

Heart Failure Monitoring

Policy Number: **M20200917101**
 Effective Date: **11/1/2020**
 Sponsoring Department: **Health Care Services**
 Impacted Department(s): **Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐ Confidential ☐ Restricted ☒ Public

Applies to (Line of Business):

- ☐ Corporate (All)
- ☒ State Products, if yes which plan(s): ☒ MediSource; ☒ MediSource Connect; ☒ Child Health Plus; ☒ Essential Plan
- ☒ Medicare, if yes, which plan(s): ☒ MAPD; ☐ PDP; ☒ ISNP; ☒ CSNP
- ☒ Commercial, if yes, which type: ☒ Large Group; ☒ Small Group; ☒ Individual
- ☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No ☒

Purpose and Applicability:

To set forth the medical necessity criteria for implantable pulmonary artery monitoring devices, including but not limited to **CardioMEMS HF System**, for **heart failure (HF)** monitoring and the **µCor Heart Failure and Arrhythmia Management System**.

Policy:

Background

HF diagnosis is supported by chest x-ray, echocardiography (ECG), and levels of plasma natriuretic peptides. Treatment includes diuretics, angiotensin converting enzyme (ACE) inhibitors, angiotensin II receptor blockers, beta-blockers, aldosterone antagonists, neprilysin inhibitors, sinus node inhibitors,

specialized implantable pacemakers/defibrillators and other devices, and correction of the cause(s) of the HF syndrome.

CardioMEMS, a wireless pulmonary artery monitoring device, has been approved by the US Food and Drug Administration to monitor pulmonary artery pressure (PAP) and heart rate in patients with New York Heart Association (NYHA) class III HF who have been hospitalized during the previous year. CardioMEMS is intended to provide measurement of the systolic, diastolic, and mean PAP, which is intended to allow for adjustment of HF medications based upon pressure trends and specified pressure goals. Implantation of CardioMEMS is performed by a cardiac surgeon and may be carried out as an outpatient procedure. The components of the CardioMEMS device include a pillow containing the antenna to capture the sensor reading, a bedside monitoring unit to which the pillow is connected via cable, and a remote button. Each reading captures 18 seconds of pressure data that are wirelessly transmitted to a secure database. The patient's physician can use this information to optimize medical management and potentially reduce the need for HF-related hospitalizations.

According to the 2016 European Society of Cardiology Guidelines for the diagnosis and treatment of acute and chronic heart failure, CardioMEMS usefulness/efficacy is less well established by evidence/opinion and "may be considered." There is insufficient evidence to establish definitive patient selection criteria for monitoring HF with a wireless pulmonary artery monitoring device. Additional studies comparing the benefits and harms of pulmonary artery monitoring devices with standard HF management are needed. The efficacy of implantable pulmonary artery monitoring devices has not been established.

According to the manufacturer, Zoll Medical Corp., the μ Cor™ System is a wearable medical device that is intended to continuously record, store, and transmit medical data to healthcare professionals. After it is placed on the body and activated, the wearable sensor automatically acquires the body's heart rhythm (ECG), Thoracic Fluid Index, heart rate, respiration rate, activity, and posture measurements. The patient can activate a trigger when experiencing symptoms by double tapping the sensor when on the body. The patient's data is automatically transmitted from the sensor to the Gateway, and from there to Zoll for analysis by certified technicians. The certified technicians also prepare reports according to the defined criteria as requested by the prescribing physician. Data provided in the report aids the prescribing physician in the diagnosis and identification of various clinical conditions, events, and/or trends.

The 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure states "In selected adult patients with NYHA class III HF and history of a HF hospitalization in the past year or elevated natriuretic peptide levels, on maximally tolerated stable doses of GDMT with optimal device therapy, the usefulness of wireless monitoring of PA pressure by an implanted hemodynamic monitor to reduce the risk of subsequent HF hospitalizations is uncertain."

There is a lack of peer-reviewed published data to support the use of the CardioMEMS wireless pulmonary artery monitoring device and the Zoll μ Cor Heart Failure and Arrhythmia Management System (HFAMS).

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined below.

Commercial and Self-Funded

Based upon the assessment of peer-reviewed literature, implantable pulmonary artery monitoring (e.g., CardioMEMS HF system) for the management of heart failure in the outpatient setting has not been proven to be medically necessary and is therefore considered investigational. Based upon the lack of peer-reviewed literature available, the μ Cor Heart Failure and Arrhythmia Management System has not been proven to be medically necessary and is therefore considered investigational.

Medicare Advantage

There is currently a Centers for Medicare and Medicaid (CMS) National Coverage Determination (NCD) for Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus, and Essential Plan

MediSource, MediSource Connect, Child Health Plus, and Essential Plan do not cover implantable pulmonary artery monitoring for heart failure (i.e., CardioMEMS HF System or the μ Cor Heart Failure and Arrhythmia Management System).

Clinical Indications

NOT COVERED for **ANY** of the following:

- For State products; μ Cor Heart Failure and Arrhythmia Management System, not a covered benefit
- For Commercial, Self-Funded and Medicare products; μ Cor Heart Failure and Arrhythmia Management System, **considered investigational**

Pre-Authorization Required? Yes ☐ No ☐ Other ☒

Preauthorization is required for μ Cor Heart Failure and Arrhythmia Management System for Commercial, Self-Funded, and Medicare Advantage.

Definitions

CardioMEMS HF System is an implantable pulmonary artery monitoring device approved by the United States Food and Drug Administration to monitor pulmonary artery pressure and heart rate in patients with NYHA class III HF who have been hospitalized during the previous year.

Heart failure (HF) is a syndrome of left ventricular dysfunction causing shortness of breath and fatigue; right ventricular dysfunction causes peripheral and abdominal fluid accumulation. The ventricles can be involved together or separately.

μ Cor Heart Failure and Arrhythmia Management System is a wearable medical device that is intended to continuously record, store, and transmit a patient's medical data to healthcare professionals. Once placed on the body and activated, the wearable sensor automatically acquires the body's heart rhythm (ECG), Thoracic Fluid Index, heart rate, respiration rate, activity, and posture measurements. A patient can activate a trigger when experiencing symptoms by double tapping the sensor when it is on the body. Data are automatically transmitted from the sensor to the Gateway, and from there to ZOLL

for analysis by certified technicians. The certified technicians also prepare reports according to the defined criteria as requested by the prescribing physician. Data provided in the report aids the prescribing physician in the diagnosis and identification of various clinical conditions, events, and/or trends.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

Abbott [web site]. CardioMEMS HF System. Available at: <https://www.cardiovascular.abbott/us/en/hcp/products/heart-failure/cardiomems-hf-system.html>. Accessed January 26, 2026.

Abraham WT, Adamson PB, Bourge RC, et al. Wireless pulmonary artery haemodynamic monitoring in chronic heart failure: a randomised controlled trial [published correction appears in Lancet. 2012 Feb 4;379(9814):412]. Lancet. 2011;377(9766):658-666.

Abraham WT, Stevenson LW, Bourge RC, et al. Sustained efficacy of pulmonary artery pressure to guide adjustment of chronic heart failure therapy: complete follow-up results from the CHAMPION randomised trial. Lancet. 2016;387(10017):453-461.

Borlaug BA, Colucci WS. Treatment and prognosis of heart failure with mildly reduced ejection fraction. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on January 27,2026)

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Heidenreich PA, Bozkurt B, Aguilar D, et al. 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. Circulation. 2022 May 3;145(18):e895-e1032.

Merck Manual [web site]. Acute Heart Failure (HF) (Congestive Heart Failure). Revised October 2025. Available at: <https://www.merckmanuals.com/professional/cardiovascular-disorders/heart-failure/heart-failure-hf>. Accessed January 26, 2026.

Ponikowski P, Voors AA, Anker SD, et al. 2016 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: The Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC)Developed with the special contribution of the Heart Failure Association (HFA) of the ESC [published correction appears in Eur Heart J. 2016 Dec 30]. Eur Heart J. 2016;37(27):2129-2200.

Symplr, Inc. Health Technology Assessment. CardioMEMS Implantable Hemodynamic Monitor (Abbott) for Managing Patients with Heart Failure. Houston, TX: July 2022.

Yancy CW, Januzzi JL Jr, Allen LA, et al. 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure with Reduced Ejection Fraction: A Report of the American College of Cardiology Task Force on Expert Consensus Decision

Pathways [published correction appears in J Am Coll Cardiol. 2018 Nov 13;72(20):2549]. J Am Coll Cardiol. 2018;71(2):201-230.

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. National Coverage Determination (NCD) for Implantable Pulmonary Artery Pressure Sensors for Heart Failure Management (20.36). Available at: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=378&ncdver=1&bc=0> Accessed on January 28, 2026.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). Email response 9/11/2020.

United States Food and Drug Administration (FDA) [web site]. Premarket Approval CardioMEMS HF Pressure Measurement System. Available at: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpma/pma.cfm?id=P100045>. Accessed January 26, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No ☐

Revision Date	Owner	Notes
8/1/2026	Health Care Services	Revised
5/1/2026	Health Care Services	Revised
8/1/2025	Health Care Services	Revised- Formatting only
3/1/2025	Health Care Services	Reviewed
3/1/2024	Health Care Services	Revised
12/1/2023	Health Care Services	Revised
4/1/2023	Health Care Services	Reviewed
5/1/2022	Health Care Services	Reviewed
5/1/2021	Health Care Services	Revised