

Department of Origin: Integrated Healthcare Services	Effective Date: 12/12/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 12/05/23
Clinical Policy Document: Cardiac Devices & Procedures for Occlusion of Left Atrial Appendage	Replaces Effective Clinical Policy Dated: 12/06/22
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PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Requests for left atrial appendage closure (LAAC) - Must satisfy any of the following: I or II

- I. Requests for percutaneous endovascular closure (occlusion) of the left atrial appendage (LAA) to reduce the risk of stroke (eg, Watchman/Watchman FLX) – must satisfy all of the following: A – C
 - A. The member has a diagnosis of nonvalvular atrial fibrillation; and
 - B. The member is at moderate to high risk of embolic stroke (CHA₂DS₂-VASc score greater than or equal to 2); and
 - C. Documentation of contraindication to long-term anticoagulation, such as but not limited to any of the following: 1 – 3
 1. Has an elevated risk of bleeding on oral anticoagulant with a *HAS-BLED* score equal to or greater than 3; or
 2. Recurrent falls with injury; or
 3. Has other absolute contraindication(s) to long-term anticoagulation.
- II. Requests for surgical closure (occlusion) of the LAA as part of cardiac surgery with cardiopulmonary bypass for a different indication to reduce the risk of stroke (eg, Amplatzer devices [Cardiac Plug and Amulet]) – must satisfy all of the following: A – C
 - A. Member is greater than or equal to 18 years of age; and
 - B. Member has a history of atrial fibrillation; and
 - C. The member is at moderate to high risk of embolic stroke (CHA₂DS₂-VASc score greater than or equal to 2).

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NOT ROUTINELY COVERED:

Combination of transcatheter aortic valve implantation (TAVI) and left atrial appendage occlusion procedure

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

The following is considered investigative (see Investigative List)

- Thoracoscopic closure (occlusion) of the left atrial appendage (LAA) as a stand-alone procedure or as an adjunct to thoracoscopic atrial fibrillation ablation

DEFINITIONS:

CHADS2:

Estimates stroke risk in patients with atrial fibrillation. Each letter in the name represents something that may increase the chances of having a stroke. For each one that applies, add 1 or 2 points:

C: Congestive heart failure. If you have this, it counts for 1 point.

H: High blood pressure. If present, add a point.

A: Age. Are you 75 years old or older? If so, add a point.

D: Diabetes. If present, add a point

S: Stroke. History of stroke or a transient ischemic attack (TIA), add 2 points.

Score will be between 0 and 6 points:

Zero: Low risk for a stroke.

One point: Medium risk of stroke.

Two or more points: Medium to high risk of stroke.

CHA2DS2-VASc:

Estimates stroke risk in patients with atrial fibrillation. Includes CHADS2 elements plus 3 additional measures.

V: Vascular disease. If present, add a point.

A: Age. Are you 65 to 74 years old? If so, add a point.

Sc: Sex category. If you're a woman, add 1 point.

The total of these plus the CHADS2 score can be up to 9 points. The results scale is the same as for CHADS2.

<https://www.webmd.com/heart-disease/atrial-fibrillation/chads-score-overview>

HAS-BLED Score:

Estimates bleeding risk based on the following

- Hypertension (1 point)
- Abnormal liver function (1 point)
- Abnormal renal function (1 point)
- Stroke (1 point)
- Bleeding tendency or predisposition (1 point)
- Labile INRs in patients taking warfarin (1 point)
- Elderly: age greater than 65 years (1 point)
- Drugs: concomitant antiplatelet agent(s) or NSAIDS (1 point)
- Drugs: alcohol abuse (1 point)

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HAS-BLED Score Interpretation:

0 points:	1.13 bleeds per 100 patient-years
1 point:	1.02 bleeds per 100 patient-years
2 points:	1.88 bleeds per 100 patient-years
3 points:	3.74 bleeds per 100 patient-years
4 points:	8.70 bleeds per 100 patient-years
5 to 9 points:	Insufficient data (high risk)

<https://www.merckmanuals.com/medical-calculators/HASBLED.htm>

BACKGROUND:

Atrial fibrillation (AF) is one of the most common cardiac arrhythmias and a leading cause of stroke. Individuals with AF have a higher risk for stroke due to the possibility of thrombus (blood clot) formation in coronary arteries. The left atrial appendage (LAA) of the heart was previously considered to have little purpose or activity; however, due to the shape of the appendage and lack of blood flow in the area, it is believed that thrombi could develop in certain individuals. While current standard treatment for non-valvular AF focuses on anticoagulation; it is suggested that closure by exclusion or occlusion of the LAA may reduce the risk for embolic stroke from atrial thrombi. Exclusion of the LAA may be performed at the same time as another open cardiac surgical procedure.

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Prior Authorization: Yes, per network provider agreement.

CODING:

CPT® or HCPCS

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)

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

C1760 Closure device, vascular (implantable/insertable)

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