POLICIES AND PROCEDURE
MANUAL

Policy: MP319
Section: Medical Benefit Policy
Subject: Percutaneous Left Atrial Appendage Occlusion

I. Policy: Percutaneous Left Atrial Appendage Occlusion

II. Purpose/Objective:
To provide a policy of coverage regarding Percutaneous Left Atrial Appendage Occlusion

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member’s condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member’s condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member’s Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member’s condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) The service or benefit will assist the Member to achieve or maintain maximum functional
capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

**DESCRIPTION:** Percutaneous occlusion of a left atrial appendage (LAA) is a treatment strategy designed to prevent clots from originating in and traveling out of the LAA and potentially causing a stroke in adults with non-valvular atrial fibrillation.

**INDICATIONS:** Left atrial appendage occlusion using the Watchman device is considered medically necessary when the following criteria are met:

**COMMERCIAL BUSINESS SEGMENTS**
- A diagnosis of non-valvular atrial fibrillation has been established; and
- Documentation of a CHADS<sub>2</sub> score of ≥ 2 or CHA<sub>2</sub>DS<sub>2</sub>-VASc score of ≥ 3; and
- The member is able to comply with short-term warfarin therapy; and
- Documentation of an appropriate rationale to support a non-pharmacologic alternative to warfarin due to the long-term risks of systemic anticoagulation clearly outweighing the risks of a percutaneous LAA closure device implantation

**MEDICAID BUSINESS SEGMENT:** **REQUIRES PRIOR AUTHORIZATION by a PLAN MEDICAL DIRECTOR or Desigee**
Coverage for left atrial appendage closure may be considered through the program exception process if the member meets the criteria outlined in this policy, and documentation that informed decision making leads to the conclusion that the long-term risks of systemic anticoagulation clearly outweigh the risks of a percutaneous LAA closure device implantation.
- A diagnosis of non-valvular atrial fibrillation has been established; and
- Documentation of a CHADS<sub>2</sub> score of ≥ 2 or CHA<sub>2</sub>DS<sub>2</sub>-VASc score of ≥ 3; and
- The member is able to comply with short-term warfarin therapy; and
- Documentation of an appropriate rationale to support a non-pharmacologic alternative to warfarin due to the long-term risks of systemic anticoagulation clearly outweighing the risks of a percutaneous LAA closure device implantation

**MEDICARE BUSINESS SEGMENT**
The Centers for Medicare & Medicaid Services covers percutaneous LAAC for non-valvular atrial fibrillation through Coverage with Evidence Development (CED). Please see: Percutaneous Left Atrial Appendage Closure (LAAC) (NCD 20.34)
- Documentation of a CHADS<sub>2</sub> score of ≥ 2 or CHA<sub>2</sub>DS<sub>2</sub>-VASc score of ≥ 3; and
- The member is suitable for short-term warfarin therapy but deemed unable to take long-term oral anticoagulation; and
- Documented evidence of a formal shared decision-making interaction with an independent non-interventional physician using an evidence-based decision tool on oral anticoagulation; and
- The member is enrolled in a prospective national registry; and
- Physician and facility requirements outlined in NCD20.34 are met

**ADDITIONAL INFORMATION**

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<th>CHADS&lt;sub&gt;2&lt;/sub&gt; Risk Factors</th>
<th>Points</th>
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<th>Points</th>
<th>CHA&lt;sub&gt;2&lt;/sub&gt;DS&lt;sub&gt;2&lt;/sub&gt;-VASc Risk Factors</th>
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<td>Sex category (female)</td>
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Max 9
EXCLUSIONS:
The use of an FDA approved device for percutaneous left atrial appendage closure (eg, Watchman) for stroke prevention in members who do not meet the above criteria is considered experimental, investigational or unproven and NOT COVERED.

The use of other percutaneous left atrial appendage closure devices, including but not limited to the PLAATO, Cardioblate, Occlutech and Amplatzer devices, for stroke prevention in patients with atrial fibrillation is considered experimental, investigational or unproven and NOT COVERED.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Percutaneous Left Atrial Appendage Occlusion
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (IMAC) for more information on Medicare coverage and coding requirements

33340  Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation


LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supersedes this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:
Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Percutaneous Left Atrial Appendage Closure (LAAC) (20.34)

Geisinger Technology Assessment Committee. Watchman Left Atrial Appendage Closure Device. Jan.10, 2018


Hayes Inc. Annual Review. Percutaneous left atrial appendage closure to reduce stroke risk in patients with atrial fibrillation. March 2019


This policy will be revised as necessary and reviewed no less than annually.

Devised: 1/18

Revised:

Reviewed: 2/19, 2/20