Sentara Health Plans

Medicaid

Left Atrial Appendage Occlusion, Surgical 102

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Effective Date	6/2013
Next Review Date	2/2026
Coverage Policy	Surgical 102
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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Left atrial appendage (LAA) occlusion is a procedure using excision, isolation via stapling, oversewing, ligation, plication, clip or implanted device to close an opening in the left atrial appendage. When a device is used, it must have Federal Drug Administration (FDA) approval.

Other common names: Left atrial appendage closure (LAAC), WATCHMAN system, Amplatzer Cardiac Plug, or Lariat Suture Delivery Device, AtriClip, implanted percutaneous LAAO device

Criteria:

Left atrial appendage (LAA) by **percutaneous endovascular closure (occlusion)** is considered medically necessary when **ALL** of the following criteria are met:

- Device used must be FDA approved for use as LAAC device
- Diagnosis of Nonvalvular persistent or paroxysmal atrial fibrillation
- Elevated risk of embolic stroke (eg, CHA2DS2-VASc score of 2 or more in males and 3 or more in females,[B] ATRIA score of 6 or more
- A formal shared decision making interaction with an independent non-interventional physician using an evidence-based decision tool on oral anticoagulation in patientswith NVAF prior to LAAC.
- Shared decision-making interaction must be documented in the medical record.
- Medical management (anticoagulation) not preferred due to **1 or more** of the following:
    - Thromboembolism while on oral anticoagulant (ie, while on therapeutic dosage, or INR in therapeutic range)
    - Elevated risk of bleeding on oral anticoagulant (eg, HAS-BLED score of 3 or more)
    - Other contraindication to long-term anticoagulation
    - Patient unable or unwilling to use long-term anticoagulation

Left atrial appendage (LAA) occlusion is considered **not medically necessary** for any use other than those indicated in clinical criteria.

Document History:

Revised Dates:

- 2024: February
- 2023: February
- 2022: March
- 2019: November
- 2015: October
- 2014: October
- 2013: November

Reviewed Dates:

- 2025: February
- 2021: March
- 2020: March
- 2018: April, November
- 2017: January

Effective Date:

- June 2013

Coding:

Medically necessary with criteria:

Coding	Description
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure)
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)
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

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements
  - Pre-certification by the Plan is required.
  - Medical Director review is necessary for requests related to clinical trials. (A Medical Director can approve clinical trial testing if member has the benefit.)
- Special Notes:
  - Medicaid
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

28th Edition. (2025). Retrieved 1 2025, from MCG: https://careweb.careguidelines.com/ed28/index.html

(2025). Retrieved 1 2025, from DMAS: https://vamedicaid.dmas.virginia.gov/manuals/provider-manuals-library

Atrial fibrillation: Left atrial appendage occlusion. (2024, 12). Retrieved 1 2025, from UpToDate: https://www.uptodate.com/contents/atrial-fibrillation-left-atrial-appendage-occlusion?search=Percutaneous%20left%20atrial%20appendage%20transcatheter%20occlusion&source=search_result&selectedTitle=1%7E3&usage_type=default&display_rank=1

Left Atrial Appendage Closure. (2024, 8). Retrieved 1 2025, from American Heart Association (AHA): https://www.ahajournals.org/doi/10.1161/JAHA.124.034815#box-1-sec-1

NCD Percutaneous Left Atrial Appendage Closure (LAAC) (20.34). (2016, 10). Retrieved 1 2025, from CMS - National Coverage Determination (NCD): https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=367&ncdver=1&bc=0

Left atrial appendage closure. (2025). Retrieved 1 2025, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Left%2520Atrial%2520Appendage%2520Closure%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%2522*%2522%255D,%2522sorts%2522:%255B%257B%2522field%2522:%2522_score%2522,%2522direction%2522:%2522desc%2522%257D%255D,%2522filters%2522:%255B%255D%257D

Keywords:

Watchman, Atrial Appendage, LAA Closure, LAA Occlusion, PLAATO, percutaneous left atrial appendage transcatheter occlusion, SHP Left Atrial Appendage Occlusion or Ablation, SHP Surgical 102, Amplatzer device, AtriClip, Amplatzer Cardiac Plug, WaveCrest, Lariat, ULTRASEAL LAA, warfarin, oral anticoagulation, left atrial appendage closure (LAAC), WATCHMAN system, Lariat Suture Delivery Device, Amplatzer Amulet, Watchman FLX