New Century Health

Cardio Policy:

Percutaneous Left Atrial Appendage Closure

POLICY NUMBER UM CARDIO_1320	**SUBJECT** Percutaneous Left Atrial Appendage Closure		**DEPT/PROGRAM** UM Dept	**PAGE 1 OF 2**
DATES COMMITTEE REVIEWED 07/26/17, 10/11/17, 03/13/19, 05/08/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22	**APPROVAL DATE** September 14, 2022	**EFFECTIVE DATE** September 30, 2022	**COMMITTEE APPROVAL DATES** 07/26/17, 10/11/17, 03/13/19, 05/08/19, 08/14/19, 12/11/19, 08/12/20, 08/11/21, 09/14/22	
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	**NCQA STANDARDS** UM 2		**ADDITIONAL AREAS OF IMPACT**	
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**		**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

Indications for determining medical necessity for Percutaneous Left Atrial Appendage Closure.

II. DEFINITIONS

Patients with atrial fibrillation (AF), an irregular heartbeat, are at an increased risk of stroke. The left atrial appendage (LAA) is a tubular structure that opens into the left atrium and has been shown to be one potential source for blood clots that can cause strokes. While thinning the blood with anticoagulant medications has been proven to prevent strokes, percutaneous LAA closure (LAAC) has been studied as a non-pharmacologic alternative for patients with AF.

CHADS2 score ≥ 2 (Congestive heart failure, hypertension, age > 75, diabetes, stroke/transient ischemia attack/thromboembolism) or CHA2DS2-VASC score ≥ 3 (Congestive heart failure, hypertension, age ≥ 65, diabetes, stroke/transient ischemia attack/thromboembolism, vascular disease, sex category).

Appropriate Use Criteria (AUC score) for a service is one in which the expected incremental information, combined with clinical judgment, exceeds the expected negative consequences by a sufficiently wide margin for a specific indication that the procedure is generally considered acceptable care and a reasonable approach for the indication. The ultimate objective of AUC is to improve

patient care and health outcomes in a cost–effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care- Median Score 7-9

May be Appropriate Care- Median Score 4-6

Rarely Appropriate Care- Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity:

A. Patients with non-valvular Atrial Fibrillation with CHADS2 score ≥ 2 (Congestive heart failure, hypertension, age > 75, diabetes, stroke/transient ischemia attack/thromboembolism) or CHA2DS2-VASC score ≥ 3 (Congestive heart failure, hypertension, age ≥ 65, diabetes, stroke/transient ischemia attack/thromboembolism, vascular disease, sex category) or high HAS-BLED score (Hypertension, abnormal renal function, and/or liver function, stroke, prior bleeding, labile anticoagulation range, elderly age > 65, drug therapy such as antiplatelet drugs) and is deemed unable to tolerate long term anticoagulation. **(AUC Score 5)**[1,2]

Limitations

A. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

A. In order to review a request for medical necessity, the following items must be submitted for review
   1. Progress note that prompted request from Electrophysiologist/Interventional Cardiologist/Cardiologist

B. Primary code appropriate for this service: 33340

C. Place/Site of Service: Inpatient hospital (21)

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

1. Centers for Medicare and Medicaid Services. Percutaneous Left Atrial Appendage Closure (LAAC) National Coverage Determination (NCD) (20.34).
2. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.
3. NCQA UM 2022 Standards and Elements.