

Left Atrial Appendage Occlusion

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| Coverage Policy | Surgical 102 |
| Version | 5 |

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details [*](#).

Purpose:

This policy addresses the medical necessity of 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 (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 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:

- 2024: February
- 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. (2019). Retrieved Feb 2024, from AMERICAN COLLEGE OF CARDIOLOGY/AMERICAN HEART ASSOCIATION/HEART RHYTHM SOCIETY (AHA/ACC/HRS): <https://www.heartrhythmjournal.com/action/showPdf?pii=S1547-5271%2819%2930037-2>

(2024). Retrieved Feb 2024, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

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(2024). Retrieved Feb 2024, from DMAS Provider Manual: https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0

Atrial fibrillation: Left atrial appendage occlusion. (2024, Jan). Retrieved Feb 2024, from UpToDate: https://www.uptodate.com/contents/atrial-fibrillation-left-atrial-appendage-occlusion?search=Left%20Atrial%20Appendage%20occlusion&source=search_result&selectedTitle=1~31&usage_type=default&display_rank=1

National Coverage Determination (NCD) Percutaneous Left Atrial Appendage Closure (LAAC) 20.34. (2002). Retrieved Feb 2024, from Centers for Medicare & Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=367&ncdver=1&bc=0>

Percutaneous occlusion of the left atrial appendage in non-valvular atrial fibrillation for the prevention of thromboembolism Interventional procedures guidance. (2010, Jun). Retrieved Feb 2024, from National Institute for Health And Care Excellence (NICE) Guidelines: <https://www.nice.org.uk/guidance/ipg349/chapter/1-Guidance>

Special Notes: *

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.

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