

Left Atrial Appendage Occlusion

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<u>Coverage Policy</u>	Surgical 102
<u>Version</u>	4

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 be 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.*.

Purpose:

This policy addresses Left Atrial Appendage Occlusion.

Description & Definitions:

Left atrial appendage 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.

Criteria:

Left atrial appendage occlusion is considered medically necessary with **ALL of the following**:

- Individual has nonvalvular atrial fibrillation
- Individual is at increased risk of stroke
- Individual is not eligible for therapy with warfarin oral anticoagulation due to **1 or more of the following**:
 - Refusal of oral anticoagulants
 - Pregnancy (except in women with mechanical heart valves)
 - Bleeding or hemorrhagic tendencies
 - Blood dyscrasias
 - Recent or contemplated surgery of the central nervous system
 - Recent or contemplated surgery of the eye
 - Recent traumatic surgery resulting in large open surfaces
 - Threatened abortion
 - Eclampsia or preeclampsia
 - Unsupervised individuals with potential high levels of non-compliance
 - Spinal puncture or major regional/lumbar block anesthesia
 - Other diagnostic or therapeutic procedures with potential for uncontrollable bleeding
 - Hypersensitivity to warfarin or any component of the product

- Malignant hypertension
- Major regional or lumbar block anesthesia

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

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.

Document History:

Revised Dates:

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

Reviewed Dates:

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

Effective Date:

- June 2013

References:

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

2019 AHA/ACC/HRS focused update of the 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation. (2019). Retrieved Dec 28, 2022, from American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society: <https://www.heartrhythmjournal.com/action/showPdf?pii=S1547-5271%2819%2930037-2>

2020 Guidelines for Management of Atrial Fibrillation. (2020). Retrieved Dec 28, 2022, from European Society of Cardiology (ESC): https://watermark.silverchair.com/ehaa612.pdf?token=AQECAHi208BE49Oan9kkhW_Ercy7Dm3ZL_9Cf3qfKAc485ysgAAAtlwggLOBgkqhkiG9w0BBwagggK_MIIcuwIBADCCARQGCSqGSib3DQEHATAeBgIghkgBZQMEAS4wEQQMhHmUib5SgshKFHkkAgEQgIIChSG3S1xijpT7f5TP7JthzAhzRRx7P0FKICRKM4d84E-E6fe

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Atrial fibrillation: Left atrial appendage occlusion. (2022, Dec 2). Retrieved Dec 28, 2022, from UpToDate: https://www.uptodate.com/contents/atrial-fibrillation-left-atrial-appendage-occlusion?search=&source=mostViewed_widget&graphicRef=87967#

Comparative Effectiveness Review Of Percutaneous Left Appendage Closure To Reduce Stroke Risk In Patients With Atrial Fibrillation - Annual Review: Feb 8, 2022. (n.d.). Retrieved Dec 28, 2022, from HAYES 3: <https://evidence.hayesinc.com/report/dir.percutaneous2367>

Left Atrial Appendage. (2022). Retrieved Dec 28, 2022, from National Institute for Health and Care Excellence (NICE) Guidelines: <https://www.nice.org.uk/search?q=Left+Atrial+Appendage&ndt=Guidance>

Left Atrial Appendage Exclusion with the AtriClip System in Patients with Atrial Fibrillation - Annual Review: Feb 9, 2022. (n.d.). Retrieved Dec 28, 2022, from Hayes 2: <https://evidence.hayesinc.com/report/htb.atriclip4826>

Left atrial appendage occlusion. (2022). Retrieved Dec 28, 2022, from Cleveland Clinic: <https://my.clevelandclinic.org/health/treatments/17167-left-atrial-appendage--closure>

National Coverage Determination (NCD) Percutaneous Left Atrial Appendage Closure (LAAC) 20.34. (2016, Oct 3). Retrieved Dec 28, 2022, from Centers for Medicare & Medicaid Services NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=367>

Watchman Left Atrial Appendage (LAA) Closure Technology - ARCHIVED Apr 3, 2014. (n.d.). Retrieved Dec 28, 2022, from HAYES: <https://evidence.hayesinc.com/report/pg.118>

Special Notes: *

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 be 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.*

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