MetroPlus Health

Policy and Procedure

Title: CardioMEMS	**Division: Medical Management** **Department: Utilization Management**
Approval Date: 3/30/18	**LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP, UltraCare**
Effective Date: 3/30/18	**Policy Number: UM-MP246**
Review Date: 6/16/2026	**Cross Reference Number:**
Retired Date:	**Page 1 of 4**

1. **POLICY:**
   CardiacMEMS

2. **RESPONSIBLE PARTIES:**
   Medical Management Administration, Utilization Management, Integrated Care Management, Claims Department, Provider Contracting

3. **DEFINITIONS:**
   CardioMEMS - Champion Heart Failure Monitoring System (CardioMEMS, Atlanta, Georgia) is a permanently implantable pressure measurement system designed to provide daily pulmonary artery (PA) pressure measurements in an ambulatory setting and thus help guide heart failure (HF) management in an outpatient setting to reduce HF hospital stays.

   Champion Study – CardioMEMS Heart Sensor Allows Monitoring of Pressure to Improve Outcomes in NYHA Class III Heart Failure Patients

4. **PROCEDURE:**
   MetroPlus considers an implantable wireless pulmonary artery pressure monitor (CardioMems) experimental and investigational for heart failure and all other indications.

   Although the device is FDA approved, they have yet to be incorporated into the standard of care and remain investigational and experimental at this time. These devices have not been shown to improve outcomes compared with standard methods of heart failure monitoring.

5. **APPLICABLE PROCEDURE CODES**

CPT	Description
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
33286	Removal, subcutaneous cardiac rhythm monitor
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed

6. REFERENCES:

(1) Hayes Health Technology Assessment: CardioMEMS Implantable Hemodynamic Monitor (Abbott) for Managing Patients With Heart Failure, May 4, 2026

(2) Barbash, I., Loh, J., Waksman, R. (2013). Overview of the 2011 Food and Drug Administration Circulatory System Devices Panel of the Medical Devices Advisory Committee Meeting on the CardioMEMS Champion Heart Failure Monitoring System. Vol. 61, No. 15, 2013. http://dx.doi.org/10.1016/j.jacc.2012.08.1035

(3) Butler, J., DeFilippis, e., Fonarow, G., et al. (2017). Postmarketing Adverse Events Related to the CardioMEMS HF System. JAMA Cardiology. Volume w, Number 11. Pp. 1277-1279.

(4) Abraham, W. Agarwal, R. Bhimaraj, A. et al (2017) Impact of Practice-Based Management of Pulmonary Artery Pressures in 2000 Patients Implanted With the CardioMEMS Sensor. Circulation. 2017;135:1509–1517. DOI: 10.1161/CIRCULATIONAHA.116.026184

(5) U.S. National Library of Medicine. (2019). Hemodynamic-GUIDEd Management of Heart Failure (GUIDE-HF) https://clinicaltrials.gov/ct2/show/NCT03387813?term=NCT03387813&rank=1

(6) 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines https://www.ahajournals.org/doi/10.1161/CIR.0000000000001063

7. ATTACHMENTS:

	Title	Attachment
1		
2		
3		

8. REVISION LOG:

REVISIONS	DATE
Creation Date	3/30/18
Revised	3/1/19
Annual Review	8/28/2020
Annual Review	7/30/2021
Annual Review	6/27/2022
Annual Review	6/27/2023
Annual Review	6/24/2025
Annual Review	6/16/2026

Approved: **Date:**

Sanjiv Shah MD

Digitally signed by Sanjiv Shah MD
Date: 2026.06.22 13:31:05 -04'00'

Sanjiv Shah, MD
Chief Medical Officer

Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.