March 15, 2023

Anne Docimo, M.D.
Chief Medical Officer
UnitedHealthcare
9700 Health Care Lane
Minnetonka, MN 55343

*Sent electronically via email*

RE: Policy 2023T0557Y  Transcatheter Heart Valve Procedures

Dear Dr. Docimo:

We are writing on behalf of the Society for Cardiovascular Angiography and Interventions (SCAI), The Society of Thoracic Surgeons (STS), the American Association for Thoracic Surgery (AATS), and the American College of Cardiology (ACC) to address the medical policy revision to Policy 2023T0557Y Transcatheter Heart Valve Procedures effective April 1, 2023.

Our organizations' primary goal is to ensure consistency between the Transcatheter Heart Valve Procedures policy and the 2020 ACC/AHA Guideline for Management of Patients with Valvular Heart Disease. First, the policy states that *Requests for transcatheter aortic heart valve replacement for low-flow/low-gradient aortic stenosis will be evaluated on a case-by-case basis.* Considering TAVR for patients with low-flow, low-gradient severe AS is very complex, often time-critical, and appropriate patient selection is vital.

Patients with reduced left ventricular systolic function may have severe aortic stenosis requiring TAVR without meeting the peak velocity, mean gradient, and valve area criteria listed. Because of these patients' complexity, additional testing modalities (dobutamine stress echo, CT calcium scoring) are recommended to diagnose severe aortic stenosis requiring TAVR for these patients.[1] **We strongly endorse the use of the ACC/AHA guideline-indicated means of identification of this population.** Any limitation could prevent a significant number of patients from receiving appropriate care.

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[1] Otto C, Nishimura R, et al. 2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease. J Am Coll Cardiol. 2021 Feb, 77 (4) e25–e197. https://doi.org/10.1016/j.jacc.2020.11.018

As previous mentioned, the pending UHC policy requires this patient population to be evaluated on a case-by-case basis. **We are of the strong opinion that this type of evaluation must be facilitated by a TAVR expert as low-flow low gradient aortic cases are exceptionally complex and should be attempted by well-versed clinicians.** Such TAVR expertise has been utilized in the development of current guideline-indicated means of identification. We believe it is best practice to rely on and adhere to these established guidelines in updating United Healthcare's Transcatheter Heart Valve Procedures.

**Finally, we recommend UHC amend the policy's severe aortic stenosis classification from .8 cm squared or less to 1.0 cm squared or less as stated in ACC/AHA guideline.**

We respectfully request that United Healthcare revise the policy before the proposed effective date. We would be happy to schedule a meeting to discuss this matter further.

Sincerely,

Lyndon Box, MD, FSCAI
Chair, SCAI Government Relations Committee

Joseph Cleveland, MD
Chair, STS Council on Health Policy and Relationships

Scott Silvestry, MD
AATS CPT Advisor

Stephen Lahey, MD
AATS RUC Advisor

William Van Decker, MD, FACC
Chair, ACC Health Affairs Committee