

Percutaneous Left Atrial Appendage Closure (LAAC) Device

Policy ID:	HHO-DE-MP-1151
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	12/15/2021; 03/01/2023
Original Effective Date:	01/15/2022; 04/01/2023
Annual Approval Date:	10/27/2021; 08/24/2022
Last Revision Date:	10/27/2021; 08/24/2022
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary Percutaneous Left Atrial Appendage Closure device.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Left Atrial Appendage Closure (LAA) – An implant based alternative to anticoagulation.

PROCEDURES

Prior authorization is required.

The use of a device with United States (U.S.) Food and Drug Administration (FDA) approval for percutaneous LAA closure (i.e., Watchman™) 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
- Documentation is provided that establishes that the long-term risks of systemic anticoagulation outweigh the risks of the device implantation.
- A percutaneous LAA closure device for any other indication is considered experimental/investigational, and therefore noncovered covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

The use of other percutaneous LAA closure devices, including but not limited to the LARIAT, PLAATO, and AMPLATZER devices, for stroke prevention in patients 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.

CHADS₂ AND CHADS₂-VASc SCORES TO PREDICT ISCHEMIC STROKE RISK IN PATIENTS 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 CHAD₂DS₂-VASc

Risk Factor	Score
Congestive heart failure/LV dysfunction	1
Hypertension	1
Age ≥ 75 years	2
Diabetes mellitus	1
Stroke/TIA/TE	2
Vascular disease (prior myocardial infarction, peripheral artery disease, or aortic plaque)	1
Age 65-74 years	1
Sex category of female (female sex confers higher risk)	1

DIAGNOSIS CODES

Codes						
I48.0	I48.11	I48.19	I48.20	I48.21	I48.91	

POLICY SOURCE

Clinical Policy Management Committee – May 14, 2020

SUBCOMMITTEE

Cardiology Subcommittee – April 27, 2020

PROPRIETARY INFORMATION

Blue Cross and Blue Shield Association. Percutaneous Left Atrial Appendage Closure Devices for Stroke Prevention in Atrial Fibrillation. Medical Policy Reference Manual 2.02.26. Review Date: June , 2019.

References

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POLICY UPDATE HISTORY

10/08/2021	Approved in medical policy committee
08/24/2022	Annual review; approved in medical policy committee
09/13/2022	Approved in QI-UM
10/10/2022	Approved in Governance