



ND

Medical Policies

 Print

Policy Number:

S-203

Policy Name:

Transcatheter Pulmonary Valve Implantation

Policy Type:

Medical

Policy Subtype:

Surgery

Effective Date:

09-15-2025

End Date:

11-02-2025

Description

Transcatheter pulmonary valve implantation (TVPI) using United States Food and Drug Administration (U.S. FDA) approved devices is a minimally invasive alternative to surgical pulmonary valve replacement in children and adult individuals with significant right ventricular outflow tract (RVOT) conduit regurgitation or stenosis

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Diagnosis Codes

Covered Diagnosis Codes for Procedure Code 33477

I37.0	I37.1	I37.2	I37.8	I37.9	I97.0	I97.110
I97.130	I97.190	Q20.5	Q21.3	Q22.0	Q22.1	Q22.2
Q22.3	T82.01XA	T82.01XD	T82.01XS	T82.02XA	T82.02XD	T82.02XS
T82.03XA	T82.03XD	T82.03XS	T82.09XA	T82.09XD	T82.09XS	T82.221A

T82.221D	T82.221S	T82.222A	T82.222D	T82.222S	T82.223A	T82.223D
T82.223S	T82.228A	T82.228D	T82.228S	T82.857A	T82.857D	T82.857S
T82.897A	T82.897D	T82.897S	T82.9XXA	T82.9XXD	T82.9XXS	Z87.74
Z95.2	Z95.3	Z95.4				

CURRENT CODING

CPT:

33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	Commercial
33477	TCAT PULMONARY VALVE IMPLANTATION PRQ APPROACH	Medicaid Expansion

References

1. InterQual® Level of Care Criteria 2016. Acute Care Adult. McKesson Health Solutions, LLC.
2. Fraisse A, Aldebert P, Malekzadeh-Milani S, et al. Melody® transcatheter pulmonary valve implantation: Results from a French registry. Archives of Cardio Dis.2014;607-614.
3. Jones TK, Rome JJ, Armstrong AK, et al. Transcatheter Pulmonary Valve Replacement Reduces Tricuspid Regurgitation in Patients With Right Ventricular Volume/Pressure Overload. J Am Coll Cardiol. 2016;1525-1535.
4. Hijazi ZM, Bolman Rm, Miller DC, et al. SCAI/AATS/ACC/STS Operator and Institutional Requirements for Transcatheter Valve Repair and Replacement, Part III: Pulmonic Valve. J Am Coll Cardiol. 2015;2556-2563.
5. Lindsay I, Aboulhosn J, Salem M, Etal. Aortic root compression during transcatheter pulmonary valve replacement. Catheterization and Cardiovascular Interventions. 2016.88:814-821.
6. Zablah J, Misra N, Gruber D, Et al. Comparison of patients undergoing surgical versus transcatheter pulmonary valve replacement:criteria for referral and mid- term outcome. Pediatric Cardiology. 2017; 38:603-607.
7. Chatterjee A, Baja N, McMahon W, Et al. Transcatheter pulmonary valve implantation: A comprehensive systemic review and meta-analyses of observational studies. JAHA. 8/2017; 6(8):e006432.
8. Alkashkari W, AlRahimi J, Albugami S, Et al. Transcatheter pulmonary valve replacement:The venus P valve- Current status. JSKD. Feb, 2018; 4(1):1-8.
9. Hayes Inc Percutaneous Pulmonary Valve Implantation Hayes. Accessed July 12, 2019.

ND Committee Review

Internal Medical Policy Committee 1-22-2020 New Policy for ND

Internal Medical Policy Committee 3-17-2021 Revision

- **Revised** description, and

- **Expanded** indications.

Internal Medical Policy Committee 9-21-2021 Revision

- **Added** statement: Covered Diagnosis Codes for Procedure Code 33477

Internal Medical Policy Committee 9-28-2022 Annual Review - no changes in criteria

Internal Medical Policy Committee 7-26-2023 Revision - **Effective September 04, 2023**

- **Added** Professional Statements and Societal Positions; and
- **Updated** criteria

Internal Medical Policy Committee 7-16-2024 Annual review - no changes in criteria

- **Added** coverage statement; and
- **Added** Policy Applications

Internal Medical Policy Committee 9-17-2024 Revision - **Effective November 04, 2024**

- **Updated** verbiage throughout policy

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.