

CARDIOVASCULAR SYSTEM

Issue Date: August 26, 1985

Authority: [32 CFR 199.4\(c\)\(2\)](#) and [\(c\)\(3\)](#)

I. PROCEDURE CODE RANGE

33010 - 37799

II. DESCRIPTION

The cardiovascular system involves the heart and blood vessels, by which blood is pumped and circulated through the body.

III. POLICY

Medically necessary services and supplies required in the diagnosis and treatment of illness or injury involving the cardiovascular system are covered, subject to the provisions of DoD 6010.8-R and the provisions of the "Policy Considerations" section below.

IV. POLICY CONSIDERATIONS

A. Angistat (Carotid Sinus Nerve Stimulator).

1. Payment will be allowed for a carotid sinus nerve stimulator (Angistat) and for the related services required for the implantation of the device, for the relief of angina pectoris in carefully selected patients who are refractory to medical therapy and who, after undergoing coronary angiography study, either are poor candidates for, or refuse to have coronary bypass surgery.

2. The use of the Angistat in the treatment of paroxysmal supraventricular tachycardia is considered unproven and, therefore, is not covered.

B. Norwood procedure. Benefits may be allowed for the Norwood procedure for treatment of hypoplastic left heart syndrome.

C. External Ventricular Assist Devices (ABIOMED 5000).

1. Effective November 20, 1992, the External Ventricular Assist Device (ABIOMED 5000), has been approved for cost-sharing for:

- a. patients who experience heart failure after surgery; and
- b. who do not respond to continual post-operative treatment with drugs or intra-aortic balloon pumps.

2. Payment will not be made if the device is used while the patient is awaiting a heart transplant.

D. Pulmonary valve and artery allografting. Pulmonary valve and artery allografting may be cost-shared in the treatment of truncus arteriosus.

E. Coil or balloon embolization of pulmonary arteriovenous malformations (PAVM). Cost-sharing for PAVM is effective January 1, 1989. The medical record must document that:

1. Adequate workup has disclosed the presence of
 - a. At least one PAVM with afferent artery diameter greater than three millimeters; or
 - b. Multiple PAVMs; and
2. Segmentectomy or local excision is contraindicated; or
3. Following adequate informed consent, the patient has declined surgical intervention.

NOTE: Devices used with embolization procedure must meet the criteria for coverage as described in [Chapter 7, Section 10.1](#).

F. Implantable Ventricular Assist Devices:

Effective September 30, 1994, the HeartMate® Implantable Pneumatic Left Ventricular Assist System (IPLVAS) has been approved for cost-sharing as a bridge to cardiac transplantation. Criteria for coverage is outlined in [Chapter 3, Section 5.3](#).

- END -