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| Department of Origin: Integrated Healthcare Services | Effective Date: 12/03/24 |
| Approved by: Medical Policy Quality Management Subcommittee | Date Approved: 12/03/24 |
| Clinical Policy Document: Cardiac Devices & Procedures for Occlusion of Left Atrial Appendage | Replaces Effective Clinical Policy Dated: 12/12/23 |
| Reference #: MC/A008 | Page: 1 of 6 |

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 and CHA₂DS₂-VASc (Retrieved from

<https://www.uptodate.com/contents/image?imageKey=CARD/94752>):

| Comparison of the CHADS ₂ and CHA ₂ DS ₂ -VASc risk stratification scores for patients with nonvalvular AF | | | |
|---|-------|--|---|
| Definition and scores for CHADS ₂ and CHA ₂ DS ₂ -VASc | | Stroke risk stratification with the CHADS ₂ and CHA ₂ DS ₂ -VASc scores | |
| CHADS ₂ acronym ^[1] | Score | CHADS ₂ acronym | Unadjusted ischemic stroke rate (% per year)* |
| Congestive HF | 1 | 0 | 0.6 |
| Hypertension | 1 | 1 | 3.0 |
| Age ≥75 years | 1 | 2 | 4.2 |
| Diabetes mellitus | 1 | 3 | 7.1 |
| Stroke/TIA/TE | 2 | 4 | 11.1 |
| Maximum score | 6 | 5 | 12.5 |
| | | 6 | 13.0 |
| CHA ₂ DS ₂ -VASc acronym ^[2] | Score | CHA ₂ DS ₂ -VASc acronym | Unadjusted ischemic stroke rate (% per year)* |
| Congestive HF | 1 | 0 | 0.2 |
| Hypertension | 1 | 1 | 0.6 |
| Age ≥75 years | 2 | 2 | 2.2 |
| Diabetes mellitus | 1 | 3 | 3.2 |
| Stroke/TIA/TE | 2 | 4 | 4.8 |
| Vascular disease (prior MI, PAD, or aortic plaque) | 1 | 5 | 7.2 |
| Age 65 to 74 years | 1 | 6 | 9.7 |
| Sex category (ie, female sex) | 1 | 7 | 11.2 |
| Maximum score | 9 | 8 | 10.8 |
| | | 9 | 12.2 |

AF: atrial fibrillation; CHADS₂: Congestive heart failure, Hypertension, Age ≥75 years, Diabetes mellitus, prior Stroke or TIA or thromboembolism (doubled); CHA₂DS₂-VASc: Congestive heart failure, Hypertension, Age ≥75 years (doubled), Diabetes mellitus, prior Stroke or TIA or thromboembolism (doubled), Vascular disease, Age 65 to 74 years, Sex category; HF: heart failure; TIA: transient ischemic attack; TE: thromboembolism; MI: myocardial infarction; PAD: peripheral artery disease.

* These unadjusted (not adjusted for possible use of aspirin) stroke rates were published in 2012^[3]. Actual rates of stroke in contemporary cohorts might vary from these estimates.

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HAS-BLED Score for Major Bleeding Risk (Retrieved from <https://www.mdcalc.com/calc/807/has-bleed-score-major-bleeding-risk>):

Estimates risk of major bleeding for patients on anticoagulation to assess risk-benefit in atrial fibrillation care.

- Hypertension (Uncontrolled, >160 mmHg systolic) (1 point)
- Liver disease (Cirrhosis or bilirubin >2x normal with AST/ALT/AP >3x normal) (1 point)
- Renal disease (Dialysis, transplant, Cr >2.26 mg/dL or >200 µmol/L) (1 point)
- Stroke history (1 point)
- Prior major bleeding or predisposition to bleeding (1 point)
- Labile INRs (Unstable/high INRs, time in therapeutic range <60%) (1 point)
- Elderly: age greater than 65 years (1 point)
- Medication usage predisposing to bleeding (Aspirin, clopidogrel, NSAIDs) (1 point)
- Alcohol use (≥8 drinks/week) (1 point)

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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- Written information in other formats (large print, audio, accessible electronic formats, other formats).

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Southampton, PA 18966-9998
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Email: customerservice@aspirushealthplan.com

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Room 509F, HHH Building
Washington, D.C. 20201
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Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

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Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

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Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

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Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).