

# Left Atrial Appendage Occlusion, Surgical

## 102

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<a href="#">Effective Date</a>	6/2013
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<a href="#">Coverage Policy</a>	Surgical 102
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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <sup>\*</sup>.**

### 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 patients with 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:
  - o Thromboembolism while on oral anticoagulant (ie, while on therapeutic dosage, or INR in therapeutic range)
  - o Elevated risk of bleeding on oral anticoagulant (eg, HAS-BLED score of 3 or more)
  - o Other contraindication to long-term anticoagulation
  - o 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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

### 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 Commercial 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:
  - Commercial
    - 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.
    - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### 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](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](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