# cohere h e A L T H

# Pulmonary Artery Denervation (PADN) - Single Service

**Clinical Guidelines for Medical Necessity Review** 

Version:2Effective Date:April 26, 2024

# **Important Notices**

## Notices & Disclaimers:

#### GUIDELINES SOLELY FOR COHERE'S USE IN PERFORMING MEDICAL NECESSITY REVIEWS AND ARE NOT INTENDED TO INFORM OR ALTER CLINICAL DECISION MAKING OF END USERS.

Cohere Health, Inc. ("**Cohere**") has published these clinical guidelines to determine medical necessity of services (the "**Guidelines**") for informational purposes only, and solely for use by Cohere's authorized "**End Users**". These Guidelines (and any attachments or linked third party content) are not intended to be a substitute for medical advice, diagnosis, or treatment directed by an appropriately licensed healthcare professional. These Guidelines are not in any way intended to support clinical decision making of any kind; their sole purpose and intended use is to summarize certain criteria Cohere may use when reviewing the medical necessity of any service requests submitted to Cohere by End Users. Always seek the advice of a qualified healthcare professional regarding any medical questions, treatment decisions, or other clinical guidance. The Guidelines, including any attachments or linked content, are subject to change at any time without notice.

©2024 Cohere Health, Inc. All Rights Reserved.

## Other Notices:

HCPCS® and CPT® copyright 2024 American Medical Association. All rights reserved.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

HCPCS and CPT are registered trademarks of the American Medical Association.

## **Guideline Information**:

**Specialty Area:** Cardiovascular Disease **Guideline Name:** Pulmonary Artery Denervation (PADN) - Single Service

Literature review current through: 9/21/2023 Document last updated: 4/26/2024 Type: [X] Adult (18+ yo) | [\_] Pediatric (0-17yo)

# **Table of Contents**

Important Notices	2
Table of Contents	3
Medical Necessity Criteria	3
Service:	3
General Guidelines	3
Medical Necessity Criteria	4
Indications	4
Non-Indications	5
Level of Care Criteria	6
Procedure Codes (HCPCS/CPT)	6
Medical Evidence	7
References	8
Clinical Guideline Revision History/Information	9

# **Medical Necessity Criteria**

## Service: Pulmonary Artery Denervation (PADN)

## **General Guidelines**

- Units, Frequency, & Duration: The service is unproven and not medically necessary.
- Criteria for Subsequent Requests: The service is unproven and not medically necessary.
- **Recommended Clinical Approach:** Pulmonary artery denervation (PADN) is a catheter based procedure to reduce pulmonary artery pressure in patients with pulmonary arterial hypertension (PAH). The most common method of PADN is catheter-directed thermal ablation.
- **Exclusions:** None.

## Medical Necessity Criteria

Indications

- → Pulmonary Artery Denervation (PADN) is considered appropriate if ALL of the following are TRUE:<sup>1-4</sup>
  - This procedure is unproven and not medically necessary. There is insufficient evidence of their effectiveness for these indications.

## **Non-Indications**

- → Pulmonary Artery Denervation (PADN) is not considered appropriate if ALL of the following are TRUE:<sup>1-4</sup>
  - This procedure is unproven and not medically necessary. There is insufficient evidence of their effectiveness for these indications.

## Level of Care Criteria

Inpatient.

## Procedure Codes (CPT/HCPCS)

CPT/HCPCS Codes	Code Description
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery

	angiography, and all imaging guidance
0632T	Percutaneous transcatheter ultrasound ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance

# **Medical Evidence**

Zhang et al. (2022) performed a randomized control trial (RCT) to evaluate the efficacy of pulmonary artery denervation (PADN) for patients with group 1 pulmonary arterial hypertension (PAH) not on baseline medications. A total of 128 patients were included. The study was conducted in China. At six-month follow-up, patients reported improved exercise capacity, hemodynamic status, and clinical outcomes. Additional studies are needed to determine long-term outcomes of PADN for the population.<sup>1</sup>

Davies et al. (2022) and Xie et al. (2022) also note the potential of PADN as a treatment for patients with PH and PAH; however, additional research is needed  $.2^{-3}$ 

National and Professional Organizations

The European Society of Cardiology (ESC) and the European Respiratory Society (ERS) published guidelines for the *Diagnosis and Treatment of Pulmonary Hypertension (PH)*. A lack of evidence exists from RCTs regarding the efficacy of PADN for the treatment of PH. The guidelines are endorsed by the International Society for Heart and Lung Transplantation (ISHLT) and the European Reference Network on Rare Respiratory Diseases (ERN-LUNG).<sup>4</sup>

# References

- 1. Zhang H, Wei Y, Zhang C, et al. Pulmonary artery denervation for pulmonary arterial hypertension: A sham-controlled randomized PADN-CFDA trial. JACC Cardiovasc Interv. 2022 Dec 12;15(23):2412-2423. doi: 10.1016/j.jcin.2022.09.013. PMID: 36121246.
- 2. Davies MG, Miserlis D, Hart JP. Current status of pulmonary artery denervation. Front Cardiovasc Med. 2022 Oct 3;9:972256. doi: 10.3389/fcvm.2022.972256. PMID: 36262207; PMCID: PMC9573987.
- Xie Y, Liu N, Xiao Z, et al. The progress of pulmonary artery denervation. Cardiol J. 2022;29(3):381–387. doi: 10.5603/CJ.a2020.0186. PMID: 33438182; PMCID: PMC9170319.
- 4. Humbert M, Kovacs G, Hoeper MM, et al. 2022 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension. Eur Respir J. 2023 Jan 6;61(1):2200879. doi: 10.1183/13993003.00879-2022. PMID: 36028254.

# Clinical Guideline Revision History/Information

Original Date: September 21, 2023			
Review History			
Version 2	April 26, 2024		