) and "for patients with refractory congestion not responding to medical therapy" (level of evidence C: recommendation less well established). A 2017 update from the American College of Cardiology, the American heart Association Task Force on Clinical Practice Guidelines, and the Heart Failure Society of America did not mention ultrafiltration.

PROCEDURE CODES

CPT Code	Description
37799	Unlisted Procedure, Vascular Surgery.

ELIGIBLE DIAGNOSIS CODES

Codes				
I50.20	I50.21	I50.23	I50.30	I50.31
I50.33	I50.40	I50.41	I50.43	I50.810
I50.811	I50.813	I50.814	I50.82	I50.83
I50.89	I50.9			

References

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Wobbe B, Wagner J, Szabó, et al. Ultrafiltration is better than diuretic therapy volume-overloaded acute heart failure patients: A meta-analysis. Heart Fail Rev. 2020.

Rao VS, Ahmad T, Brisco-Bacik MA, et al. Renal effects of intensive volume removal in heart failure patients with preexisting worsening renal function. Circ Heart Fail. 2019;12(6):e005552.

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POLICY UPDATE HISTORY

10/08/2021	Approved in medical policy committee
08/24/2022	Annual review; approved in medical policy committee
09/13/2022	Approved in QI-UM
10/10/2022	Approved in Governance