Quartz

Left Atrial Appendage Closure

Last Revision/Review Date: November 18, 2020 **P&P #**

Policy

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

I. Left Atrial Appendage Closure:

A. Documentation Required:

In order to facilitate the authorization process for left atrial appendage closure, referral requests must include the following:

1. Physician detailed physical exam and medical history detailing the patient's history of non-valvular atrial fibrillation and risk factors for stroke.
2. Patient history of anticoagulation and problems with anticoagulation use.
3. Shared decision-making process used with the patient to discuss the risks and benefits of left atrial appendage closure and the results of that process.
4. The device that will be used for closure.
5. The credentials of the cardiologist or cardiac surgeon to perform the procedure with the device.

B. Criteria for Medical Necessity of Left Atrial Appendage Closure

Left Atrial Appendage Closure with an FDA-approved device is considered medically necessary to reduce the risk of stroke in patients with non-valvular atrial fibrillation if **ALL** of the following criteria are met:

1. CHA_2DS_2-VASc score ≥3; **AND**
2. Documented use of a formal shared decision-making process using a shared decision-making tool on oral anticoagulation in persons with non-valvular atrial fibrillation led by a non-interventional cardiologist (who is not performing the procedure); **AND**
3. Unable to take, tolerate, or failed long-term anticoagulation due to ONE of the following:
    a. Thromboembolism while on oral anticoagulant and thought to be in therapeutic range, **OR**
    b. Major Bleed, i.e. intracranial bleed or significant gastrointestinal bleed, while on an oral anticoagulant, **OR**

c. Elevated risk of bleeding on oral anticoagulant as evidenced by a HAS-BLED score of 3 or more, **OR**
d. Absolute contraindication to long-term anticoagulation; **AND**

4. Procedure is performed by an interventional cardiologist(s), electrophysiologist(s), or cardiovascular surgeon(s) with the training and experience necessary to perform the procedure. Medical management will maintain a list.
5. The procedure is performed in a hospital with an established structural heart disease (SHD) and/or electrophysiology (EP) program.

C. Conditions considered Experimental and Investigational for Left Atrial Appendage Closure (not an all-inclusive list):

1. Use of left atrial appendage closure device for any other indication.

CPT Codes

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

References

Hayes, Inc. Comparative Effectiveness Review. Comparative Effectiveness Review Of Percutaneous Left Appendage Closure To Reduce Stroke Risk In Patients With Atrial Fibrillation. Publication: Feb 13, 2018. Annual Review: May 19, 2020. Accessed October 12, 2020.

Health Quality Ontario. Left atrial appendage closure device with delivery system: OHTAC recommendation [Internet]. Toronto (ON): Queen's Printer for Ontario; 2017 July. 4 p. Available from: http://www.hqontario.ca/evidence-to-improve-care/recommendations-andreports/OHTAC/appendage-closure-device

January CT, et al. 2019 AHA/ACC/HRS Focused Update of the 2014 AHA/ACC/HRS Guideline for the Management of Patients with Atrial Fibrillation. Circ. 2019;140:e125-e151.

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Reddy VY, Doshi SK, Kar S, et al. 5-year outcomes after left atrial appendage closure: from the PREVAIL and PROTECT AF Trials. J Am Coll Cardiol. 2017a;70(24):2964-2975.

Tzikas A, Shakir S, Gafoor S, et al. Left atrial appendage occlusion for stroke prevention in atrial fibrillation: multicentre experience with the AMPLATZER Cardiac Plug. EuroIntervention. 2016;11(10):1170-1179.

Urena M, Rodes-Cabau J, Freixa X, et al. Percutaneous left atrial appendage closure with the AMPLATZER cardiac plug device in patients with nonvalvular atrial fibrillation and contraindications to anticoagulation therapy. J Am Coll Cardiol. 2013;62(2):96-102.

Watchman™ Left Atrial Appendage Closure Device. Implant Centers. Available at https://www.watchman.com/en-us-hcp/implant-center-locator.html Accessed November 4, 2020.