ND

# Medical Policies

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| **Policy Number:** | S-245 | | |
| **Policy Name:** | Percutaneous Left Atrial Appendage Closure Devices | | |
| **Policy Type:** | Medical | **Policy Subtype:** | Surgery |
| **Effective Date:** | 09-15-2025 | **End Date:** | 11-02-2025 |

## Description

A left atrial appendage closure (LAA) device is an implant-based alternative to anticoagulation. The closure device is used to reduce the risk of thromboembolism from the LAA from entering the bloodstream and causing a stroke in individuals with non-valvular atrial fibrillation (NVAF) who are at increased risk for stroke and systemic embolism.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

## Criteria

**Coverage is subject to the specific terms of the member's benefit plan.**

The use of any device with United States Food and Drug Administration (U.S. FDA) approval for percutaneous LAA closure may be considered medically necessary for the prevention of stroke in individuals with NVAF, when **BOTH** of the following criteria are met:

- There is an increased risk of stroke and systemic embolism based on CHADS2* greater than or equal to two (2) or CHA2DS2-VASc** score greater than or equal to three (3) (see tables below) and systemic anticoagulation therapy is recommended; **and**
- The long-term risks of systemic anticoagulation outweigh the risks of the device implantation.

**Note:** See table below

A percutaneous LAA closure device not meeting the criteria as indicated in this policy is considered experimental/investigational and therefore, non-covered. because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

## Procedure Code

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|---|
| 33340 |

All percutaneous LAA closure devices, that are U.S. FDA approved for stroke prevention in individuals with atrial fibrillation is considered experimental/investigational because the safety and/or effectiveness of these devices cannot be established by the available published peer-reviewed literature.

Note: *CHADS2 score: Congestive heart failure, hypertension, age greater than 75, diabetes, stroke/transient ischemia attack/thromboembolism.

Note: ** CHA2DS2-VASc score: Congestive heart failure, hypertension, age greater than or equal to 65, diabetes, stroke/transient ischemia attack/thromboembolism, vascular disease, sex category.

Note: NVAF is defined as a rhythm disturbance that occurs in the absence of rheumatic mitral stenosis, a mechanical or bioprosthetic heart valve or mitral valve repair.

## CHADS2and CHADS2-VASc Scores to Predict Ischemic Stroke Risk in Individuals with Atrial Fibrillation

| Risk Scheme | Low Risk | Intermediate Risk | High Risk |
|---|---|---|---|
| $CHADS_2$ (2001) classic | Score 0 | Score 1-2 | Score 3-6 |
| $CHADS_2$ -revised | Score 0 | Score 1 | Score 2-6 |

## The 2009 Birmingham Schema Expressed as a Point-Based Scoring System, With the Acronym CHA2DS2-VASc

| Risk Factor | Score |
|---|---|
| Congestive heart failure/LV dysfunction | 1 |
| Hypertension | 1 |
| Age greater than or equal to (≥) 75 y | 2 |
| Diabetes mellitus | 1 |

| | |
|---|---|
| Stroke/TIA/TE | 2 |
| Vascular disease (prior myocardial infarction, peripheral artery disease, or aortic plaque) | 1 |
| Age 65-74 y | 1 |
| Sex category of female (female sex confers higher risk) | 1 |

# Professional Statements and Societal Positions Guidelines

American Heart Association - 2019

The American Heart Association, in collaboration with the American College of Cardiology and the Hearth Rhythm Society (2019) published an update of their guideline for the management of individuals with atrial fibrillation. A new recommendation in the guideline states: 'Percutaneous LAA occlusion may be considered in individuals with AF at increased risk of stroke who have contraindications to long-term anticoagulation.' The class of recommendation is IIb, and the level of evidence is B_NR (moderate quality of evidence, non-randomized). No other LAA closure devices are mentioned in the guideline.

# Diagnosis Codes

## Covered Diagnosis Codes for Procedure Code: 33340

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|---|---|---|---|---|---|
| I48.0 | I48.11 | I48.19 | I48.20 | I48.21 | I48.91 |

## CURRENT CODING

### CPT:

| | | |
|---|---|---|
| 33340 | PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT | Commercial |
| 33340 | PERQ CLSR TCAT L ATR APNDGE W/ENDOCARDIAL IMPLNT | Medicaid Expansion |

# References

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3. Sahay S, Nombela-Franco L, Rodes-Cabau J, et al. Efficacy and safety of left atrial appendage closure versus medical treatment in atrial fibrillation: A network meta-analysis from randomized trials. 2017;103(2):139-147.
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# ND Committee Review

Internal Medical Policy Committee 7-22-2020 New policy *Effective September 7, 2020*

Internal Medical Policy Committee 7-22-2021 *Effective September 6, 2021*

- *Updated* language

Internal Medical Policy Committee 7-21-2022 Revision -*Effective September 5, 2022*

- *Revised* with clarifying language.

Internal Medical Policy Committee 7-26-2023 Annual review-no changes in criteria *Effective September 4, 2023*

Internal Medical Policy Committee 7-16-2024 Annual review- no changes in criteria *Effective September 2 2024*

- *Added* Policy Application

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*